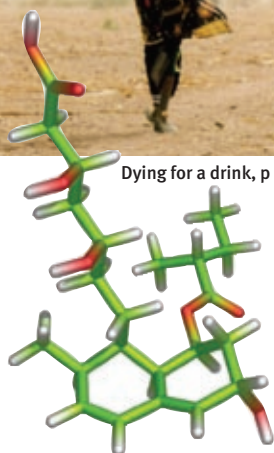




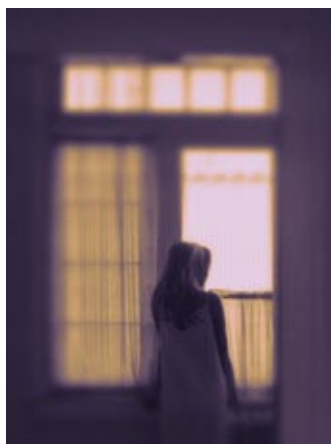
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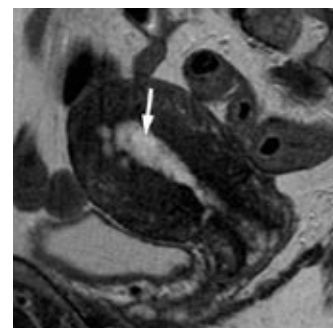
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PICTURE OF THE WEEK

Competitors in Amsterdam's Stiletto Run suffer for their fashion, racing 350 m in heels at least 7 cm high. Wearing high heeled shoes might contribute to the development of degenerative and painful osteoarthritis of the knee and other conditions and injuries. But entrants had more important things on their mind, like how to spend the €10 000 prize. Dutch magazine *Glamour* organised the 8 March race.

THE WEEK IN NUMBERS

2.86 Odds ratio for major coronary and cerebral events after percutaneous coronary stenting versus minimally invasive bypass surgery (Research p 617)

200 000 Yearly fatal poisonings worldwide from organophosphorus pesticides (Clinical Review p 629)

2.6 billion People who lack sanitation worldwide (Feature p 610)

57.9 Average number of GPs per 100 000 people; supermarkets may house practices in underserved areas (News p 605)

61% Proportion of women with an antibiotic resistant urinary tract infection who didn't reconsult their GP a week after treatment failed (Editorial p 597)

THE WEEK IN QUOTES

“This cost effectiveness analysis in a real world setting offers a challenge to physicians, providers, and payers” (Research p 624)

“In my 15 minute interview for an ST2 post, my portfolio was not opened and my CV not looked at” (Letter p 601)

“When people have been scared or misled, a leaflet, a poster, or a website, is of little help” (Media Watch p 613)

“Triumphant success in others intimidates me and makes me feel stupid” (Between the Lines p 641)

“It's got to be a proper review, not a paper exercise, and if they [the government] can't get it right they've got to scrap it” (News p 602)



ON THE COVER

Stenting or surgery?

See Editorials, p 593

Research, pp 617, 621, 624

COVER IMAGE: CARDIOTHORACIC CENTRE,
NEWCASTLE RV/SPL

PLUS

In this week's BMJ careers

A framework for success

Splitting a consultant job

The NHS pension scheme for
consultantsClothes maketh the new
consultant

EDITOR'S CHOICE

The Change Page

To change one's life, said the psychologist and philosopher William James, start immediately, do it flamboyantly, and allow no exceptions. In medicine, flamboyance may not be a prerequisite, but change we must, and continuously, if we are to take in new knowledge and ensure the best possible care for our patients.

So in case you missed it the first time round, let me introduce you to a new regular feature in the *BMJ*—the Change Page. Developed from an idea from Joe Collier, former editor of the *Drug and Therapeutics Bulletin* (www.dtb.org.uk), the Change Page does what it says on the tin. The idea is to provide doctors with a single page highlighting the need to change practice—either to stop or start doing something—for which the evidence is clear and where practice lags behind. As it says in the blurb, “the change must be implementable and must offer therapeutic or diagnostic advantage for a reasonably common clinical problem. Compelling and robust evidence must underpin the proposal for change.”

In the first Change Page, published a few weeks ago, Paul McManus and Ike Iheanacho alerted clinicians to the need to stop using minocycline as first line antibiotic treatment for acne (*BMJ* 2007;334:154). This week, A John Camm and Irina Savelieva say that some patients with paroxysmal atrial fibrillation should carry flecainide or propafenone to self treat to avoid hospital admission (p 637). The Change Page will appear once a month initially, but if it proves popular our aim is to go weekly. If you want to propose an evidence based change in practice, please email changepage@bmj.com. Your proposal, and the strength of the evidence behind it, will be evaluated by Joe Collier and the Change Page team before we commission an article.

We have no doubt that some of the changes suggested will prompt debate. Is the evidence robust enough to give such a strong recommendation for change? The recommendation on minocycline was based on a Cochrane systematic review of 27 randomised controlled trials. Not so this week's recommendation. While there is good evidence for using flecainide and propafenone for paroxysmal atrial fibrillation in hospital, the authors report only one study outside hospital, and this used the patients' own historical data as controls. The effect on hospital admission, however, was substantial (a 10-fold reduction), and we and our peer reviewers judged that the evidence was compelling. Helpfully, the recommendation concurs with international guidelines.

As for knowing (and showing) whether practice lags behind the evidence, this may prove even more contentious. The Change Page team rely on data about current practice from proponents, which is checked and augmented by peer reviewers. An important feature of the Change Page is that it addresses potential barriers to change. We would like to hear from you if implementing the recommended change presents problems for you, and why.

Of course not all change is an improvement. Another American writer, Robert Frost, wrote that “most of the change we think we see in life is due to truths being in and out of favour.” Theodore Dalrymple recalls a comment by one book reviewer, that *Recent Advances in Psychiatry* might be better titled *Recent Activity in Psychiatry* (p 641). We hope the Change Page will provide a sound basis for improvement in this ever changing world.

Fiona Godlee editor.fgodlee@bmj.com

WHAT'S NEW AT
THE BMJ GROUP**Acute organophosphorus
poisoning in****BMJ Clinical Evidence**

Visit *BMJ Clinical Evidence* for the latest letter from the editor on acute organophosphorus poisoning. See also our up to date systematic review at www.clinicalevidence.com

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