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Commercial transplantation in Pakistan, p 1378

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## HEAD TO HEAD

- 1342 Should we pay donors to increase the supply of organs for transplantation?**  
Payment for living kidney donation is illegal in most countries. Arthur Matas believes that legalisation is needed to shorten waiting times, but Jeremy Chapman argues that it will reduce the supply of all organs

## ANALYSIS

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NHS costs quickly overtook the budget, resulting in limitations on care. In the third article in his series, Tony Delamothe looks at the difficulties of defining and meeting need
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Many potential donor organs are currently lost because of misunderstanding of the law. John Coggon and colleagues clarify what is permissible in non-heart-beating donation

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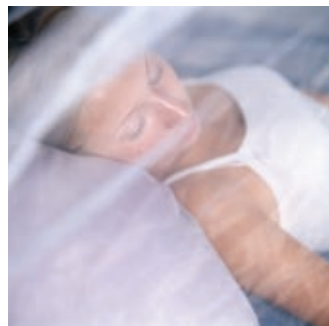




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Treatment for sciatica caused by lumbar disc herniation, pp 1351, 1355



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Becoming a live kidney donor, p 1374

## RESEARCH

### 1348 Adherence to Mediterranean diet and risk of developing diabetes: prospective cohort study

High adherence to a diet rich in olive oil, fruit and vegetables, and very little meat was associated with an 83% relative risk reduction for developing type 2 diabetes

M Á Martínez-González, C de la Fuente-Arrillaga, J M Nunez-Cordoba, F J Basterra-Gortari, J J Beunza, Z Vazquez, S Benito, A Tortosa, M Bes-Rastrollo

### 1351 Prolonged conservative care versus early surgery in patients with sciatica from lumbar disc herniation: cost utility analysis alongside a randomised controlled trial

Early surgery provides better quality adjusted life years, and the greater healthcare costs are compensated for by earlier return to work

Wilbert B van den Hout, Wilco C Peul, Bart W Koes, Ronald Brand, Job Kievit, Ralph TWM Thomeer, for the Leiden-The Hague Spine Intervention Prognostic Study Group

» Editorial p 1317, Research p 1355

### 1355 Prolonged conservative care versus early surgery in patients with sciatica caused by lumbar disc herniation: two year results of a randomised controlled trial

Early surgery relieved sciatica more effectively but only in the first six months, and at two years 20% of all patients reported an unsatisfactory outcome

Wilco C Peul, Wilbert B van den Hout, Ronald Brand, Ralph T W M Thomeer, Bart W Koes, for the Leiden-The Hague Spine Intervention Prognostic Study Group

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### 1359 Parenteral dexamethasone for acute severe migraine headache: meta-analysis of randomised controlled trials for preventing recurrence

In this analysis of seven studies with more than 700 patients a single dose of parenteral dexamethasone produced a 26% relative reduction in recurrent headache occurring within 72 hours

Ian Colman, Benjamin W Friedman, Michael D Brown, Grant D Innes, Eric Grafstein, Ted E Roberts, Brian H Rowe

» Editorial p 1320

## CLINICAL REVIEW

### 1362 Preventing malaria in travellers

David G Lalloo, David R Hill

## PRACTICE

### 1367 Guidelines: Management of invasive meningococcal disease in children and young people: summary of SIGN guidelines

This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence; they highlight important recommendations for clinical practice, especially where uncertainty or controversy exists

U Theilen, L Wilson, G Wilson, J O Beattie, S Qureshi, D Simpson, on behalf of the Guideline Development Group

### 1370 Commentary: Controversies in SIGN guidance on management of invasive meningococcal disease in children and young people

David Isaacs

### 1371 Lesson of the week: Unrecognised severe vitamin D deficiency

Vitamin D deficiency remains common and may mimic other musculoskeletal disorders or mental health problems

John L Sievenpiper, Elizabeth A McIntyre, Mark Verrill, Richard Quinton, Simon H S Pearce

### 1374 A patient's journey: Becoming a live kidney donor

In 2007, Annabel Ferriman gave one of her kidneys to an old friend. This is the story of her journey through that process

Annabel Ferriman

## RESEARCH PUBLISHED AHEAD OF PRINT

### Seroprotection against serogroup C meningococcal disease in adolescents in the United Kingdom: observational study

*BMJ*, doi:10.1136/bmj.39563.545255.AE

M D Snape, D F Kelly, S Lewis, C Banner, L Kibwana, C E Moore, L Diggle, T John, L M Yu, R Borrow, A Borkowski, C Nau, A J Pollard

## CARBON REDUCTION AND HEALTH

### A guide to reducing the footprint of the health sector

A joint meeting organised by the *BMJ*, Royal College of Paediatrics and Child Health, and Faculty of Public Health

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REUTERS/RADU SIGHETI

**PICTURE OF THE WEEK**

**Men bury a four year old girl who died of malnutrition in southern Ethiopia. Some 4.5 million Ethiopians need emergency food aid because of failed rains and high food prices, reviving memories of the country's 1984-5 famine, which killed more than a million people (see Feature p 1336).**

**THE WEEK IN NUMBERS**

**1 in 10** Number of children dying before their 5th birthday in Zimbabwe (News p 1332)

**854m** Number of people worldwide who are reported to live in food insecurity (Feature p 1336)

**1952** Year in which prescription charges were introduced in the UK (Analysis p 1344)

**26%** Relative reduction in recurrent headache within 72 hours when dexamethasone is added to standard abortive migraine therapy (Research p 1359)

**1700** Cases of travellers' malaria in the UK in a year (Clinical Review p 1362)

**THE WEEK IN QUOTES**

**“So, what must a bacterium do to earn ‘superbug’ status?”** (Editorial p 1322)

**“Few, if any, surgical procedures ... have alleviated more human suffering, morbidity, and mortality than vacuum aspiration abortion”** (News p 1332)

**“While I can think of situations in which it might be appropriate for doctors to administer a placebo pill, I can't say the same for parents”** (Observations p 1339)

**“The therapeutic role of surgery for sciatica is restricted to faster recovery and relief of leg pain”** (Research p 1355)

**“I first offered my kidney to Ray at a party, after I had had a few drinks and was feeling expansive”** (A Patient's Journey p 1374)



## EDITOR'S CHOICE

## Is it time to pilot paying for organs?



CHRISTOPHER FURLONG/GETTY IMAGES

**Head to head p 1343;**  
**Analysis p 1346;**  
**Practice p 1374;**  
**Views & Reviews pp 1377-8**

Cover shows kidney implantation during a live donor kidney transplant at the Queen Elizabeth Hospital, Birmingham, in 2006

Last year the *BMJ*'s news editor, Annabel Ferriman, had one of her kidneys removed so she could donate it to a friend. Her motivation? "I did it entirely voluntarily and have derived a great deal of satisfaction from it" (p 1374). Is this altruistic act, and others like it, the answer to the growing gap between the demand for kidneys and the supply?

Ferriman's experience was not all plain sailing. From the breezy offer at a party to the operation itself took nearly a year and a half, and although the outcome has been good for both donor and recipient she describes frustrations and delays that made her sometimes wonder why she had ever volunteered. She understands that the needs of sick patients must always take priority over those of a healthy potential donor. But unless the living donor programme is properly resourced, she doubts its chances of scaling up to meet demand.

Yet this is the hope. Ferriman's nephrologist, B S Fernando, writes that work-up times are falling (p 1375) and, according to UK Transplant, the number of living donor kidney transplants is increasing in the UK, from 461 in 2003-4 to 829 in 2007-8, contributing about a third of the total number of kidney transplants performed in the UK.

The remaining two thirds of donated kidneys come from deceased donors—also, it should be remembered, through an act of altruism. John Coggon and colleagues argue that this altruism can and should be enlisted as a factor in the drive to increase deceased donor transplants (p 1346). Doctors are often constrained by fears that it is unlawful to alter a dying patient's management solely to protect their organs. In fact a patient's best interests may be served by ensuring their organs can be donated, in line with their known views and

values, even if this means modestly prolonging cardiorespiratory support.

But given that the current shortfall in kidneys runs to several thousand each year in the UK alone, should we be looking beyond pure altruism? Arthur Matas puts the case for paying donors within a tightly regulated system, arguing that legislating against this is paternalistic and that altruistic donation will never meet demand (p 1342). But Jeremy Chapman says this would be disastrous: far from increasing the availability of organs it would increase the risks to donors and recipients and cause an implosion in organ donation (p 1343). MA Noorani bears witness to the impact in Pakistan of transplant tourism (p 1378), a term Leigh Turner inveighs against (p 1377). But one obvious cause is the shortage of organs in the rich world. "It is the moral duty of governments to ensure that enough organs are available for transplantation," Noorani says.

This is a challenge we cannot defer. Many of the arguments against paying donors are based on experience of poorly regulated systems that are vulnerable to coercion and black market trading across borders. In the spirit of evidence based policy making, is it time to pilot payment of donors by the state within a strictly regulated and geographically limited system? Potential benefits of a state payment system as opposed to a commercial market could include allocation by need rather than ability to pay, an increase in the number of unrelated living donors, protection of the poor from exploitation, and an end to transplant tourism. There is room for moral outrage, but we should direct it towards the fact that each year thousands of people's lives are blighted and cut short for want of a transplant.

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

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## PLUS

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