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Women in academic medicine still have to battle against macho culture
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Children taking drugs for hyperactivity should be tested for heart problems
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Icons developed to cut drug errors
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Canada's drug advisory committee says emergency contraception should be available over the counter
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Rudiger Pittrof, Ian Rubinstein

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Components of placebo effect, p 999



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Management of bloody diarrhoea in children in primary care, p 1010



A framework for tobacco control, p 1016

JIM VARNNEY/SPL

## RESEARCH

### 999 Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome

Three components, progressively added, produced incremental improvement in symptoms and the patient-physician relationship contributed most to the placebo effect

Ted J Kaptchuk, John M Kelley, Lisa A Conboy, Roger B Davis, Catherine E Kerr, Eric E Jacobson, Irving Kirsch, Rosa N Schynner, Bong Hyun Nam, Long T Nguyen, Min Park, Andrea L Rivers, Claire McManus, Efi Kokkotou, Douglas A Drossman, Peter Goldman, Anthony J Lembo

» Editorial p 967

### 1003 Diagnostic accuracy of urinary spot protein:creatinine ratio for proteinuria in hypertensive pregnant women: systematic review

This ratio rules out proteinuria of 0.3 g/day or more in otherwise healthy hypertensive pregnant women with or without positive dipstick testing, but 24 hour urine collection is still better for quantifying the proteinuria

Anne-Marie Côté, Mark A Brown, Elaine Lam, Peter von Dadelszen, Tabassum Firoz, Robert M Liston, Laura A Magee

» Editorial p 968

### 1006 Corticosteroids in the prevention and treatment of acute respiratory distress syndrome (ARDS) in adults: meta-analysis

This analysis of nine trials found no convincing treatment effect of steroids in this syndrome

John Victor Peter, Preeta John, Petra L Graham, John L Moran, Ige Abraham George, Andrew Bersten

» Editorial p 969

## CLINICAL REVIEW

### 1010 Management of bloody diarrhoea in children in primary care

M Stephen Murphy

## PRACTICE

### 1016 Quality improvement report: A framework for tobacco control—lessons learnt from Veterans Health Administration

This provider's performance in screening, counselling, and prescribing for tobacco control did not improve until the whole system adopted mandatory guidelines whose implementation was monitored

Scott E Sherman

## RESEARCH PUBLISHED AHEAD OF PRINT

### Nortriptyline plus nicotine replacement versus placebo plus nicotine replacement for smoking cessation: pragmatic randomised controlled trial

BMJ, doi:10.1136/bmj.39545.852616.BE

Paul Aveyard, Carol Johnson, Sally Fillingham, Amanda Parsons, Mike Murphy

### Uptake of first two doses of human papillomavirus vaccine by adolescent schoolgirls in Manchester: prospective cohort study

BMJ, doi:10.1136/bmj.39541.534109.BE

Loretta Brabin, Stephen A Roberts, Rebecca Stretch, David Baxter, Gloria Chambers, Henry Kitchenner, Rosemary McCann

### Inequity of access to investigation and effect on clinical outcomes: prognostic study of coronary angiography for suspected stable angina pectoris

BMJ, doi:10.1136/bmj.39534.571042.BE

Neha Sekhri, Adam Timmis, Ruoling Chen, Cornelia Junghans, Niamh Walsh, Justin Zaman, Sandra Eldridge, Harry Hemingway, Gene Feder

## HOLD THE BACK PAGE!

As you may have noticed, we recently combined the *BMJ* and *BMJ Careers* within one set of covers. This has presented some practical problems, one being the splitting up of the obituary pages. We intend to move the obituaries further forward so the short and long obituaries are together again and, by doing this, we will gain a page for editorial content at the back of *Minerva*.

We have now finalised the format for this page, which we have called *Endgames*. There will be a regular statistics question, case report, clinical and picture quiz, along with a question of the week from *OnExamination* to test your knowledge. If you would like to submit questions for this page please refer to our advice for authors on [bmj.com](http://resources.bmj.com/bmj/authors/types-of-article) (<http://resources.bmj.com/bmj/authors/types-of-article>) or contact Amy Davis ([adavis@bmj.com](mailto:adavis@bmj.com)).





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REUTERS/JELISO FERNANDEZ

## PICTURE OF THE WEEK

Demonstrators dressed as a uterus and a priest protest at a rally to support the free distribution of the morning after pill to teenagers aged 14 and older, in Valparaíso, 120 km northwest of Santiago, last week. The constitutional tribunal, which has the last word in Chile on constitutional law, overruled a decree signed by the president, Michelle Bachelet, more than a year ago that authorised free distribution of the treatment.

## THE WEEK IN NUMBERS

**84%** Sensitivity of the spot protein to creatinine ratio test for proteinuria in hypertensive pregnancy; it's 76% specific (Research p 1003)

**100-250** Organisations expected to apply for a licence to take umbilical cord blood under new rules (News p 981)

**1 in 30** Adults and children who present annually to their GP with gastroenteritis (Clinical Review p 1010)

**\$75m** Philanthropic funds from Google for projects in global health, poverty, and climate change (Profile p 986)

**15%** Prevalence of ghost written articles in some journals; gift authorship is more common (Observations p 989)

## THE WEEK IN QUOTES

**"The patient-physician relationship is the most robust component of the placebo effect"** (Research p 999)

**"Enthusiasm for gene therapy may be running dangerously ahead of its actual achievements"** (News p 977)

**"Tobacco control . . . requires more than having a smoking cessation clinic and waiting for referrals"** (Practice p 1016)

**"Since we cannot defeat death, the best form of counter-attack is to have it constantly in mind"** (Review of the Week p 1026)

**"Deaf people wish to have equal rights when making decisions about reproduction, even when genetic technology is involved"** (Letter p 976)

## EDITOR'S CHOICE

## Reclaiming the placebo effect



Editorials, p 967

Research, p 999

Views and Reviews, p 1020

Where do doctors add most value? Larry Brilliant—a public health doctor who has worked on programmes to eradicate smallpox, blindness, and polio—has found his niche as executive director of Google.org (p 986). Through an initiative called Predict and Prevent, launched earlier this year as one of five core initiatives that will focus Google's philanthropic efforts over the next 5-10 years, Brilliant is building a global system to detect new disease outbreaks or disasters quickly and enable rapid responses. Compared to the one to one doctor-patient relationship, he says this role was harder and more fraught with moral error.

But for most of you who are reading this column, the biggest scope for adding value is in the clinical encounter. How? By making the right diagnosis and giving the right treatment, certainly. But how much of that added value is or could be achieved by what we tend to dismiss as the placebo effect?

For some conditions, the placebo effect may after all be one of the most powerful tools in your medical bag—but only if you know how to use it. It's more than just a neutral comparator against which active treatments are evaluated in randomised controlled trials, and more than just a sugar pill. As a study in this week's *BMJ* illustrates, at its most effective the placebo effect consists of both a sham treatment and what used to be called good bedside manner.

Kaptchuk and colleagues have cleverly unpicked the placebo effect (p 999). They randomised patients with irritable bowel disease into three groups: observation alone,

sham acupuncture with no interaction between clinician and patient, and sham acupuncture plus a positive, caring, doctor-patient interaction. They found a clear and impressive dose-response relationship: the second group improved significantly more than the first group but significantly less than the third, who improved by 37%. As the authors of our linked editorial conclude, a constructive doctor-patient relationship can tangibly improve patients' responsiveness to treatment, be it placebo or otherwise (p 967). Good doctors know this and don't let alternative practitioners monopolise this crucial aspect of medical care.

If a sham treatment plus a good doctor-patient interaction can be so powerful, doesn't this become a useful treatment in its own right? And if so, can we get over the ethical problem that giving a placebo traditionally involves deceiving the patient? Rudiger Pittrof and Ian Rubenstein think we can (p 1020). Placebo now has its own evidence base, with before and after benefit shown in a range of conditions and an excellent safety profile. The authors conclude that where an effective placebo treatment exists, not offering it may be unethical. They will no doubt be ready to reply to your rapid responses on their proposal's limitation—that the evidence is based on studies of patients who did not know for sure that they were receiving placebo.

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

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## PLUS

Career Focus, jobs, and courses appear after p 1024.