



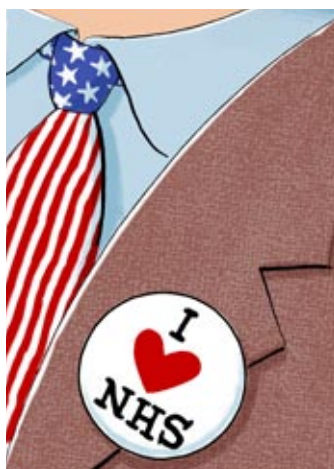
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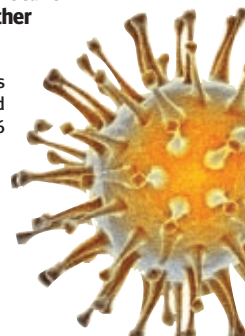
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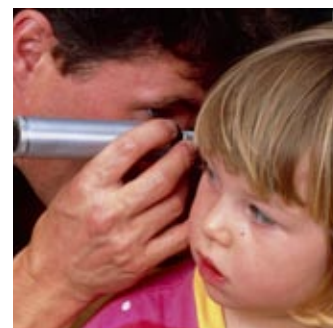
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Antibiotic prescribing for respiratory tract infections in primary care, pp 232, 233

## RESEARCH

### 215 Relation of iron and red meat intake to blood pressure: cross sectional epidemiological study

This study of middle aged people in Japan, China, the UK, and United States found that, while total iron and non-haem iron intake were inversely associated with blood pressure, eating red meat was directly and independently associated with higher blood pressure

Ioanna Tzoulaki, Ian J Brown, Queenie Chan, Linda Van Horn, Hirotsugu Ueshima, Liancheng Zhao, Jeremiah Stamler, Paul Elliott, for the International Collaborative Research Group on Macro-/

Micronutrients and Blood Pressure

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### 218 A model based on age, sex, and morbidity to explain variation in UK general practice prescribing: cohort study

Assigning each patient to one of six morbidity groups of increasing severity—by diagnoses, age, and sex—explained 80% of the variability in prescribing between and within general practices and could allow fairer allocation of budgets

Rumana Z Omar, Caoimhe O'Sullivan, Irene Petersen, Amir Islam, Azeem Majeed

### 220 Role of co-trimoxazole prophylaxis in reducing mortality in HIV infected adults being treated for tuberculosis: randomised clinical trial

Prophylaxis has been recommended by WHO and UNAIDs in Africa since 2000 but fear of bacterial resistance has slowed uptake: this trial in Zambia, where resistance was thought to be prevalent, confirms the effectiveness of co-trimoxazole

Andrew J Nunn, Peter Mwaba, Chifumbe Chintu, Alwyn Mwinga, Janet H Darbyshire, Alimuddin Zumla, for the UNZA-UCLMS Project LUCOT Collaboration

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### 224 Patients' refusal to consent to storage and use of samples in Swedish biobanks: cross sectional study

For 1.4 million samples from clinical testing only 1 in 1600 patients declined to consent to storage or use in research, and 1 in 19 000 people withdrew previous consent

Linus Johnsson, Mats G Hansson, Stefan Eriksson, Gert Helgesson

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## CLINICAL REVIEW

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John B Winer

## PRACTICE

### 232 Guidelines: Antibiotic prescribing for self limiting respiratory tract infections in primary care: summary of NICE guidance

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

Toni Tan, Paul Little, Tim Stokes, on behalf of the Guideline Development Group

### 233 Commentary: NICE guidance on antibiotic prescribing for self limiting respiratory tract infections in primary care

Christopher C Butler, Nicholas Francis

## RESEARCH PUBLISHED ONLINE

### Academic achievement of twins and singletons in early adulthood: Taiwanese cohort study

*BMJ*, doi: 10.1136/bmj.a438

Meng-Ting Tsou, Meng-Wen Tsou, Ming-Ping Wu, Jin-Tan Liu

### Economic evaluation of human papillomavirus vaccination in the United Kingdom

*BMJ*, doi: 10.1136/bmj.a769

Mark Jit, Yoon Hong Choi, W John Edmunds

### Interventions before consultations to help patients address their information needs by encouraging question asking: systematic review

*BMJ*, doi: 10.1136/bmj.a485

Paul Kinnery, Adrian Edwards, Kerry Hood, Rebecca Ryan, Hayley Prout, Naomi Cadbury, Fergus MacBeth, Phyllis Butow, Christopher Butler



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MUSEUM OF LONDON/Wellcome Images

**PICTURE OF THE WEEK**

The remains of a man who died aged 84 in 1942 is one of a number of skeletons on show in a new exhibition at the Wellcome Collection. Drawn from the Museum of London's collection of 17 000 skeletons, this exhibition examines the bones of people who were buried in London (and whose remains have been removed after excavation needed for the continuing redevelopment of the city) in a bid to establish how they lived and died. A review of the exhibition, which runs until 28 September, will appear in next week's *BMJ*. For more information visit [www.wellcomecollection.org](http://www.wellcomecollection.org).

**THE WEEK IN NUMBERS**

**1933** Year in which Nazi Germany approved the Prevention of Progeny with Hereditary Diseases Act (**News** p 198)

**1 in 1600** Rate of confirmed refusal to consent to storage or use in research for 1.4 million samples from clinical testing (**Research** p 224)

**1.2 to 1.6 per 100 000** Incidence of Guillain-Barré syndrome in the most recent and carefully conducted European studies (**Clinical Review** p 227)

**60%** Proportion of antibiotic prescribing in UK primary care that is for respiratory tract infections (**Practice** p 232)

**THE WEEK IN QUOTES**

**“It is a tragic irony that those at highest risk of HIV often receive the least attention”** (**News** p 196)

**“As troubled as you may believe the NHS to be . . . please behold the mess that a less ambitious nation could have chosen”** (**Analysis** p 212)

**“Red meat consumption, the major food source of haem iron, was associated with higher blood pressure”** (**Research** p 215)

**“The truth is that, despite the supposed heroism of medicine, we are left collecting the body parts of society”** (**From the Frontline** p 238)

## EDITOR'S CHOICE

## The English NHS experiment



**Editorial, p 183**  
**Research, p 215**

It may seem parochial for the *BMJ* to use so much space discussing the NHS—and the English NHS at that. But I make no apologies—firstly, because if doctors are to take the lead in health care, as they must and as they are being encouraged to do, they need to understand the systems that deliver it. Secondly, because the wider world is watching what may come to be known as the English NHS experiment. As evidence of this, the *New England Journal of Medicine* has published another paper on England's use of quality indicators and performance payments. As Alison Tonks describes it (p 200), the paper from Martin Roland's group in Manchester finds that GPs' professionalism outweighs temptations to game the system. To minimise overtreatment, GPs are allowed to exclude clinically inappropriate patients from target calculations, but rates of such "exception reporting" among English general practices were low. I find this very encouraging.

More worrying is the effect of targets in other areas of medicine. In a personal view Nigel Rawlinson describes how the four hour target for processing patients through emergency departments has meant that, however hard they try to remain patient focused, good staff will now "treat the clock not the patient." He warns that a two hour target is proposed (p 237).

Such politically driven initiatives are part of the problem outlined by Donald Light as he gives his verdict on the new strategic plan for the NHS—the Darzi report (p 210). Light, a long time observer of the US and UK health systems, condemns "the continued and costly pattern of 'reorganisation' caused by too many changes not well thought out." Compared with this constant politically driven

change, the clinical leadership of the US Veterans Health Administration took 10 years to implement one carefully designed plan that has transformed the service. Light predicts that the nearly £1bn that is being wasted on unevaluated reorganisation in the UK will result in comprehensive free care being declared unaffordable, requiring patients to pay fees for services and drugs.

This would take us inexorably closer to the US model, a fate that another experienced observer of the US and UK health systems, Don Berwick, warns roundly against. Berwick asks us to celebrate the ambition of the NHS (p 212). His 10 suggestions for making it even better include "stop restructuring . . . reinvest in general practice and primary care . . . please don't put your faith in market forces" and "avoid supply driven care like the plague." As if to hammer home the point, a report published last week from the New York based Commonwealth Fund has ranked the US last among 19 industrialised countries across a range of healthcare indicators, the worst of which, and getting worse, was access to care (p 193). The report concluded that much of the problem stemmed from having a weak base of primary care doctors.

So let's hold ourselves to a vision of health care that evolves organically rather than through constant political dabbling; that supports professionalism, is clinically led, and has strong primary care at its heart.

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

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