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Women treated for CIN3 should have long term regular screening, even if they are beyond the normal age limit, say Guglielmo Ronco, Mario Giovanni, and Stefano Ciatto

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1054 Child wellbeing and inequalities in rich countries

Evidence is needed on how best to reduce inequalities, argue M E Black and H E Jeffery

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1055 Defining a high performance healthcare organisation

Composite measures of performance are insufficient on their own, say Bruce D Agins and Marc M Holden

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1057 Rate control in permanent atrial fibrillation

Guidelines on the use of digoxin are inconsistent with evidence from randomised trials, say Theodora Nikolaidou and Kevin S Channer

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The risk is low, and preventive measures can reduce this further, says Benjamin P C Wei, Graeme M Clark, Stephen J O'Leary, Robert K Shepherd, and Roy M Robins-Browne

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Swiss hospitals admit to allowing assisted suicide

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US companies are fined for payments to surgeons

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1072 Should all medical students be graduates first?

Most people in the UK enter medical college straight from school. Ed Peile argues that changing to a single system of graduate entry medical schools would provide the diverse multiskilled workforce needed for the future, but Charles George thinks that there is insufficient evidence to make this a criterion of entry

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1074 Mixed messages over breast milk and brainy babies

Margaret McCartney

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1075 Measuring performance and missing the point?

Targets do not necessarily translate into improvements for service users. Iona Heath, Julia Hippisley-Cox, and Liam Smeeth argue that performance measurement in the UK is shifting focus from what each patient needs and those who need it most

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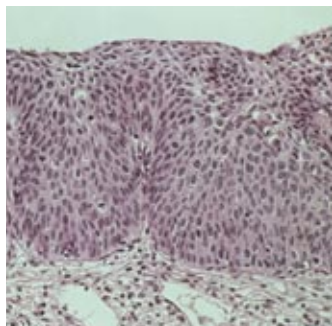
1088 Call for papers: hypertension

1093 An all-round thumbs up

1096 Doctor only to the dead



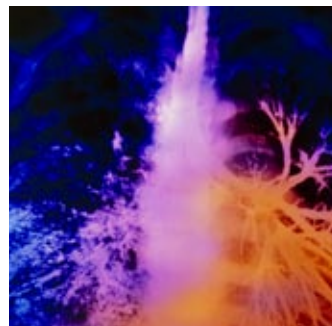
Heart transplants at Papworth Hospital, p 1068



Cervical carcinoma in situ: cancer risk after treatment, p 1077



Child wellbeing and income inequality in rich societies, p 1080



Treating bronchiectasis in adults, p 1089



Rational imaging for suspected renal artery stenosis, p 1094

RESEARCH

1077 Long term risk of invasive cancer after treatment for cervical intraepithelial neoplasia grade 3: population based cohort study

Women in Sweden remain at high excess risk of developing invasive cervical cancer up to 25 years after treatment for cervical intraepithelial neoplasia grade 3, and the risk among older women has almost doubled since the 1960s

Björn Strander, Agneta Andersson-Ellström, Ian Milsom, Pär Sparén

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1080 Child wellbeing and income inequality in rich societies: ecological cross sectional study

Comparisons among 23 rich countries and within the US show that low scores on UNICEF's index of child wellbeing are correlated with income inequality and children's relative poverty but not with average income

Kate E Pickett, Richard G Wilkinson

» Editorial p 1054

1085 Correlations among measures of quality in HIV care in the United States: cross sectional study

Studying performance indicators did not find any uniformly "high performers," shedding doubt on the usefulness of this approach to improving quality of care.

Ira B Wilson, Bruce E Landon, Peter V Marsden, Lisa R Hirschhorn, Keith McInnes, Lin Ding, Paul D Cleary

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1089 Treatment of bronchiectasis in adults

Nick H T ten Hacken, Peter J Wijkstra, Huib A M Kerstjens

PRACTICE

1094 Rational Imaging: Investigating progressive unexplained renal impairment and hypertension

Diagnosing renal artery stenosis can be difficult. This article explores possible types of imaging for this, ranging from safe, inexpensive tests to more invasive procedures

LA Ratnam, S R Nelson, A M Belli

RESEARCH PUBLISHED AHEAD OF PRINT

Financial ties and concordance between results and conclusions in meta-analyses: retrospective cohort study

Veronica Yank, Drummond Rennie, Lisa A Bero

Long term pharmacotherapy for obesity and overweight: updated meta-analysis

Diana Rucker, Raj Padwal, Stephanie K Li, Cintia Curioni, David CW Lau

Detection of prostate cancer in unselected young men: prospective cohort nested within a randomised controlled trial

J Athene Lane, Joanne Howson, Jenny L Donovan, John R Goepel, Daniel J Dedman, Liz Down, Emma L Turner, David E Neal, Freddie C Hamdy

Mortality in men admitted to hospital with acute urinary retention: database analysis

James N Armitage, Nokuthaba Sibanda, Paul J Cathcart, Mark Emberton, Jan H P van der Meulen

Cancer incidence and mortality in relation to body mass index in the Million Women Study: cohort study

Gillian K Reeves, Kirstin Pirie, Valerie Beral, Jane Green, Elizabeth Spencer, Diana Bull



WHAT WOULD YOU ASK ARA DARZI?

Do you have a burning question you want to ask health minister Lord Darzi? Do you want to ask him about his plans for the NHS in England? Or what he thinks a surgeon can bring to health service reform? The *BMJ*'s editor, Fiona Godlee, will put your questions to Lord Darzi next month. Please send your question as a rapid response by following the link on bmj.com's homepage.

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PAOLO PELLEGRIN

PICTURE OF THE WEEK

Photographer Paolo Pellegrin's set of images entitled "Cholera epidemic in Angola" went on display in London last weekend as part of an exhibition of award winning pictures organised by Médecins du Monde UK. This photograph from Pellegrin's series shows the father of a child with cholera in a cholera treatment centre in Malanje, Angola. Since February 2006 Angola has been going through its worst cholera epidemic, with 33 000 cases reported and more than 1200 deaths. The exhibition, *Silent Witnesses in Focus*, the 10th Luis Valtueña International Humanitarian Photography Award, runs until 16 December 2007 in the McKenzie Pavilion, Finsbury Park, north London.

THE WEEK IN NUMBERS

1000 Number of videoconference consultations in Australia over six years that have eliminated about 1.4 million km of patient travel (**Letters p 1060**)

€3000 Cost charged by the Swiss organisation Dignitas to supervise the suicide of terminally ill patients from outside Switzerland (**News p 1064**)

£22 500 Median debt of all people qualifying in medicine in 2006 in the UK (**Head to head p 1072**)

53% Percentage of idiopathic cases among 150 adults with bronchiectasis (**Clinical Review p 1089**)

THE WEEK IN QUOTES

"We know enough to say that inequalities affect child wellbeing and that poverty kills as effectively as any disease" (Editorial p 1054)

"Any practising clinician knows that the same treatment applied to two people with the same diagnosis can produce very different outcomes." (Analysis p 1075)

"Women treated for cervical intraepithelial neoplasia grade 3 are at increased risk of developing invasive cancer in the remaining cervix or vagina" (Research p 1077)

"I had a police escort if I had to do a postmortem examination at the Kingston Public Hospital morgue, and even then it was still risky" (Personal View p 1097)



ON THE COVER

Cervical carcinoma in situ:
cancer risk after treatment

See Research p1077

Editorials p 1053

COVER IMAGE SHOWS COLOURED SCANNING
MICROGRAPH OF TWO CERVICAL CANCER CELLS
CREDIT: STEVE GSCHMEISSNER/SPL

PLUS

In this week's *BMJ* careers

Hospitals at night
Working in paediatric intensive
care

Fifteen minute interview with
an MTAS rebel

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EDITOR'S CHOICE

Careful what you measure

Back in the 1920s, workers at the Hawthorne electrical factory in Cicero, Illinois, were given better lighting and their productivity improved. Further investigation found that the same improvement could be achieved by almost any change to their environment. One version of what has since become known as the Hawthorne effect says that the very act of measuring something changes what people do. It's one reason why we must choose wisely what we measure in health care.

This week, in the fourth article in our series on performance measurement, Iona Heath and colleagues add a plea for more clinically meaningful measures (p 1075). Focusing on process rather than clinical outcomes reduces clinical complexity to a series of boxes for ticking and encourages overtreatment and medicalisation, they say. Doctors are undermined and patients' individual needs are ignored. "Authentic dialogue between doctor and patient is disrupted and many doctors feel fundamentally compromised." In a similar vein a few weeks ago, Bruce Guthrie and colleagues argued that measuring performance in terms of whether patients' risk factors were recorded, rather than whether the patients were adequately treated, encourages therapeutic inertia (*BMJ* 2007;335:542-4).

Given the complexity of health care, what are the chances of coming up with a single overall measure of performance? Slim, I fear, especially after reading the study by Ira Wilson and colleagues (p 1085). When HIV services in the United States were evaluated with a bundle of eight clinical measures, few of them scored highly across more than a handful of measures. Providing uniformly high quality of care is hard if not impossible, even within a dedicated service; so, people prioritise. This means that performance on one measure may tell you little about performance on others.

The Hawthorne effect is temporary. After a while, productivity in the Illinois factory returned to normal until another change in the environment was made. Bruce Agins and Marc Holden argue that sustained improvements will come only if we have the proper infrastructure (p 1055). Next week (1 December), Helen Lester and Martin Roland will close our series on performance measurement, saying that performance can continue to improve only if we change the things we measure over time. They propose rotation of measures to encourage improvement across a range of conditions and areas.

There can be little doubt that we must constantly evaluate how we are doing, against each other and over time. The problem is that the things that are easiest to measure are almost inevitably the least important, and vice versa. Responding to last week's "harrowing" account of the inhumane treatment of an elderly woman with mental health problems (*BMJ* 2007;335:994), David Oliver calls for performance pressures to be applied to basic care and communication, in the same way as they are applied to access times and balancing the books (p 1059). Compassion and dignity are hard to measure. But if these are the things that really matter in medicine—and they should be—we must find ways to measure them.

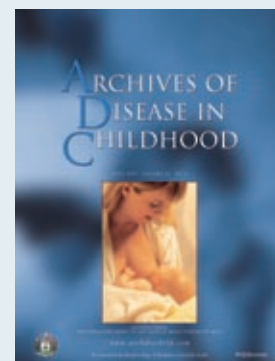
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