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939 Tonsillectomy versus watchful waiting in recurrent streptococcal pharyngitis in adults: randomised controlled trial

Recurrent pharyngitis and days with throat pain and fever were significantly lower after surgery than on the waiting list; and five patients needed to be treated to prevent recurrence

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942 Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis

Structured telephone support by a health professional, in the absence of other follow up, reduces readmission rates and all cause mortality in people discharged recently from hospital

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Use of administrative data or clinical databases as predictors of risk of death in hospital: comparison of models

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Effectiveness of visits from community pharmacists for patients with heart failure: HeartMed randomised controlled trial

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Cognitive behaviour therapy to prevent complicated grief among relatives and spouses bereaved by suicide: cluster randomised controlled trial

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TORU HANA/REUTERS

PICTURE OF THE WEEK

Babies, held by amateur sumo wrestlers, at the baby crying contest at Sensoji temple in Tokyo last week. The event is held to pray for the babies' health and growth—and the loudest crier wins.

THE WEEK IN NUMBERS

7234 Number of people in the UK in March waiting for an organ transplant (News p 920)

55 681 Number of cases of infection of *Clostridium difficile* among patients aged over 65 years in NHS hospitals in England in 2006 (News p 924)

5 Number needed to undergo tonsillectomy to prevent one recurrence of streptococcal pharyngitis in adults (Research p 939)

1/5 Cut in readmissions for chronic heart failure after patients at home were supported by telephone (Research p 942)

30% Predicted shortfall in the 1000 bodies medical schools need annually (Views & reviews p 956)

THE WEEK IN QUOTES

“Given that around 42% of the British public access these treatments [acupuncture, herbal medicine, and Chinese medicine] we should be regulating them and at the same time putting them under pressure to develop and show their evidence base” (Feature p 929)

“My body looked like an old map of the British Empire” (A Patient's Journey p 953)

“In older people [with hypertension], β blockers should be avoided unless another clinical condition necessitates their use” (Clinical Review p 949)

“Menstruation is an anomaly in nature, and we have no idea why it evolved only among humans and non-human primates” (Personal View p 955)



ON THE COVER

Does tonsillectomy beat watchful waiting in adults?

See Editorials, p 909
Research, p 939

COVER IMAGE: JOHN BAVOSI/SPL

PLUS

In this week's BMJ careers

Getting the points

What, where, and how to publish

Trade secrets: radiology

Fifteen minutes with Robin Youngson

EDITOR'S CHOICE

For patient or population

Two weeks ago, a Head to Head in the *BMJ* asked whether you should tell patients about treatments that they can't have. Robert Marcus's resounding "yes" (*BMJ* 2007;334:826-7) centred on the premise that doctors owe a primary duty to the patient rather than the state. But how long can this untrammelled advocacy for the individual survive?

Doctors should not "connive with any external agency to deceive patients," wrote Marcus. The rapid responses agreed, and one of them, published this week as a letter, takes the argument a step further. Patients should not only be made aware of treatments that they can't have, says radiotherapist Michael Williams (p 915), but of the risks of delaying treatments they can have. For patients with cancer, true candour means informing them of the adverse effects of waiting times on their prognosis. Failure to communicate these serious risks to patients, says Williams, has shored up the "current lamentable state" of the UK's radiotherapy services.

Armed with such information, patients can push for changes to the system. This is a good thing, but they need organisation and resources to do so. Does it matter if some of that money for patient groups comes from the drug industry? In this week's Head to Head, Alastair Kent and Barbara Mintzes lay out their opposing views (p 934). My view is that it does matter, that at the very least the nature and extent of any funding should be declared, and there must be clear and robust safeguards to minimise influence. (The same is true, of course, for medical journals.) As both contenders point out, the UK's Association of the British Pharmaceutical Industry has recently issued guidance for industry funding of patient groups, but Mintzes says more needs to be done. We'd like to hear what you think, so please cast your vote on bmj.com. We'll publish the result along with the best of your comments in next week's *BMJ*.

Guidance for individual patients is influenced by many factors, not least the clinical setting. This week you'll find two different interpretations of the same data. The hospital based authors of a randomised trial conclude that tonsillectomy in adults with recurrent sore throat is better than watchful waiting (p 939), leading to fewer days of sore throat in the six months after the operation. Our editorialist, Paul Little, a professor of primary care research (p 909), says the net benefit is unclear because patients are likely to have a sore throat for several days after the operation. Clarity must await longer term follow-up in a larger group of patients.

With the shift in the UK towards practice based commissioning, the primary care view is set to prevail. According to the Department of Health (p 922) nearly all general practices in England are now committed to take on commissioning of hospital and community services. New responsibilities for budgeting across practice populations will make it hard to ignore Jane Wells and Claire Cheong-Leen's call to take an active part in NICE's appraisals of new treatments (p 936). Affordability across the population must be discussed as well as cost effectiveness, they say, and NHS organisations must make their voices heard. A doctor's untrammelled advocacy for the individual patient may be a thing of the past.

Fiona Godlee editor fgodlee@bmj.com

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