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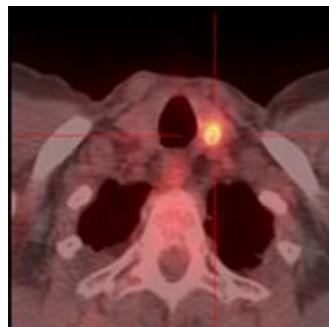




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## RESEARCH

- 694 Investigation of growth, development, and factors associated with injury in elite schoolboy footballers: prospective study**  
Schoolboys at Manchester United Football Club's Academy were more likely to be injured during matches than training. Maturity, hours spent playing, and hours spent training together explained around half of the variance in rates of injury  
Amanda Johnson, Patrick Joseph Doherty, Anthony Freemont  
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- 696 ARTIST (osteoarthritis intervention standardized) study of standardised consultation versus usual care for patients with osteoarthritis of the knee in primary care in France: pragmatic randomised controlled trial**  
Patients with osteoarthritis of the knee reported short term weight loss and longer term improvements in physical activity, pain, and function after three structured consultations focussed on education and healthier lifestyles  
P Ravaud, R-M Flipo, I Boutron, C Roy, A Mahmoudi, B Giraudeau, T Pham  
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- 700 Information sheets for patients with acute chest pain: randomised controlled trial**  
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Jane Arnold, Steve Goodacre, Peter Bath, Jonathan Price  
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- 703 Naftidrofuryl for intermittent claudication: meta-analysis based on individual patient data**  
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Oral naftidrofuryl, a relatively safe and cheap drug, had a clinically meaningful but moderate efficacy for improving walking distance  
T De Backer, R Vander Stichele, P Leher, L Van Bortel  
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- 704 Inequalities in maternal health: national cohort study of ethnic variation in severe maternal morbidities**

### pico

Black African, Black Caribbean, and Pakistani women living in the UK have a higher risk of serious morbidity during pregnancy and childbirth than white women of a similar age, social class, parity, body mass index, and smoking habit  
Marian Knight, Jennifer J Kurinczuk, Patsy Spark, Peter Brocklehurst, on behalf of UKOSS  
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## CLINICAL REVIEW

- 705 Investigating the thyroid nodule**  
H M Mehanna, A Jain, R P Morton, J Watkinson, A Shaha

## PRACTICE

- 710 Guidelines: Management of rheumatoid arthritis: 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  
Chris Deighton, Rachel O'Mahony, Jonathan Tosh, Claire Turner, Michael Rudolf, on behalf of the Guideline Development Group
- 713 Rational imaging: Incidental thyroid nodule**  
This series provides an update on the best use of different imaging methods for common or important clinical presentations  
Chirag N Patel, Georgina Gerrard, Andrew F Scarsbrook

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REUTERS

**PICTURE OF THE WEEK**

Afghan President Karzai gives polio vaccine to a child at the launch of a vaccination campaign in Kabul. A series of campaigns aims to reach 7.7 million children aged under 5, but health workers may not reach communities in parts of the south, where the Taliban led insurgency is worst and several areas are out of government control. Afghanistan is one of only four countries still affected by polio, already recording three new cases this year.

**THE WEEK IN NUMBERS**

**158.1 million** Estimated number of people worldwide who are visually impaired or blind as a result of not having appropriate glasses (**News**, p 680)

**50 cents** Monthly wage of nurse at Mutare's provincial hospital (**Feature**, p 686)

**126** Cases per 100 000 maternities of severe maternal morbidity in non-white women, compared with 80 per 100 000 in white women (**Research**, p 704)

**4-7%** Risk of malignancy for a thyroid nodule identified on ultrasonography (**Clinical Review**, p 705)

**400 000** People in the United Kingdom with rheumatoid arthritis (**Practice**, p 710)

**THE WEEK IN QUOTES**

**“Patients are not supermarket customers, and doctors are doing more than providing an easily rated commodity”** (**News**, p 679)

**“Young women throughout the world are in effect undergoing a ‘screening’ procedure after cosmetic reduction surgery without their informed consent”** (**Analysis**, p 691)

**“Maturity status plus match play and training hours together predict injury in schoolboy footballers”** (**Research**, p 694)

**“Provision of an information sheet to patients with acute chest pain can reduce anxiety and depression and improve mental health and perception of general health”** (**Research**, p 700)

## EDITOR'S CHOICE

## Health care's reformation



Editorial, p 667  
Research, p 694

"We are experiencing a healthcare reformation," writes Joanne Shaw this week (p 719). Like the Catholic church in 16th century Europe, which threw away its Latin texts interpretable only by the priesthood, medicine is being transformed. With varying degrees of enthusiasm, acceptance, and resignation, doctors are interacting with an increasingly web enabled laity.

Some of you may think the reformation is complete or at least has gone far enough. But anyone who has been or supported a patient in the past few years will know that medicine finds it hard to shake off its paternalistic tendencies. There is a long way to go before patients truly control the important decisions about their health care. Mohammed Keshtgar and colleagues provide a potent example (p 691). They question the well established practice of screening tissue removed during breast reduction surgery without discussing possible outcomes with the patient. In linked commentaries, a surgeon, an ethicist, and a lay person all agree that full consultation and consent are essential. It's worth noting, as Peter Lewis does in a letter this week, that the same failure to consult can afflict participants in research (p 674).

Shaw concludes, "Not only is the demand for online health information unstoppable, it should be welcomed and encouraged as good for patients and doctors alike." Does this statement apply to US-style doctor rating sites? Writing in this week's head to head debate, Neil Bacon believes it does (p 688). His conflict of interest, as founder and majority shareholder of the doctor rating site *iwantgreatcare*, is obvious and stated. Done properly he believes such sites "can bring together a critical mass of real time, granular, qualitative and

quantitative feedback, providing new insights on the perceptions and needs of our patients."

Since Deborah Cohen reviewed the site last year (<http://blogs.bmj.com/bmj/2008/07/25/deborah-cohen-i-want-great-care>) it doesn't seem to have taken off substantially. Now a non-commercial competitor is set to join the fray. The publicly funded health website NHS Choices, which already allows patients to rate hospitals, will soon be encouraging patients to post feedback about their GP surgeries. The BMA is against the idea. So too is the Medical Protection Society, as Rebecca Coombes reports (p 679). She also tells us that some doctors in the United States are getting patients to agree not to post comments on the web without their permission.

Is this just a sign of medicine's priests clutching their robes around them, or are there real reasons for concern? Writing on the other side of our head to head debate Margaret McCartney, a GP and journalist, says that this untested, unsystematic approach will provide meaningless and potentially harmful data (p 688). It will waste public money which would be better spent on interventions that we know will improve patient satisfaction, such as continuity of care and longer consultations.

Doctor rating sites in their current form are not the answer, but nor can we resist the reformation's incoming tide. We serve patients and health care best by making health care accountable. This means putting our energies into ensuring that the public has reliable, objective, accessible data on doctors' performance, including how well they interact with patients.

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

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## PLUS

Career Focus, jobs, and courses appear after p 722.



## WHAT'S NEW ON BMJ.COM

## LATEST RESEARCH

**Errors in administration of parenteral drugs in intensive care units**  
Such errors are common and a serious safety problem in intensive care units, according to this multinational prospective study. With increasing complexity of care of critically ill patients, organisational factors such as error reporting systems and routine checks can reduce the risk.

**Evidence of methodological bias in hospital standardised mortality ratios**

The hospital standardised mortality ratio (SMR) is used to measure the quality and safety of hospital care in the United Kingdom and around the world, but is prone to bias and potentially misleading, according to a retrospective database study of English hospitals. The findings undermine the credibility of standardised mortality ratios and indicate that their role in labelling hospitals as good or bad is unjustified, says an accompanying editorial.

**Predicting the risk of type 2 diabetes in England and Wales**

The QDScore algorithm estimates the 10 year risk of diabetes including both ethnicity and social deprivation and could help to identify people at high risk before they develop the disease. An editorial to accompany this prospective derivation and validation study of QDScore says incorporation into practice computer programmes would not increase doctors' daily workload. But it may not be feasible for people in developing countries with limited access to computers.

Access these and other research papers at [www.bmj.com/channels/research.dtl](http://www.bmj.com/channels/research.dtl)

## LATEST BLOGS

Five months ago, Richard Feinmann (pictured right) decamped to Uganda with his health visitor wife after retiring early from his job in the NHS. Now working for aid charity Voluntary Services Overseas (VSO), he urges other baby-boomers to join him in Africa.

Joe Collier now tells us about his atheism and why he believes it's the responsibility of non-believers to make their views heard. One respondent tells him: "Finally someone who is willing to admit that what we think and believe influences every aspect of our lives. You have no idea how many atheists I've run into who refuse to admit that denying the existence of God has any effect whatsoever upon their interpersonal interactions."

To comment on these and other blogs, go to <http://blogs.bmj.com/bmj/>



## Last week's poll asked:

**Should all patients be offered online access to their medical records?**

**Yes 106 (65%) No 57 (35%)**

## This week's poll asks:

**Will doctor rating sites improve standards of care?**

**Submit your vote at [bmj.com](http://bmj.com)**



## MOST COMMENTED ON

Tight control of blood glucose in longstanding type 2 diabetes  
Rethinking ward rounds  
Let's not turn elderly people into patients  
Israel commentary: Toughen up  
Perils of criticising Israel

## MOST READ

Total mortality after changes in leisure time physical activity in 50 year old men  
Industry attack on academics  
Tight control of blood glucose in longstanding type 2 diabetes  
Errors in administration of parenteral drugs in intensive care units  
Rethinking ward rounds

## LATEST PODCASTS

Last week's podcast debated the ethics of testing removed breast tissue for cancer following mammoplasty, a question raised in an analysis article and three accompanying commentaries from both clinical and lay perspectives. This week's comes from Berlin, where BMJ Group's International Forum on Quality and Safety in Health Care, is taking place.

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