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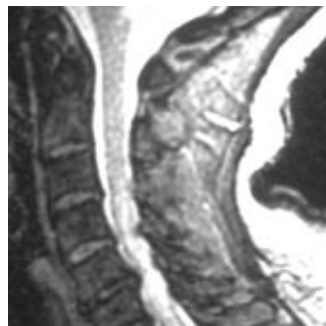




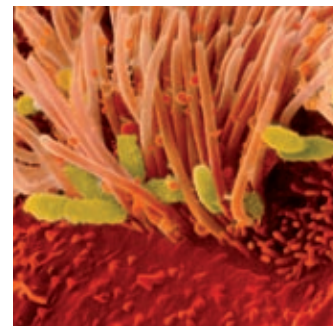
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Gordon C S Smith, Kate M Fleming, Ian R White

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GETTY IMAGES

PICTURE OF THE WEEK

Cars line up on a bridge in Chongqing Municipality, China. Roadside pollution readings were high throughout many territories in China, causing global concern about the impact of Asia's pollution

THE WEEK IN NUMBERS

1941 Year when radioiodine treatment was introduced (Research p 514)

130 000 Total sample showing no link between time to conceive and proportion of male births (Research p 526)

€900 Amount that kidney donors in Iran receive from the government (Feature p 502)

£87.70 Amount a pathologist is paid for performing a coroner's autopsy in the United Kingdom (Minerva p 542)

0% This year's pay rise for general practitioners in the United Kingdom (News p 492)

THE WEEK IN QUOTES

"Dying is something that is going to happen to all of us and so in that sense it's not a problem for me"
(Research p 523)

"A diagnosis of cancer can signal a 'teachable moment,' and patients often show an enhanced motivation to change lifestyle behaviours"
(Research p 520)

"If you hear hoof beats, think horses, not zebras,' but whooping cough in adults is actually not so rare"
(Practice p 532)

"The affluent politely queue for screening that they will never benefit from in a score of lifetimes but are guaranteed overdiagnosis and needless interventions"
(From the frontline p 538)



ON THE COVER

In search of a good death

See Research p521, Editorials p 485, Analysis p 511, Personal view, p 536

COVER IMAGE: DAVID M GROSSMAN/

PHOTOTAKE INC/ALAMY

PLUS

In this week's BMJ careers

Advanced life support in obstetrics

Starting in anaesthetics

Foundation programme in academic medicine

Fifteen minute interview with John Briffa

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

Memento mori

Next week in London a taster for the Wellcome Collection goes on display for a few brief hours. It includes a male figure—part human body, part skeleton—belonging to the long tradition of memento mori (“remember that you must die”) (p 495). These images were a favourite of medieval religious art, and there are good arguments for introducing them into today’s general practices and hospitals. Doctors as well as patients would benefit from reminders of our mortality.

Caricatured until the 20th century as agents who hastened your death (and took your money), doctors are now most likely caricatured as those who unnaturally prolong your life (and squander millions in their ultimately futile battle against death). Unfortunately, confirmation of this modern caricature is distressingly easy to find—see this week’s personal view (p 536). “As each weekend approached the risk loomed of an out of hours admission from which his own GP’s wisdom would be absent,” writes Paula Newton of her frail 77 year old father. “If it was a bank holiday weekend then his anxiety levels rose even higher.” You can guess where this one is heading.

We all know a bad death when we see one, but what is a good death? A *BMJ* theme issue posed the question in 2003 (26 July). Spurred on by the contributors’ inability to answer the question because of the dearth of research, Marilyn Kendall and colleagues embarked on a qualitative study of researchers, patients, and carers (p 521). They asked why researching end of life issues was so challenging and how the obstacles could be overcome.

The good news is that many people nearing the end of life want the chance to participate in research. And encouragingly, many researchers resist the idea that end of life research is a special case, more difficult to conduct than other social research. Yet the modern taboos surrounding death and dying stifle inquiry, and funding bodies and ethics committees need to loosen up.

One of the researchers quoted in Kendall’s study had started off researching stroke patients but couldn’t have continued because “some of the things that those people were going through, living with disability, wasn’t going to get any better, it was going to get worse... whereas dying is something that is going to happen to all of us and so in that sense it’s not a problem for me.”

Except that en route to that shared experience of death will be disability, not getting any better, but getting worse. Not that healthcare systems have recognised this. They’re “designed as if disability and ill health were aberrations, rather than a phase that lasts months or years near the end of our lives,” say Sydney Dy and Joanne Lynn. They describe three different trajectories of patients with eventually fatal chronic illness and the different services they require (p 455). The research programmes they describe hold out the prospect of better ends of life and deaths.

Hallmark cards have no problems with staring life in the face. Their new range of greetings cards, called Journeys, is “designed for people whose most optimistic prognosis is gradual but inexorable deterioration,” writes Trisha Greenhalgh (p 538). “The over 40s are likely to have at least one disease that won’t go away; those over 65 have an average of three.” For Hallmark, decline and fall is “the new normal.” Memento mori remind us that they were “the old normal” too.

Tony Delamothe deputy editor (tdelamothe@bmj.com)

WHAT'S NEW AT THE BMJ GROUP

Fibre, antidepressants, or hypnotherapy for irritable bowel syndrome?

Read the updated systematic review from *BMJ Clinical Evidence* to see what we found. Other updated reviews this month include: acute bronchitis, febrile seizures, and organophosphorus poisoning. See more at www.clinicalevidence.com

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BMJ Masterclass in Geriatric Medicine

Wednesday 9 May 2007
Goodenough College, London
www.bmjmasterclasses.com

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Covering all aspects of epidemiology and public health, this authoritative journal continues to evolve in its 60th year of publication. With a rising impact factor, *JECH* features original research, opinions, and materials concerned with both the study and progress being made in improving global health. www.jech.bmj.com

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