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Assisted suicide, p 1394



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Vitamin A supplementation reduces mortality in older children, but a global recommendation of high dose supplementation for all newborn infants may not contribute to better survival

Christine Stabell Benn, Birgitte Rode Diness, Adam Roth, Ernesto Nante, Ane Bærent Fisker, Ida Maria Lisse, Maria Yazdanbakhsh, Hilton Whittle, Amabelia Rodrigues, Peter Aaby *» Editorial p 1385*

1420 Case-control study of self reported genitourinary infections and risk of gastroschisis: findings from the national birth defects prevention study, 1997-2003

This rare abnormality, commonest among babies of teenage mothers, is increasing: this US study found a significant association with self reported infections in early pregnancy

Marcia L Feldkamp, Jennita Reefhuis, James Kucik, Sergey Krikov, Andy Wilson, Cynthia A Moore, John C Carey, Lorenzo D Botto *» Editorial p 1386*

1423 Long term prognosis in preschool children with wheeze: longitudinal postal questionnaire study 1993-2004

In more than 600 children aged less than five two predictive factors (baseline parent reported exercise induced wheeze and a history of atopy) indicated a likelihood of 53.2% of developing asthma in early adolescence

Peter I Frank, Julie A Morris, Michelle L Hazell, Mary F Linehan, Timothy L Frank

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1426 Body piercing in England: a survey of piercing at sites other than earlobe

In this national household survey of more than 10 000 adults one in 10 had such a piercing and among 16-24 year old about a third had related health problems

Angie Bone, Fortune Ncube, Tom Nichols, Norman D Noah



Management of community acquired pneumonia in adults, p 1429

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1434 Rational imaging: Endovascular stenting to treat obstruction of the superior vena cava

This article discusses the use of image guided endovascular stenting to treat obstruction of the superior vena cava Anthony F Watkinson, Tow Non Yeow, Clementine Fraser

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

- Heading for a carbon neutral NHS?
- Wanting to cut your hospital's carbon footprint?
- Tired of waste and pollution in the health service? Then this meeting is a must for you.

Monday 30 June 2008, Royal College of Paediatrics and Child Health, 5-11 Theobalds Road, London WC1X 8SH

For more details, see full programme at: www.rcpch.ac.uk/doc.aspx?id_resource=3398 or Aaron Barham on 020 7092 6105 aaron.barham@rcpch.ac.uk



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PICTURE OF

Human ovulation was captured by chance during preparation for a routine partial hysterectomy in a 45 year old Belgian woman. The egg, the size of a full stop and surrounded by support cells, took 15 minutes to be released from a mature follicle on the ovary.

THE WEEK IN NUMBERS

1 in 3 Risk of complications in women aged 16-24 who have a body piercing other than in the earlobe (Research p 1426)

75% Cases in a study of community acquired pneumonia in which microbial diagnosis was made; in everyday practice this falls to 20% (Clinical Review p 1429)

\$400 Hourly fee for the advice of an influential doctor (Feature p 1402)

8.3% Fraction of GDP spent on the UK health service in 2005; the US spent 15.3%, France 11.1%, and Germany 10.3% (Analysis p 1410)

2.7 Ratio of neonatal mortality rates between worst (4.8) and best (1.8) performing English regions (News p 1393)

THE WEEK IN QUOTES

"Exercise induced wheeze and a history of atopic disorders in preschool children are significant predictors of future asthma" (Research p 1423)

"Arguably, the quality of a patient's journey matters as much as where it takes them" (Observations p 1408)

"A percutaneous stent is the quickest way to relieve symptoms [of] superior vena cava obstruction secondary to malignancy" (Practice p 1434)

"Practitioners [of traditional therapies] should have an honours degree or masters degree to gain registration" (News p 1395)

"If the patient isn't dead you can always make them worse" (Medical Classics p 1441)

EDITOR'S CHOICE



Feature p 1402 Head to head p 1404

Cover shows a marionette purchased by the *BMJ* from czechmarionettes.com

Key opinion leaders, your time is up

We're lucky in medicine to have an unending supply of mysteries to ponder. Some of these—like why vitamin A supplementation benefits some children while harming others—are amenable to scientific research (p 1385, p 1416). But there are mysteries of a different sort, ones that are in our power as a profession to resolve. Why, for example, is it considered normal for medical leaders to accept personal payment for promoting a company's drug or device?

This week Ray Moynihan asks whether paid "key opinion leaders" can be independent or are just drug representatives in disguise (p 1402). His interview with former sales representative Kimberly Elliott suggests the latter. We know from independent studies that paid opinion leaders can increase use of a target drug or device. Even if we didn't know this, we would have to assume it from industry's continued funding of "KOLs." Speakers who don't make enough impact on drug sales are dropped, says Elliott.

Perhaps most troubling is the way industry grooms potential opinion leaders. Quoting from the magazine *Pharmaceutical Marketing*, Moynihan says that industry staff are told to find doctors who will endorse their products "who may be further down the influence ladder," and then help "raise their profile, and so develop them into opinion leaders."

Of course industry is doing nothing illegal, and it employs many fine people motivated more by improving health care than making a profit. In this week's Head to Head, Charlie Buckwell argues that industry has an ethical obligation to work with influential health professionals so that each side understands the other's thinking (p 1404). The fact that these interactions can affect clinical practice is not necessarily bad, he says, since this can help doctors appreciate the benefits of some drugs.

But is this the best way to inform doctors? What of evidence based medicine, which asks us to use information that has been gathered systematically and evaluated objectively? Moynihan also spoke to Richard Tiner of the Association of the British Pharmaceutical Industry, who said that key opinion leaders are "free to speak about other medicines" and their presentations are "often quite balanced." Surely doctors should be setting their sights higher than this?

Buckwell argues for tighter rules and role definitions, and there are signs that things are improving. It's now rare in the best forums that speakers fail to start with a slide declaring their conflicts of interest. But how often do these declarations tell the full story? Have you ever heard speakers say that they were paid an honorarium and travel expenses and that the sponsor prepared their slides?

Such transparency is crucial if we are to understand the full extent of the influences we are under. But can we look ahead to something even better, to an era of truly independent medical leadership? Giovanni Fava thinks we can and should (p 1405). He envisages "a reservoir of truly independent experts" and calls for an end to "business disguised as science." Medicine sorely needs leaders, but not if they've been bought. **Fiona Godlee, editor, BMJ fgodlee@bmi.com**

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PLUS Career Focus, jobs, and courses appear after p 1442.

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