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Ara Darzi didn't suggest freedom from government control in his review of the English NHS, but it might sound attractive to many health workers. Rhema Vaithianathan and Geraint Lewis show how it could work using the theoretical framework of independent central banks

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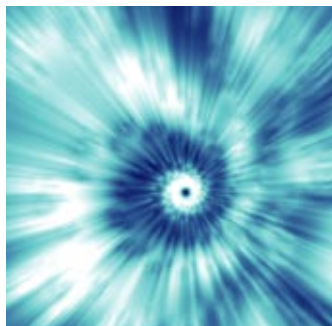
- 414 Jan van Es; James Cameron Gould; George Stewart Graham; Mary Louise Grove-White; Conrad Latto; Shyamal Kumar Mukerjea; John Michael Roberts; Ronald Stanley Thorpe**

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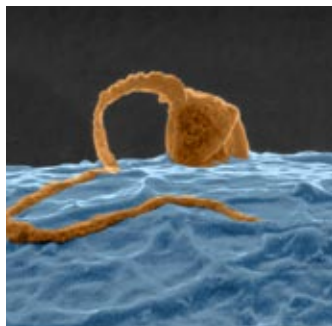
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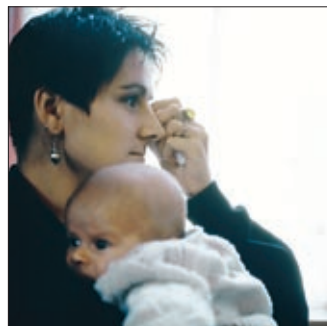


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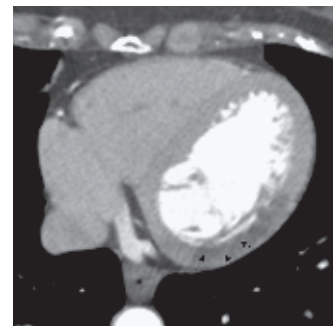
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Managing postnatal depression, p 399

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383 Migraine, vascular risk, and cardiovascular events in women: prospective cohort study

Among women with low Framingham risk scores, migraine with aura is a risk factor for ischaemic stroke, but among those with high scores migraine with aura is a risk factor for myocardial infarction

Tobias Kurth, Markus Schürks, Giancarlo Logroscino, J Michael Gaziano, Julie E Buring

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387 Clomifene citrate or unstimulated intrauterine insemination compared with expectant management for unexplained infertility: pragmatic randomised controlled trial

These two interventions, used for many years and recommended by current guidelines, did not significantly increase birth rates when compared with general advice to have regular intercourse

S Bhattacharya, K Harrild, J Mollison, S Wordsworth, C Tay, A Harrold, D McQueen, H Lyall, L Johnston, J Burrage, S Grossett, H Walton, J Lynch, A Johnstone, S Kini, A Raja, A Templeton

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391 Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial

This 50 hour participatory learning programme, compared with a three hour lecture, did not reduce HIV incidence at two years in young people, and had mixed effects on secondary outcomes

Rachel Jewkes, M Nduna, J Levin, N Jama, K Dunkle, A Puren, N Duvvury

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396 Contribution of problem drug users' deaths to excess mortality in Scotland: secondary analysis of cohort study

Mortality remains higher in Scotland than England and deprivation explains less and less of the gap (the puzzling "Scottish effect"): this data matching study shows that drug misuse accounts for a third of the excess mortality

Michael Bloor, Maria Gannon, Gordon Hay, Graham Jackson, Alastair H Leyland, Neil McKeganey

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399 Management of postnatal depression

Charles Musters, Elizabeth McDonald, Ian Jones

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404 Qualitative research: An introduction to reading and appraising qualitative research

This article explores the difference between qualitative and quantitative research and the need for doctors to be able to interpret and appraise qualitative research

Ayelet Kuper, Scott Reeves, Wendy Levinson

407 Rational imaging: Investigating severe interscapular pain

This article explores the radiological investigations for identifying the cause of severe interscapular pain, focusing on how to exclude acute myocardial infarction, aortic dissection, and pulmonary embolism

Ali A Haydar, Gareth Morgan-Hughes, Carl Roobottom

RESEARCH PUBLISHED ONLINE

What oncologists tell patients about survival benefits of palliative chemotherapy and implications for informed consent: qualitative study

BMJ, doi:10.1136/bmj.a752

Suzanne Audrey, Julian Abel, Jane M Blazeby, Stephen Falk, Rona Campbell

Police violence and sexual risk among female and transvestite sex workers in Serbia: qualitative study

BMJ, doi:10.1136/bmj.a811

Tim Rhodes, Milena Simić, Sladjana Baroš, Lucy Platt, Bojan Žikić

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REUTERS/DENIS SINYAKOV

PICTURE OF THE WEEK

Wounded South Ossetians receive treatment in a hospital shelter in the South Ossetian capital of Tshinvali, 10 August. As hostilities between Russia and Georgia escalated earlier this week, the World Medical Association issued a statement calling for the independence of doctors to be respected.

THE WEEK IN NUMBERS

3 Monthly average number of sexual experiences with a regular partner in Australian sexagenarians (**Letters** p 367)

>\$2 trillion Amount spent on health care by the US in 2006 (**News** p 372)

146 000 tonnes Estimated weight of waste from electrical and electronic equipment generated by India every year (**Feature** p 376)

13% Overall prevalence of clinically relevant postnatal depression (**Clinical Review** p 399)

32% Proportion of excess mortality in Scotland over England that is caused by drug use (**Research** p 396)

THE WEEK IN QUOTES

“2007 saw the highest number of measles cases recorded in England and Wales since the current method of monitoring the disease was introduced in 1995” (**News** p 370)

“Clomifene citrate or unstimulated intrauterine insemination are unlikely to be more effective than no treatment” (**Research** p 387)

“Quantitative research focuses on answering the questions ‘what?’ ‘how much?’ and ‘why?’ whereas qualitative research focuses on answering the questions ‘why?’ and ‘how?’” (**Practice** p 404)

“In London I never have to peer at [patients’] belongings to gauge whether they can afford chest radiography” (**Personal View** p 410)

EDITOR'S CHOICE

Meddling and bearing witness



Editorial, p 361
Research, p 383

CORRECTION

Editor's Choice, 9 August 2008

Because of a cutting and pasting error, five crucial words were omitted from the end of the print version of last week's Editor's Choice. The final sentence should have read "Now might be a good time for the British Library to thumb through a few of the books on its shelves to remind itself what a library is for—and for it to go out of the padlock business." The complete version of the article is available online (*BMJ* 2008;337:a1116).

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened.

bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com

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For as long as I can remember the government has been reorganising the NHS, and a series of commentators, ranging from interested outsiders to official auditors, has been saying, in effect, "stop meddling."

The most recent interested outsiders have included Don Berwick and Donald Light in their commentaries on the NHS (*BMJ* 2008, 26 July, p 210, p 212). This week it's the turn of the official auditors. The Audit Commission and the Healthcare Commission have recently reported on the success of the latest reforms of the NHS in England, and Gwyn Bevan discusses their findings in an editorial (p 365). The auditors find little evidence of benefit from the four main changes—foundation trusts, greater use of the independent sector, more choice for patients, and payment by results. In dissecting why that is so, Bevan provides a potted history of the NHS and its reforms since 1976. Since 1991, he says, "the NHS in England has been subjected to too many top-down impositions of reorganisations and system reforms," and within weeks of this latest report "another programme of system reform was promulgated following the Darzi review."

Bevan's story provides the ideal backdrop to Rhema Vaithianathan's and Geraint Lewis's proposals for operational independence for the NHS (p 380). This is an idea that we have promoted in the past (*BMJ* 2007, 12 May, Editor's Choice), and Vaithianathan and Lewis explain how it might work. Using the example of independent central banks, they suggest that four aspects of the NHS might usefully be managed independently. These are areas of decision making subject to governments' "dynamic inconsistency" (the tendency to yield to short term temptations against

their better long term judgments) and where the benefits would outweigh the reduced democratic accountability. The authors reject the idea of a single independent NHS board because it would be responsible for mutually inconsistent aims. Instead they suggest four separate boards for making decisions about cost effective treatments, structural reorganisations (ideally rarely), local service reconfigurations, and patient safety issues. NICE almost matches their requirements for an independent board for cost effectiveness decisions, but they want it strengthened by legislation so that parliament would set a transparent threshold for cost effectiveness and its rulings would be binding.

Independence of a different sort is lauded in the editorial on the disaster that is Zimbabwe (p 363). Dan Ncayiyana and colleagues document the effective destruction of Zimbabwe's health system and "in the midst of this mayhem" credit the Zimbabwean Association of Doctors for Human Rights with documenting and investigating human rights abuses and consistently raising the alarm. It has, say the authors, served as the moral conscience of the medical profession in braving the wrath of the regime and waging "an unequal battle with an autocratic government contemptuous of basic human rights." Ncayiyana and colleagues sound optimistic that the political violence may end soon, but it will take much longer to rebuild society and a health system that was once among sub-Saharan Africa's best.

Jane Smith, deputy editor, *BMJ* jsmith@bmj.com

Cite this as: *BMJ* 2008;337:a1293

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PLUS

Career Focus, jobs, and courses appear after p 414.