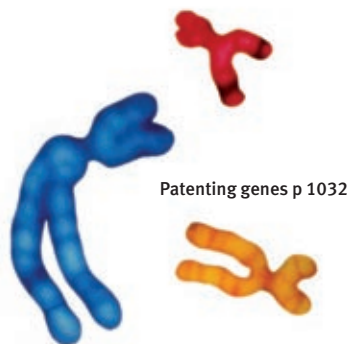


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- 1013 Alarm symptoms in primary care**
These greatly increase the risk of cancer, but the diagnosis is still rare, say Robin Fox and John Fletcher
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- 1014 The value of administrative databases**
Is improving but their contribution to improving quality of care remains unclear, argue Mohammed A Mohammed and Andrew Stevens
[»Research p 1044](#)
- 1015 Functional foods**
Their long term impact and marketing need to be monitored, says Tim Lang
[»Analysis p 1037](#)
- 1016 Multimorbidity's many challenges**
A research push is needed for the most common group of patients in primary care, say Martin Fortin, Hassan Soubhi, Catherine Hudon, Elizabeth A Bayliss, and Marjan van den Akker
- 1017 Thromboprophylaxis for adults in hospital**
An intervention that would save many lives is still not being implemented, argue David A Fitzmaurice and Ellen Murray
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- 1019 Recurrent pharyngo-tonsillitis; older people in care homes**
- 1020 Dipyridamole with aspirin; β blockers; drug money for patient groups**

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Experts dispute claims of poor cancer survival in UK
- 1022 Exploring ageing and bereavement**
FDA places warnings on anaemia drugs
Tackle cancer in Africa now, say health activists
- 1023 Helpline for blowing the whistle on research fraud**
Israeli surgeons put their names on a study they had not done
- 1024 Practice based commissioning—a shambles?**
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MRC to invent, develop, and market its own drugs
- 1026 Girl carrying anencephalic fetus granted travel right**
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- 1027 Government will suspend MTAS for second round of job interviews for training posts**
- 1028 SHORT CUTS**
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- 1030 NHS: the Blair years**
Waiting lists have fallen and resources have grown, yet staff and the public are still unhappy with the NHS. As Tony Blair prepares to step down, Polly Toynbee analyses why his legacy has gone wrong

- 1032 The locked code**
Despite attempts to prevent it, patenting of genes is still legal. Geoff Watts explains the problems

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Rebecca Coombes
- BODY POLITIC**
- 1036 Spend, spend, spend—hide, hide, hide**
Nigel Hawkes

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- 1037 Functional foods: the case for closer evaluation**
Nynke de Jong and colleagues argue that the effects of functional foods should be evaluated after they have been launched as well as before

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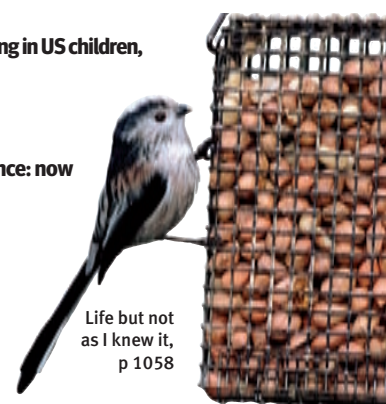
- 1062 Ian McGregor, Jessie Reid Gray Buchanan, Christopher Charles Draper, Otto Fleming, Michael Edward Glanvill, Stephen John Hadfield, John Spencer Jones, Andrew Herd Muir**

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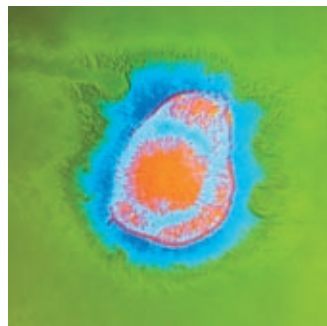
Life but not as I knew it,
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Alarm symptoms in primary care, p 1040



Predicting risk of death in hospital, p 1044



Genital herpes, p 1048



NICE on venous thromboembolism, p 1053

RESEARCH

1040 Alarm symptoms in early diagnosis of cancer in primary care: cohort study using General Practice Research Database

Likelihood ratios for diagnosis of cancer after haematuria, haemoptysis, dysphagia, and rectal bleeding are high in the first six months and fall towards unity at around three years

» Editorial p 1013

Roger Jones, Radoslav Latinovic, Judith Charlton, Martin C Gulliford

1044 Use of administrative data or clinical databases as predictors of risk of death in hospital: comparison of models

Logistic regression using data on hospital admissions for three types of surgery performed as well as the best published models using specialist databases

» Editorial p 1014

Paul Aylin, Alex Bottle, Azeem Majeed

CLINICAL REVIEW

1048 Genital herpes and its management

P Sen, S E Barton

PRACTICE

1053 Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in inpatients having surgery: summary of NICE guidance

This is the first in the series of *BMJ* summaries of NICE guidelines that will highlight important clinical recommendations in these evidence based guidelines, especially where uncertainty in practice or controversy exists

Jennifer Hill, Tom Treasure, on behalf of the Guideline Development Group

1054 Commentary: NICE—setting clinical standards

Gillian Leng, Michael Rawlins, Mercia Page

1056 Minimally invasive treatment for liver and lung metastases in colorectal cancer

Part of the Rational imaging series that updates clinicians on the best use of imaging techniques to resolve common diagnostic or interventional problems

Alice Gillams

LATEST RESEARCH ONLINE

Post-traumatic stress disorder in the context of terrorism and other civil conflict in Northern Ireland: randomised controlled trial

Michael Duffy, Kate Gillespie, David M Clark

At what age can schoolchildren provide effective chest compressions? An observational study from the Heartstart UK schools training programme

Ian Jones, Richard Whitfield, Michael Colquhoun, Douglas Chamberlain, Norman Vetter, Robert Newcombe

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

Richard Holland, Iain Brooksby, Elizabeth Lenaghan, Kate Ashton, Laura Hay, Richard Smith, Lee Shepstone, Alistair Lipp, Clare Daly, Amanda Howe, Roger Hall, Ian Harvey

“I haven’t even phoned my doctor yet.” The advice giving role of the pharmacist during consultations for medication review with patients aged 80 or more: qualitative discourse analysis

Charlotte Salter, Richard Holland, Ian Harvey, Karen Henwood

Effect of administration of intestinal anthelmintic drugs on haemoglobin: systematic review of randomised controlled trials

Anjana Gulani, Jitender Nagpal, Clive Osmond, H P S Sachdev

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 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.

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**PICTURE OF THE WEEK**

Model castle made from pills and drug containers (East London Health Project, 1978-80) is part of the exhibition "Penicillin: a story of triumph and tragedy" at the Science Museum, London (www.sciencemuseum.org.uk) that runs from 10 May to 1 October 2007. See Review of the Week, p 1059.

THE WEEK IN NUMBERS

7000 The estimated number of women from Ireland who travel abroad each year to terminate unwanted pregnancies (**News p 1026**)

1.39 Cases of lung cancer that a GP in the United Kingdom with a list size of 1500 will see each year (**Editorials p 1013**)

58.7% Sensitivity of haematuria for a diagnosis of urinary tract cancer in men (**Research p 1040**)

£60 Cost per record of the Scottish hip fracture audit database compared with £1 per record for routine hospital episode statistics (**Research p 1044**)

40% Rate of deep vein thrombosis in patients having major orthopaedic surgery (**Practice p 1053**)

THE WEEK IN QUOTES

"Results have never been so good, yet the public view of the NHS has never been so glum" (**Feature p 1030**)

"Most infections of genital herpes are transmitted by people who are unaware that they are infected or who have no symptoms when transmission occurs" (**Clinical Review p 1048**)

"... barriers to implementation [of guidelines] include a perceived lack of resources, clinicians' concerns about the undermining of their autonomy, ingrained practices, and general disagreement with the content" (**Practice p 1054**)

"... hospital food has been 'medicalised.' The recipes are the concoction of the medical 'expert' and the accountant" (**Food for Thought p 1060**)



ON THE COVER

Early diagnosis of cancer. How useful are red flag symptoms?

See Editorials, p 1013
Research, p 1040

COVER IMAGE: GEOFF MOORE/REX

PLUS

In this week's BMJ careers

Tackling situational judgment tests

Masters degree in performance and media health

Fifteen minutes with Anthony Molteno

EDITOR'S CHOICE

Improving patient care

One thing that unites *BMJ* readers must surely be their desire to improve patient care, whether through research, education, health systems management, or direct clinical contact with patients. But what does this really mean? A couple of months ago Don Berwick, president of the Institute of Healthcare Improvement (IHI), asked us what the *BMJ*'s mission was. On hearing that it was to improve outcomes for patients (<http://resources.bmj.com/bmj/about-bmj>), he challenged us to get more concrete. What exactly did we want to improve and how?

This got us thinking. Those of you who have heard Don Berwick speak will know that he is a hard man to resist. (Those of you who haven't heard him speak can do so via the webcast on bmj.com of last month's International Forum on Quality and Safety in Health Care (<http://barcelona.bmj.com/>). You'll find other inspirational speakers there too, including Richard Smith, former editor of the *BMJ*, talking about what the healthcare quality movement can learn from the movement to abolish slavery.)

So we came up with a plan. Might we choose a few key aspects of health care and focus on them? OK, but which aspects? There are hosts of prioritised lists drawn up by national and international groups, ranging from the US Institute of Medicine's funding priorities, and the WHO's priorities for medicines in Europe and the world, to the IHI's 5 million lives campaign and the UK's national service frameworks. The best of them are evidence based and used formal methods for reaching consensus among the expert panels.

Our plan is to ask *BMJ* readers. The first step is to find out what you think are the most important things doctors can do to make a difference to patient care. It may be home based palliative care, improving cardiovascular risk factors in type 2 diabetes, or preventing hospital infection. With the help of a panel drawn from our international editorial advisers, we will incorporate your nominations into a "list of lists" on which we will invite you to vote. As Domhnall Macauley explains, the top five or 10 aspects of care will become a focus of activity across the *BMJ* and its sister products. Send your nominations as a rapid response to his filler article (p 1055).

This week's *BMJ* carries another new feature aimed at improving patient care: the first in a series of summaries of guidelines from the UK's National Institute for Health and Clinical Excellence (NICE). Our hope is to increase the chance that these world class, evidence based guidelines are put into practice, by getting the authors to crunch thousands of words down to two pages of key points. This week, Jennifer Hill and Tom Treasure summarise the recently published NICE guideline on reducing risk of venous thromboembolism in surgical patients (p 1053). In a linked editorial, David Fitzmaurice and Ellen Murray highlight the continuing controversy over mechanical versus pharmacological approaches (p 1017). But most compelling are the number of deaths each year caused by the failure to implement thromboprophylaxis. Here is most definitely scope for improvement.

Fiona Godlee editor, fgodlee@bmj.com

WHAT'S NEW AT THE BMJ GROUP

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BMJ BestTreatments

Our online service for patients has high quality information on genital herpes and other sexual health topics. Subscription based. besttreatments.co.uk

Can health care ever be safe?

View thoughts from Donald M Berwick via our webcast. barcelona.bmj.com

Coming soon:

Sexually Transmitted Infections legacy archive



Every article over 12 months old is free, back to the first issue in 1925. sti.bmj.com

Managing HIV/AIDS in resource poor settings

The challenges and opportunities associated with encouraging evidence based decision making. See *BMJ Clinical Evidence* for a series of systematic reviews. clinicalevidence.com

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