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More tips during ovulation, p 838



Bertrand Russell: how to be happy, p 879



A restaurant-type guide to doctors, p 842

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Abortion no longer ethical misconduct in Portugal
Letting art heal the devastation of HIV
Medical isotopes will return to 80% by November
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A website allowing UK patients to rate their doctors upset many people, but similar systems are well established in the US. Janice Hopkins Tanne reports

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J Feehally and colleagues explain the value of reporting estimated glomerular filtration rate as part of a comprehensive management programme for chronic kidney disease

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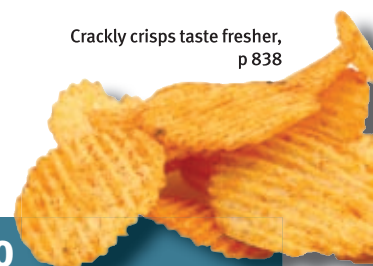
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p 838



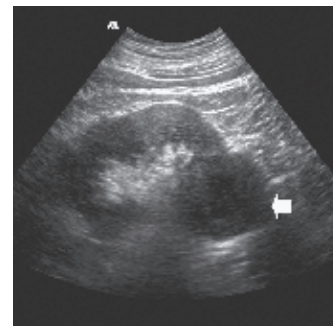
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Patterns of skeletal fractures in child abuse, p 859



Travellers' diarrhoea, p 863



Investigating painless haematuria, p 868

RESEARCH

848 Improving generalist end of life care: national consultation with practitioners, commissioners, academics, and service user groups

There was little consensus among participants in England and Scotland: they defined "end of life" variously as lasting a year or just a few days, they lacked evidence on prognosis, and they reported lack of resources to support patients with advanced non-malignant disease

Cathy Shipman, Marjolein Gysels, Patrick White, Allison Worth, Scott A Murray, Stephen Barclay, Sarah Forrest, Jonathan Shepherd, Jeremy Dale, Steve Dewar, Marilyn Peters, Suzanne White, Alison Richardson, Karl Lorenz, Jonathan Koffman, Irene J Higginson

852 Effects of improved home heating on asthma in community dwelling children: randomised controlled trial

Installing non-polluting, more effective heating in the homes of children with asthma in New Zealand did not significantly improve lung function but did significantly reduce symptoms of asthma, days off school, healthcare use, and visits to a pharmacist

Philippa Howden-Chapman, Nevil Pierse, Sarah Nicholls, Julie Gillespie-Bennett, Helen Viggers, Malcolm Cunningham, Robyn Phipps, Mikael Boulic, Pär Fjällström, Sarah Free, Ralph Chapman, Bob Lloyd, Kristin Wickens, David Shields, Michael Baker, Chris Cunningham, Alistair Woodward, Chris Bullen, Julian Crane

855 Diagnosis-specific sickness absence as a predictor of mortality: the Whitehall II prospective cohort study

In more than 6000 civil servants off work for a week with common disorders mortality over the next 13 years was increased 1.7 times, and those absent for mental health reasons were 2.5 times more likely to die from cancer

Jenny Head, Jane E Ferrie, Kristina Alexanderson, Hugo Westerlund, Jussi Vahtera, Mika Kivimäki

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859 Patterns of skeletal fractures in child abuse: systematic review

In 32 cross sectional studies age under 18 months was an important indicator of abuse in the absence of another explanation, and multiple rib fractures were highly specific for abuse

Alison M Kemp, Frank Dunstan, Sara Harrison, Susan Morris, Mala Mann, Kim Rolfe, Shalini Datta, D Phillip Thomas, Jonathan R Sibert, Sabine Maguire

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CLINICAL REVIEW

863 Management of travellers' diarrhoea

David R Hill, Edward T Ryan

PRACTICE

868 Rational imaging: Investigating painless haematuria

This article explores the different imaging techniques used to investigate haematuria with particular reference to a case of renal cell carcinoma

Sylvia A O'Keeffe, Sorcha McNally, Mary T Keogan

871 Lesson of the week: Slow ventricular tachycardia

A high index of suspicion for "slow ventricular tachycardia" is required in patients taking antiarrhythmic drugs

Nicolas Leitz, Zarqa Khawaja, Martin Been

873 10-Minute consultation: Raised blood glucose concentration

This is part of a series of occasional articles on common problems in primary care

Tim A Holt, Claire J Holt

RESEARCH PUBLISHED ONLINE

Overuse of tympanostomy tubes in New York metropolitan area: evidence from five hospital cohort

BMJ, doi:10.1136/bmj.a1607

Salomeh Keyhani, Lawrence C Kleinman, Michael Rothschild, Joseph M Bernstein, Rebecca Anderson, Mark Chassin

Retrospective determination of whether famine existed in Niger, 2005: two stage cluster survey

BMJ, doi: 10.1136/bmj.a1622

Avid Reza, Basia Tomczyk, Victor M Aguayo, Noel M Zagré, Kadadé Goumbi, Curtis Blanton, Leisel Talley

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Donated Eggs



GINA GLOVER

PICTURE OF THE WEEK

Eggs donated by staff and patients and their families to the assisted conception unit at Guy's Hospital, London, photographed by Gina Glover, artist in residence. See News, p 834.

THE WEEK IN NUMBERS

20-60% Proportion of travellers who develop diarrhoea, primarily travelling to poor regions (Clinical Review p 863)

1.7 times Increased mortality in employees who had medically certified spells of sickness absence in a three year period (Research p 855)

3% English NHS trusts that failed to balance their books in 2007-8 (News p 834)

£15 000 Additional cost of late referral for renal replacement therapy (Analysis p 845)

70% Proportion of young smokers who want to quit shortly after starting (Editorial p 827)

THE WEEK IN QUOTES

“‘End of life care’ is a term that encompasses palliative and terminal phases” (Research p 848)

“Ventricular tachycardias are commonly mistaken for supraventricular tachycardia with aberrant conduction” (Practice p 871)

“Coca-Cola is and is not an effective spermicide” (News p 838)

“Consumers can score doctors on trust, communication, availability, and environment” (Feature p 842)

“Even at medical school we wore balaclavas to our ‘clap clinic’ rotations and never sat down on the toilet seats” (From the Front Line p 878)

EDITOR'S CHOICE

A difficult balance

**Clinical review, p 863**

Cover picture shows:

Escherichia coli (top left)*Norovirus* (top right)*Campylobacter* (centre)*Clostridium difficile* (bottom left)*Shigella dysenteriae* (bottom right)

My predecessor but one, Stephen Lock, chose to call the book he wrote towards the end of his 16 years as editor *A difficult balance*. It was a good choice. Getting the right balance in a general medical journal is an editor's greatest challenge. The *BMJ* walks various tightropes—or, put more positively, attempts to bridge many divides: between primary and secondary care, clinical medicine and public health, health care and health policy, the UK and the rest of the world, online and print, magazine and journal. One good thing is that when the balance tips too far in any one direction, readers are quick to tell us. Another good thing is that we have more readers of the *BMJ* now than ever before.

One of the *BMJ*'s core functions is to help to get good research into practice—what's now called knowledge translation—whether in clinical medicine, public health, or health policy. Our ultimate goal must be to improve outcomes for patients and the public. So we aim to publish original research that is relevant and actionable. A slight change in our acceptance criteria at the beginning of last year meant we accepted fewer research papers. The consternation of researchers was hard to ignore. Partly because of this but largely because good submissions are now pouring in, we've restored the number of research articles we publish to at least four a week. All of our research is open access, freely available on bmj.com.

This welcome strengthening of the research presence in the journal has an impact on other sections. Despite now being an online

journal first and foremost, which means we have potentially unlimited space, we do have constraints. Editorial time is one; the number of pages in the print journal are another. More pages for research means fewer pages for something else. Over the past few months we've published slightly less clinical education content. Readers have again been quick to reprove us, a response that chimes with repeated reader surveys over the years: what doctors most want from the *BMJ* is balanced, evidence based, relevant, readable clinical education. So we've found more space in the print journal for clinical content, relevant we hope to both primary and secondary care (p 863, p 868, p 871, p 873).

What has been squeezed out of the print journal by this flush of clinical content? Not the obituaries (though we are redressing an imbalance there too: several readers have complained that we've been giving too little space to internationally renowned UK doctors and too much to doctors from elsewhere). What we have in this week's issue is fewer letters and a little less magazine content. If there's no outcry, perhaps—for once, for now—we've got the balance right. I doubt it, but am not downcast. Far from it. We look forward to your continued help in maintaining the difficult balance and bridging medicine's divides.

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

Cite this as: *BMJ* 2008;337:a2033

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WHAT'S NEW AT THE BMJ GROUP

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The BMJ Group Awards 2009, now open for nominations

The inaugural BMJ Group Awards will recognise individuals, organisations and initiatives that can demonstrate outstanding and measurable contributions to health care.

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Archives of Disease in Childhood: second podcast now live

A fascinating discussion of the findings of the Confidential Enquiry into Maternal and Child Health can be heard at podcasts.bmj.com/journal-adc/

Supportive and palliative care systematic reviews

See *BMJ Clinical Evidence* for this series of reviews, including GRADE evaluation of the evidence clinicalevidence.bmj.com

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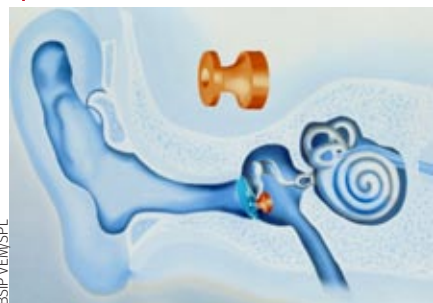
PLUS

Career Focus: jobs and courses appear after p 880

WHAT'S NEW ON BMJ.COM

LATEST RESEARCH

Is depression and anxiety prevalent in terminally ill patients pursuing help from physicians to die? Mostly not, according to this cross sectional survey from the US state of Oregon. However, the current practice of the Death with Dignity Act may fail to protect some patients whose choices are influenced by depression from receiving a prescription for a lethal drug.



How did tympanostomy tube insertion for children with middle ear infections in New York metropolitan area in 2002 compare with the recommendations of two sets of expert guidelines? Poorly, according to this study; most insertions were inappropriate. But regardless of whether current practice represents a substantial overuse of surgery or the guidelines are overly restrictive, the persistent discrepancy between guidelines and practice cannot be good for children or for people interested in improving their health care.

Find out about these and other recent research at bmj.com/channels/research.dtl

LATEST BLOGS

Klaus Morales—former student editor of the *Student BMJ*, now trainee anaesthetist in his home country Brazil—agrees that work is central to wellbeing. But as a hardworking doctor he now wonders whether doctors can be healthy, as well as happy. He is keen to share his experiences with those of other junior doctors around the world: “Does the European Working Time Directive make training in the UK any better or worse? Are doctors in Spain allowed to indulge in their siestas? Is it true that US residents are required to be on a 72 hour shift every week? How is it to be a junior doctor in the Middle East? Any tips on how to lose 6 kilos in, let’s say, a month?”

On the other side of the globe, medical student Eva Brencicova finds Germany’s admission system to medical school too restrictive: “Increasingly I find it is those students who pursue a range of interests, whose company I have enjoyed the most ... who frequently face considerable difficulties in achieving their goal of gaining a place in medical school.”

Join these debates and others at <http://blogs.bmj.com/bmj>



Last week's poll asked

“Should there be a ceiling on what percentage of GDP countries spend on health?”

You replied:

YES 101 votes (34%)

NO 199 votes (66%)

This week's poll asks

“Does NICE deserve its bad press?”

MOST COMMENTED ON

What should doctors wear?

Evidence based medicine and the medical curriculum

Southall is allowed to return to child protection work

What skills do doctors and nurses need?

Valuing the well connected

MOST READ

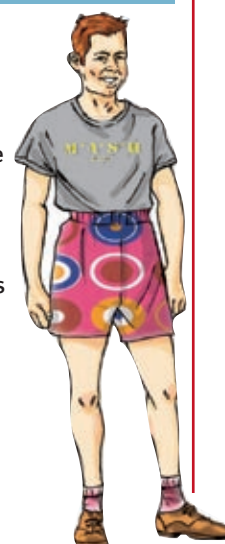
Effectiveness of continuous glucose monitoring in pregnant women with diabetes

What should doctors wear?

Adherence to Mediterranean diet and health status

Diagnosis-specific sickness absence as a predictor of mortality

Headache and drowsiness in a 22 year old student



Time for a break? Refresh yourself.

BMJ Masterclasses

masterclasses.bmj.com

