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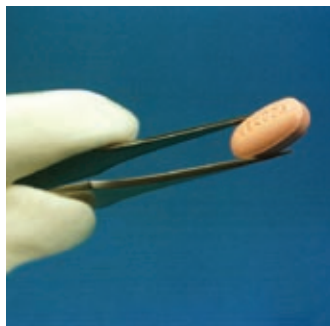
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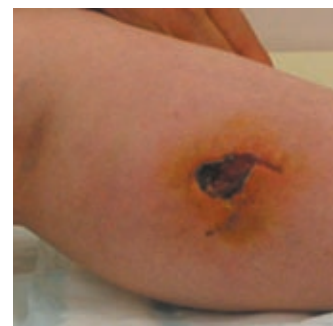
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GEORGE BROOKS

PICTURE OF THE WEEK

Chelsea supporter and histopathologist Professor Paola Domizio is one of 21 pathologists whose portraits, by photographer George Brooks, feature in an exhibition designed to celebrate the diversity of pathology specialties and put a fresh perspective on the "science that saves lives." Professor Domizio is a consultant at Barts and the London NHS Trust. The exhibition, *Identified*, is at the Royal College of Pathologists, 2 Carlton House Terrace, London SW1, until 22 May 2007.

THE WEEK IN NUMBERS

70 000 People attending UK emergency departments for dog bites in 2002 (Personal view p 425)

\$75 000 Drug company Roche's fine for extravagant hospitality in Australia; the government paid it \$145 000 a day in 2006 for rituximab (News p 384)

30 000-50 000 Worldwide deaths from rabies (Clinical review p 413)

£70bn Cost to UK taxpayers of replacing the Trident nuclear missile system (Personal view p 426)

60-200 mg Caffeine in a 300 ml cup of brewed coffee (Editorials p 377)

THE WEEK IN QUOTES

"Cases of malaria in the community are often missed, but overdiagnosis of malaria is widespread in Africa" (Research p 403)

"What if pro-lifers and pro-choicers worked together for a better deal for pregnant women and the parents of young children?" (Letters p 382)

"Can it really cost more than twice as much to deliver services in Islington as in Wokingham?" (Body politic p 395)

"One friend applied for everything going and then wallpapered his bathroom with the rejection letters" (The bigger picture p 428)

"Safeguards used for infusion chemotherapy cannot be abandoned for oral treatment" (Research p 407)



ON THE COVER

Managing dog bites

See Clinical review, p 413

COVER IMAGE: SCOTT CAMAZINE/ALAMY

PLUS

In this week's BMJ careers

Have you filled in the assessment forms?

Maximise your medical career

Special skills and placements

Master of minimal access surgery

Fifteen minute interview with Professor Cecil Gray

Articles appearing in this print journal are likely to have been shortened. To see the full version of articles go to bmj.com.

bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as extra on bmj.com.

EDITOR'S CHOICE

Ethical assets at the BMJ

One of the *BMJ*'s great assets is its ethics committee. The committee meets every three months to provide the editor with broad ethical guidance and consider ethical dilemmas arising from articles submitted to and commissioned by the journal. Chaired by Iona Heath (a GP, ethicist, and *BMJ* columnist (*BMJ* 2007;334:341), its members are appointed after open application and competitive interview. Rather than publishing the minutes of the meeting, which presented problems of confidentiality, we now publish an annual report (<http://resources.bmj.com/bmj/about-bmj/ethics-committee>).

In the report for 2005 (2006 is coming shortly), Liz Wager describes the issues raised by the year's 11 new cases. Several cases raised the perennial question of what constitutes research rather than innovative practice or audit. Should the use of unlicensed treatments require prior approval from a research ethics committee or institutional review board? The ethics committee judged that it should. These cases also raised concerns about whether patients had given fully informed consent, and led to a discussion about whether verbal consent can ever be adequate—the committee concluded that it could, provided there was adequate documentation and a witness. The committee also helped resolve two cases in which submissions underwent significant and troubling changes in authorship in the course of publication.

In almost all cases considered by the committee the editorial decision has already been made and the committee is being asked for advice on how to handle residual ethical concerns, usually about articles we have decided to reject. This is in keeping with the *BMJ*'s commitment not simply to reject a paper if there are ethical concerns but to pursue the matter as far as possible with the authors and if necessary their institutions. We ask the authors for their explanation of events and let them know that we have referred the case to the ethics committee to see whether any further action is needed. Our aim is to support and educate authors rather than condemn them, since in many cases the ethical problems seem to have arisen out of ignorance or honest error.

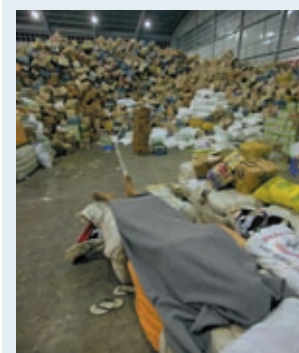
Where a serious reprimand or retraction of a published paper is needed, the ethics committee's expert support in reaching this decision is a huge comfort. The editors of the two journals embroiled in the disputed trials of mannitol in head injury, described in this week's *BMJ* (pp 378, 392), might well wish they had such a body to confide in. Perhaps they may turn for advice to the Committee of Publication Ethics, which holds its annual seminar in London on 16 March (contact cope@bmjgroup.com).

Almost all the *BMJ*'s ethics committee cases relate to research papers, which gives me the opportunity to emphasise the importance of research to the *BMJ*. Some readers have commented on the apparent downplaying of research in the new print journal. This is quite the opposite of what we are doing. Original research remains at the core of this academic journal. In her recent editorial, Trish Groves outlined the sorts of research we are keen to publish and the reasons why authors should submit their best research to us (*BMJ* 2007;334:4). Not least among these is the fact that the *BMJ* is that rare beast among the major international medical journals—an open access journal that lets authors and readers share research for free. That's another asset we want to make the most of.

Fiona Godlee editor (fgodlee@bmj.com)

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