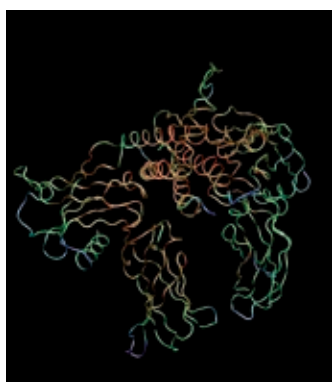




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Taking aspirin for nearly 10 years did not protect against cognitive decline among generally healthy women aged 65 or more who had joined a large placebo controlled randomised trial

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## CALL FOR PAPERS FOR BMJ THEME ISSUE ON DIABETES

If you would like your original research article to be considered for this September 2007 theme issue please send it to our online editorial office at <http://submit.bmj.com> by Monday 4 June. We will give priority to articles that will help readers to make better decisions about diabetes. To ensure we attract the best new research, we are keeping the remit broad: suitable research may aid decisions on risk, prevention, treatment, or management of diabetes and may be relevant to clinical practice, health services, further research, education, or policy making.

Our resources for authors on [bmj.com](http://bmj.com) and the recent editorial at BMJ 2007;334:4-5 should answer your general questions about submitting research to the BMJ. For specific advice on possible submissions for this theme issue, please email Trish Groves at [tgroves@bmj.com](mailto:tgroves@bmj.com).

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REUTERS/DAVID W CERNY

## PICTURE OF THE WEEK

An actor dressed as a doctor performs mock surgery to protest against China's organ transplant business during a May Day rally in Prague.

## THE WEEK IN NUMBERS

**6%** Rise in number of men registering as sperm donors in the UK in 2006 (News p 971)

**30 000** Lowest estimate of doctors applying for about 20 000 training posts in the UK (News p 974)

**8** Years younger: how a 70 year old who had a high grade job feels, in terms of average health, compared with a 70 year old from a lower grade (Research p 990)

**1/2** Proportion of relatives bereaved by suicide who had help from primary care in the next six months (Research p 995)

**68%** Relapse rate in women with depression who stopped taking antidepressants when they became pregnant (Practice p 1003)

## THE WEEK IN QUOTES

“For some doctors, withholding dismal facts about a terminal prognosis is not deception but being ‘economical with the truth’ to maintain a patient’s morale” (Analysis p 984)

“The presence of recent stressful life events, anxiety, depression, or behavioural problems is not useful in distinguishing between functional and organic abdominal pain [in children]” (Clinical Review p 999)

“... the NHS replaced a world that ‘plotted and grabbed’ with one that ‘planned and shared’ ” (Review of the week p 1007)

“Medical marketing opens the Pandora’s box of the human emotions” (From the frontline p 1008)



## ON THE COVER

**Low dose aspirin—does it stave off cognitive decline**

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Research, p 987

## PLUS

**In this week's BMJ careers**

NHS staff parking charges  
What doctors can learn from novelists, poets, and dramatists  
Choosing your specialty foundation training  
Fifteen minutes with Carl Djerassi

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## EDITOR'S CHOICE

## A more independent NHS

Greater independence for the NHS is either naive nonsense (*BMJ* 2006;333:251-2) or an idea whose time has come. Gordon Brown, the UK's premier in waiting, was this week reported to have reversed his earlier enthusiasm for it. But independence now has the support of the BMA (p 969) and will be the subject of a report from the Nuffield Trust to be released later this month.

In a report published this week, the BMA sets out its vision for the future of the NHS in England. It calls for a constitution for the NHS reaffirming its core values and with a charter explaining the public's rights and responsibilities; an independent board, appointed by parliament, which would set the agenda, the resources, the standards, and the broad scope of NHS provision; an executive management board, comprising the NHS chief executive, the chief medical and nursing officers, and other senior healthcare managers, accountable to the board; and strategic health authorities and "local health economies" to shape and manage the delivery of care.

The aim is to move away from ministerial micromanagement (what the chairman of the BMA's council, Jim Johnson, calls "political dabbling"), which the BMA believes has fragmented the service and marginalised health professionals and patients alike. Instead, a new system of reform would give local managers the freedom to decide on organisational development and clinicians the freedom to manage patient care. Unencumbered by the day to day running of the service, politicians would focus their attention on public health and on establishing an open and fair approach to priority setting and rationing.

To someone who has been supportive of a more independent, less politically managed NHS (*BMJ* 2006;333 (1 April) Editor's Choice), this all sounds very sensible, even if the report is thin on some of the detail. But this report is as much in response to the growing anguish among BMA members about the nature of the reforms—the shift towards private sector provision—as it is to the top-down way in which the changes have been implemented. Would an independent NHS mean a move away from the market, a shift to more European models of health care?

Not unless doctors wake up, says Julian Tudor Hart, socialist, pioneer researcher, long term champion of the NHS, 80 years old this month, and still as angry as ever. Interviewed by David Brindle (p 976), he says that the medical profession has failed miserably to challenge effectively the slide to a market NHS. He wasn't asked what he thought of greater independence for the NHS, so after the BMA's press conference I phoned him. "It's a red herring," he said. "Tony Blair has already taken the NHS out of politics by turning it over to the markets, making people into consumers, not citizens." But he also said: "If what independence really means is that professionals and patients would reassert themselves—well, ok."

It seems that this is exactly what the BMA is saying. Brown may not be convinced, but for the moment his main rival for office, David Cameron, has retained his pledge for a more independent NHS. Now is the time to move the argument from whether to how.

**Fiona Godlee, editor [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

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<http://journals.bmj.com>

**Drug and Therapeutics Bulletin (DTB) — May issue**

Which statin, what dose? discusses the relative merits of the five prescribable statins licensed in the UK to reduce cardiovascular risk.  
<http://www.dtb.bmj.com>

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