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Exercise prescriptions, p 894



Rationing health care, pp 883, 900, 937



A medical classic by Sylvia Plath, p 937

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- 883 Where are we in the rationing debate?**
Improved tools and public participation can inform fair systems, say Susan Dorr Goolod and Nancy M Baum
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Timely, accurate, and accepted measures are needed, says Craig Gundersen
» *Research, p 915*
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We need to re-establish clinical audit to monitor the criteria for intervention, says Mark Haggard
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- 886 Continuous glucose monitoring in gestational diabetes**
Can improve outcomes alongside other standard interventions, says Mario R Festin
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- 888 Tackling obesity in children and adolescents**
Needs more investment in public health and medical intervention, says Louise A Baur

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Two thirds of NHS trusts in England meet core government standards
- 892 BBC told to pay gynaecologist Mohamed Taranissi £500 000 after dropping part of libel defence**
Employers seek 2% rise for hospital doctors
Changes to contract link GP pay to treatment of patients most in need
- 893 More than 100 gamete donors prove ready to reveal identity**
- 894 Heart specialist got grant from tobacco foundation**
Half of patients given exercise prescriptions are more active
Mental health services in England among best in Europe
- 895 England on target to meet health gains in *Our Healthier Nation***
Life drawing with a technological twist
- 896 US psychiatrist steps down over drug company payments**
Website of experiences aims to reach more patients
- 897 WHO calls for return to primary care to help ailing health systems**
US aims to reduce hospital infections

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- 898 What's new in the other general journals**

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- 900 Why Oregon went wrong**
Oregon's brave plan to explicitly ration health care in order to cover more people soon ran into problems. Vidhya Alakeson looks at the reasons and asks whether history will repeat itself

OBSERVATIONS

- YANKEE DOODLING**
- 902 A cautionary tale for the presidential candidates**
Douglas Kamerow

ANALYSIS

- 903 Moving forward on rationing**
Twelve years ago (*BMJ* 1996;312:1553-4) the *BMJ* argued that health systems needed to be explicit about rationing and ran articles about different ways of rationing fairly. Here a clinician, two ethicists, and four health economists discuss how their ideas have since developed and been put into practice

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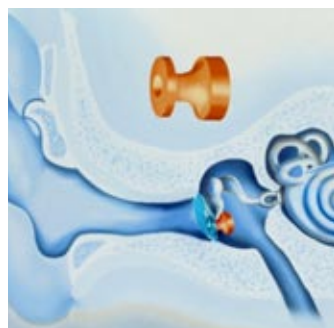
- 911 What types of article does the *BMJ* consider?**
- 921 Dangerously ill list patient**



Dealing with postnatal depression, p 935



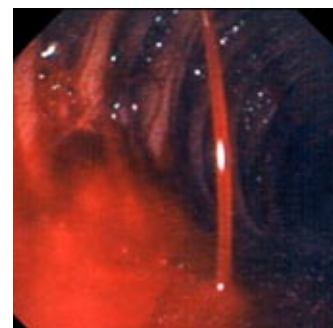
Did famine exist in Niger, 2005? p 915



Overuse of tympanostomy tubes in New York metropolitan area, p 918



Obesity in children, p 922



Management of acute gastrointestinal blood loss, pp 928, 930

RESEARCH

907 Effectiveness of continuous glucose monitoring in pregnant women with diabetes: randomised clinical trial

Among 71 women with type 1 or type 2 diabetes those randomised to such monitoring for up to a week a month between 8 and 32 weeks' gestation had better glycaemic control in the third trimester than controls and their babies had lower birth weights and less risk of macrosomia

Helen R Murphy, Gerry Rayman, Karen Lewis, Susan Kelly, Balroop Johal, Katherine Duffield, Duncan Fowler, Peter J Campbell, Rosemary C Temple

» Editorial p 886

911 Commentary: The technology of continuous glucose monitoring

Mary H Charlton

» Editorial p 886; Research p 907

912 Does a functional activity programme improve function, quality of life, and falls for residents in long term care? Cluster randomised controlled trial

In more than 40 care homes in New Zealand helping older residents to set goals for increased physical activity during their daily living had no impact on function or falls

Ngaire Kerse, Kathy Peri, Elizabeth Robinson, Tim Wilkinson, Martin von Randow, Liz Kiata, John Parsons, Nancy Latham, Matthew Parsons, Jane Willingale, Paul Brown, Bruce Arroll

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

During this food crisis some NGOs and media were accused of hyping the need for urgent help, and the authorities denied famine: using a validated scale this study shows that, where caregivers of young children had to resort to acute survival tactics, famine was indeed imminent

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

» Editorial p 884

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

The care of more than two thirds of these young children with otitis media deviated from the current guidelines and more than 92% of operations would have been "not recommended" by the evidence

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

» Editorial p 885

CLINICAL REVIEW

922 Obesity in children. Part 1: Epidemiology, measurement, risk factors, and screening

Ruth R Kipping, Russell Jago, Debbie A Lawlor

PRACTICE

928 Guidelines: Management of acute gastrointestinal blood loss: 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

K Palmer, M Nairn, on behalf of the Guideline Development Group

930 Commentary: Controversies in SIGN guidance on management of acute upper and lower gastrointestinal blood loss

Martin Keuchel, Friedrich Hagenmüller

931 A patient's journey: Dying from dementia

Anna Dartington developed Alzheimer's disease at the age of 54 and died at home seven years later

Tim Dartington

RESEARCH PUBLISHED ONLINE

Long term predictive values of cytology and human papillomavirus testing in cervical cancer screening: joint European cohort study

BMJ, doi: 10.1136/bmj.a1754

Joakim Dillner, Matejka Rebolj, Philippe Birembaut, Karl-Ulrich Petry, Anne Szarewski, Christian Munk, Silvia de Sanjose, Pontus Naucler, Belen Lloveras, Susanne Kjaer, Jack Cuzick, Marjolein van Ballegooijen, Christine Clavel, Thomas Iftner

Retrospective analysis of hospital episode statistics, involuntary admissions under the Mental Health Act 1983, and number of psychiatric beds in England 1996-2006

BMJ, doi: 10.1136/bmj.a1837

Patrick Keown, Gavin Mercer, Jan Scott

Minimally invasive treatments for benign prostatic enlargement: systematic review of randomised controlled trials

BMJ, doi: 10.1136/bmj.a1662 7

Tania Lourenco, Robert Pickard, Luke Vale, Adrian Grant, Cynthia Fraser, Graeme MacLennan, James N'Dow, and the Benign Prostatic Enlargement team

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PICTURE OF THE WEEK

Elizabeth Garrett Anderson, the first woman to qualify as a doctor in England, and Marie Stopes, the family planning pioneer, are two of six "Women of Distinction" celebrated in a series of Royal Mail stamps launched this week.

THE WEEK IN NUMBERS

One Crude mortality per 10 000 per day needed for an area to be categorised as experiencing famine (Editorial, p 884)

130 000 Number of lives claimed by incidents on India's roads in 2007 (News, p 896)

£2000 Cost of a continuous glucose monitor (Research, p 911)

22 million Estimated number of children under 5 years worldwide who are overweight (Clinical Review, p 922)

55% Proportion of hospitals in the UK that provide out of hours endoscopy—60% of patients are admitted out of hours (Practice, p 928)

THE WEEK IN QUOTES

"Health systems are developing in directions that contribute little to equity and social justice and fail to get the best health outcomes for their money" (News, p 897)

"Most insertions of tympanostomy tubes in the New York metropolitan area were for inappropriate reasons according to two different standards" (Research, p 918)

"My unfaithful brain left me slowly, but there were also a few exact moments that marked the start of its departure." (Practice, p 931)

"Medicine is replete with acronyms and jargon, with one of the worst offenders being public health" (Live from London, p 936)

EDITOR'S CHOICE

It's the evidence, stupid

**Editorials, p 863****Feature, p 900****Analysis, p 903**

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Cake made by Lisa Rowton.

Nearly 20 years ago, the US state of Oregon embarked on a brave experiment to explicitly ration health care. The aim was to create and then whittle away at a prioritised list of treatments covered by the state funded Medicaid programme so that the available money would cover more people. With the global credit crunch likely to make scarce resources even scarcer, this week's BMJ looks back at what can be learnt from Oregon and forward to how we should ration health care in the future.

As Vidhya Alakeson explains (p 900), the unique thing about Oregon's 1989 health plan was its commitment to being both systematic and transparent. But it hit the rocks of an economic downturn, and almost no other health system has adopted the approach. Oregon's latest attempt at health reform is more sophisticated, but, says Alakeson, it may prove just as unlucky in its timing. As Doug Kamerow writes (p 902), America's economic crisis has pushed health care off the agenda. He is scathing about President Bush's subversion of scientific evidence for political ends. A new president should swiftly recommit to science, transparency, and public scrutiny, he says.

How then should we move forward in healthcare rationing (or prioritisation, or allocation—whichever word works best for you)? Should clinicians take the lead, as Norheim proposes (p 903)? Can we hold decision makers to account for the “reasonableness” of their decisions, as Daniels and Sabin think is necessary (p 904)? Or should we look to economic frameworks (systematically stopping doing things that don't work and spending the money on things that do), as Donaldson and

colleagues describe (p 905)? Some combination of all three approaches is likely to be the answer.

It's interesting that markets don't get a favourable mention by any of our commentators, as the editorial by Goold and Baum points out (p 883). Donaldson and colleagues contend that incentives don't deliver rational decisions, and there's support for this in Keyhani and colleagues' New York based study of overuse of tympanostomy tubes for otitis media (p 918).

It comes back to the same old cry—what's the evidence that something works safely and provides value for money for society and individual patients? The evidence may be weak but it must always be the starting point for any debate. And that applies to complementary medicine too. I mention this because of a letter this week from Edzard Ernst, the UK's only professor of complementary medicine (p 889). It seems that groups within complementary medicine are less than keen to discuss the science behind their recommendations, resorting instead to lobbying, intimidation, and threats of legal action. Ernst calls the frequency of such events in recent months “downright scary.” We should all be concerned about this. It's not about protectionism on the part of conventional medicine; it's about calling all practitioners to account on the same terms and, as with the debate on rationing, honouring our professional commitment to science, transparency, and public scrutiny.

Fiona Godlee, editor, BMJfgodlee@bmj.com

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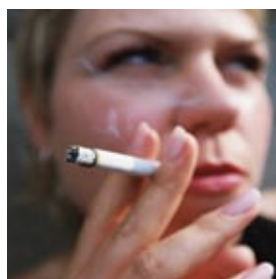
Career Focus: jobs and courses appear after p 938

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LATEST RESEARCH

A retrospective analysis finds the number of involuntary admissions for mental disorders in England per year increased by 20% from 1996 to 2006, whereas the total number of admissions and number of NHS psychiatric beds decreased.



A cohort study finds women smokers are four times more likely to have an abdominal aortic aneurysm than women who have quit smoking, and eight times more likely than women who have never smoked.

Are aspirin and antioxidant therapy, combined or alone, more effective than placebo in reducing the development of cardiovascular events in patients with diabetes mellitus and asymptomatic peripheral arterial disease?

And finally, how prevalent are depression and anxiety in terminally ill Oregonians pursuing aid in dying from physicians?

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

LATEST ANALYSIS

Recent changes to research governance were intended to ensure that clinical trials are safe and effective. But is the new regulatory regime now obstructing high quality science?

For this and other recent comment go to bmj.com/channels/comment.dtl

LATEST VIDEO

Brian Greenwood's review of Survival, an eight part BBC World News series, includes a clip of how an impoverished community in Niger is facing the challenge of fighting tropical disease, using drugs donated by some of the world's major drug companies.

See it at bmj.com/cgi/content/full/337/oct07_2/a2008



Last week's poll asked
"Does NICE deserve its bad press?"

You replied:

YES 166 votes (41%)

NO 236 votes (59%)

This week's poll asks
Should doctors lead on
rationing decisions?

LATEST BLOGS

Forget Likert scales. The true measure of your success as a conference speaker is if a delegate misses the airport bus because they are enjoying your presentation so much, finds Liz Wager.

Talking of conferences, GP registrar Tauseef Mehrli was disappointed to see health minister Lord Darzi escape a mauling at the Royal College of General Practitioners conference in Bournemouth.

Nepalese medical student Siddhartha Yadav is disappointed that doctors are considering strike action in protest at the rising number of violent attacks against them.



ALSO

Birte Twisselmann on former spin doctor Alastair Campbell's depressive breakdown, Vidhya Alekson on parity for US mental health patients, David Payne on virtual world Second Life, and Helen Barratt on her return to full time work after studying.

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