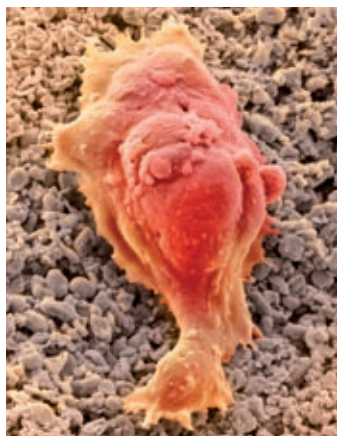




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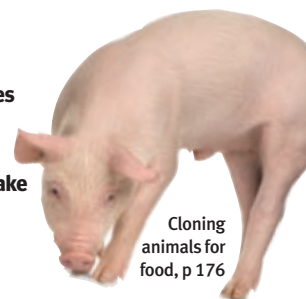
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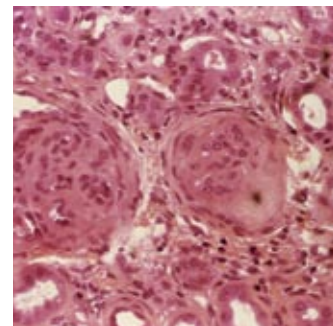
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202 The impact of response to the results of diagnostic tests for malaria: cost-benefit analysis

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Yoel Lubell, Hugh Reyburn, Hilda Mbakilwa, Rose Mwangi, Semkini Chonya, Christopher J M Whitty, Anne Mills

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Change page aims to alert clinicians to the immediate need for a change in practice to make it consistent with current evidence

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Vascular events in healthy older women receiving calcium supplementation: randomised controlled trial

BMJ, doi:10.1136/bmj.39440.525752.BE

Mark J Bolland, P Alan Barber, Robert N Doughty, Barbara Mason, Anne Horne, Ruth Ames, Gregory D Gamble, Andrew Grey, Ian R Reid

New onset and persistent symptoms of post-traumatic stress disorder self reported after deployment and combat exposures: prospective population based US military cohort study

BMJ, doi:10.1136/bmj.39430.638241.AE

Tyler C Smith, Margaret A K Ryan, Deborah L Wingard, Donald J Slymen, James F Sallis, Donna Kritz-Silverstein, for the Millennium Cohort Study Team

Survival times in people with dementia: analysis from population based cohort study with 14 year follow-up

BMJ, doi:10.1136/bmj.39433.616678.25

Jing Xie, Carol Brayne, Fiona E Matthews, and the Medical Research Council Cognitive Function and Ageing Study collaborators

Zinc supplementation in children with cholera in Bangladesh: randomised controlled trial

BMJ, doi:10.1136/bmj.39416.646250.AE

S K Roy, M Jahangir Hossain, Wajiha Khatun, Barnali Chakraborty, S Chowdhury, Afroza Begum, Syeda Mah-e-Muneer, Sohana Shafique, Mansura Khanam, R Chowdhury

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PICTURE OF THE WEEK

An Afghan nomad points to his dead animals after they were killed by cold and heavy snow in the Zandajan district of Herat province, south west of Kabul, Afghanistan. Eight members of his family were killed after their home collapsed under heavy snowfall, according to Noor-u-ddin Ahmadi, head of the Afghan Red Crescent Society in Herat province. More than 320 people and thousands of livestock have died in the heaviest snowfalls in Afghanistan for 15 years.

THE WEEK IN NUMBERS

3.85 Odds ratio of a cardiovascular event in people resistant to aspirin compared with others (Research p 195)

9.7 million Deaths in under 5 year olds worldwide in 2006 (News p 175)

60-80% Prostatectomies in benign prostatic hyperplasia done by transurethral resection (Clinical Review p 206)

1.1 billion People worldwide who lack safe drinking water (Analysis p 191)

£500 000 UK government spending on a new body to encourage energy efficiency throughout the NHS in England (News p 178)

THE WEEK IN QUOTES

“Treating any non-specific febrile illness as malaria [in Africa] threatens ... artemisinin combination therapy” (Research p 202)

“Political correctness and ideological interests [surrounding promotion of condoms] need to be usurped by sound science” (Head to Head p 185)

“Is there such a thing as a perfect mood?” (Review of the Week p 219)

“Stopping smoking benefits health ... even after ... the diagnosis of a smoking related disease” (Practice p 217)

“Many Croats detest the lack of public responsibility of the academic community in Croatia” (Letter p 173)

EDITOR'S CHOICE

Climate change: permission to act



COVER IMAGE: MARK THOMAS

ON THE COVER

Climate change: what can doctors do?

Editorial, p 165;
Observations, p 189;
Analysis, p 191

Articles appearing in this print journal are likely to have been shortened.

To see the full version of articles go to bmj.com. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as **extra** on bmj.com.

Last month Margaret Chan, director general of the World Health Organization, called climate change the defining issue for public health for the 21st century (www.who.int/dg/speeches/2007/20071211_maryland/en/index.html). Why are her words important? Because they place climate change squarely in the health arena. They give doctors not just permission but a professional duty to work to tackle climate change. So, what should doctors do?

A J McMichael and colleagues explore the risks to health and social equity posed by climate change and environmental degradation (p 191). Rising temperatures and extreme weather will bring shortages of food, water, and fuel and loss of homes and livelihoods. Promoting strategies that reduce the vulnerability of the world's poorest communities will be important, but these authors say that the greater challenge for health professionals lies in helping to stop the process of climate change.

As well as raising awareness of the health risks of climate change, doctors have a key role in raising awareness of the health benefits of tackling it. Ian Roberts explains that policies that aim to cut carbon emissions—by encouraging walking and cycling and consumption of less animal produce—will also reduce morbidity and mortality from obesity, heart disease, and road traffic crashes (p 165). Adding in these health benefits would greatly strengthen the economic case for action against climate change that was set out in the Stern report, published last year. The government should commission an extension of the Stern report that takes these benefits into account.

The health benefits of low carbon living could also give doctors who are uncomfortable with a

global utilitarian approach to public health (“do this because it will help others”) a reason to take up the fight against climate change on behalf of individual patients. Other, similar Trojan horses are on the move. International concern about air pollution in Beijing in the run-up to the Olympics later this year is forcing the Chinese government to respond in ways that should also reduce greenhouse gasses. Tessa Richards hopes for more than short term fixes but acknowledges that it will take a struggle of Olympian proportions to counter the environmental impact of Asia's economic success (p 189).

And then there is the powerful incentive of financial savings. One trust in the east of England expects to save £400 000 through its staff-led scheme to turn off lights and equipment (<http://careers.bmj.com>). Anna Coote of the UK's Sustainable Development Commission says the NHS is in the foothills of sustainability, but there is a growing sense of momentum. The NHS leadership has put hard cash behind its new sustainable development unit, which will monitor and encourage energy efficiency throughout the NHS in England (p 178).

Whatever the incentive, the drive to sustainability provides opportunities for leadership at all levels in health care. The risks of inaction and the benefits of action make tackling climate change part of the doctor's role, helping individual patients lead healthier lives, providing more environmentally sustainable health care, and working to protect the public's health now and in the future.

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

For more information on what doctors can do about climate change, visit climateandhealth.org

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PLUS

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