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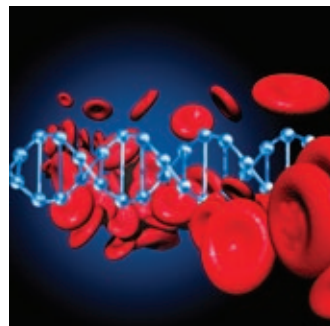




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NIGEL LUCKHURST/LEBRECHT MUSIC & ARTS

PICTURE OF THE WEEK

British conductor Sir Edward Downes, CBE, who died this week at an assisted suicide clinic in Switzerland. Sir Edward, who was almost blind and increasingly deaf, and his wife, who had become his full time carer, travelled to a clinic run by the Swiss specialist euthanasia service Dignitas. Sir Edward conducted the first performance at Sydney Opera House and worked with the BBC Symphony Orchestra and the Royal Opera House during his long career. See News, p 127, Feature, p 134, and Personal View, p 175.

THE WEEK IN NUMBERS

\$25 Value of gift cards offered by Elsevier for positive reviews of a psychology textbook (News, p 131)

1000 Number of South Africans killed each day by AIDS (Feature, p 136)

63 years Approximate average length of life in Russia (Analysis, p 141)

37.8% Proportion of people who reported performing any recommended behaviour change because of swine flu (Research, p 156)

25 200 Number of pregnant women who undergo invasive prenatal testing each year in the UK (Clinical Review, p 161)

THE WEEK IN QUOTES

“Bringing together teenage girls at high risk of pregnancy might actually increase pregnancy rates” (Editorial, p 116)

“Viewing child pornography does not seem to be a major risk factor for committing physical sexual abuse of children in the future” (News, p 128)

“QRISK offers an improvement over the Anderson Framingham equation in identifying a high risk population for cardiovascular disease” (Research, p 144)

“Diabetic muscle infarction is under-recognised and often misdiagnosed” (Practice, p 171)

“Medicine has always been ‘politics and economics as well as knowledge and craft’” (Review of the Week, p 176)

EDITOR'S CHOICE

Let's talk about assisted dying



News, p 127
Features, p 134
Personal view, p 175

Two more people—the conductor Sir Edward Downes and his wife—travelled from the UK to Switzerland this week to die at a time (though surely not a place) of their own choosing. Their final journey to the Dignitas facility came just days after the House of Lords said no to providing immunity from prosecution for people who help relatives or friends travel abroad for an assisted suicide (p 127). The Lords' decision followed a similar vote at the BMA's Annual Representative Meeting last month (*BMJ* 2009;339:b2699).

In an interview with the *BMJ* (p 134), Lord Falconer, the architect of the defeated legislation, told Clare Dyer that he was motivated by the thought that people would rather die alone in a strange place than expose their loved ones to the risk of up to 14 years in prison. "The idea of dying alone struck me as horrific," he says. He decided to tackle what he saw as "an anomaly."

Assisted suicide has been legal in Switzerland since 1940, and unlike in Oregon, the Netherlands, and Belgium, where it is also legal, there is no requirement to be a resident or to have a physician in attendance. So far about 115 Britons have died in assisted suicides in Switzerland, and no one has yet been charged for helping them die abroad. In the BMA's recent debate Ilora Finlay argued that the current law works well. "It has a stern face and a kind heart," she said (*BMJ* 2009;339:b2699).

As reported by Dyer, the debate in the Lords shows the extent to which any softening of the legislation is seen as a slippery slope

towards allowing assisted suicide in the UK. Supporters of Falconer's amendment say that immunity for helping people travel abroad can be kept separate from the law on assisted dying. Falconer is considering fighting on with a private member's bill in October or November. Meanwhile, why do we fear the slippery slope? The latest YouGov poll suggests that the public is more in favour of assisted dying than are politicians and doctors.

According to Ann McPherson, more than 800 people in the UK have signed up with Dignitas. McPherson, an Oxford based GP, is herself dying of cancer. In her personal view (p 175), she writes about how hard it has become, post-Shipman, for doctors to respect the wishes of terminally ill patients. Surely, she says, fear of overstepping guidelines must be tempered with the need to listen to the patient's own wishes. McPherson is unusually attuned to patients' views, as co-founder of DIPEX, a groundbreaking video database that systematically records patients' experiences (www.healthtalkonline.org). She makes a moving plea for a rational discussion about assisted dying. Part of the problem, she says, is that those deciding on the question of assisted dying are not facing immediate death themselves, an expertise she now bravely claims. She writes: "Surely now we are a culture that has developed enough humanity to provide the choice and still protect the vulnerable."

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

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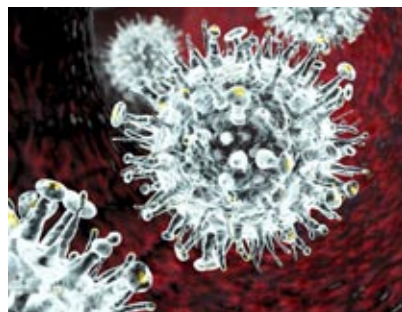
PLUS

Career Focus, jobs, and courses appear after p 178

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LATEST RESEARCH

Assessing the severity of the novel influenza A/H1N1 pandemic



Accurate estimates of the severity of the new H1N1 virus, and in particular how many deaths might arise over the course of the pandemic, are central to healthcare planning over the coming months. Simple interpretations of crude figures at the beginning of a pandemic may be misleading both in terms of assessing severity and in making comparisons between countries. This paper discusses some of the important mechanisms resulting in biases, proposes study designs and associated statistical methods to estimate the case fatality ratio given these limitations, and shows their strengths using simulated data.

Coronary heart disease mortality among young adults in Scotland in relation to social inequalities

This time trend study found that premature death from coronary heart disease remains a major contributor to social inequalities. Furthermore, the flattening of the decline in mortality for coronary heart disease among younger adults may represent an early warning sign. The accompanying editorial says that social inequalities must be tackled, as well as risk factors, to reverse this trend.



Read these and other research articles at <http://www.bmj.com/channels/research.dtl>

LATEST PODCASTS

In advance of their appearance at the Edinburgh Fringe festival next month we caught up with rising stars the medico-comedy duo Amateur Transplants to ask them about balancing comedy and medicine. Rebecca Coombes chats to veteran of the stage Phil Hammond about his career, and Tom Nolan talks about the latest on swine flu.

We hope you have enjoyed listening to our podcasts. We are currently planning future topics. Please click on the link on the BMJ Podcasts webpage to take part in our short survey to let us know what you think about BMJ Podcasts and what you would like to hear in the future. As an additional incentive to take part, we are offering the chance to take part in a free prize draw for £100 worth of Amazon gift certificates. I hope you will have time to visit the survey on the BMJ Podcasts webpage.

Find out more at <http://podcasts.bmj.com/bmj/>

Last week's poll asked:

"Have you changed your behaviour as a result of swine flu?" You voted:

Yes: 149 (25%)

No: 457 (75%)

This week's poll asks:

"Is systolic blood pressure all that matters?"

Submit your vote on bmj.com

LATEST BLOGS

Junior doctor Helen Carnaghan is shocked at the costs involved in becoming a surgeon. She estimates the total for core surgical training of £4760 all in but remains largely positive about her choice of career path: "For me surgery is my chosen route, and unfortunately this involves financial costs that I had never expected, but I am viewing it as an investment for my future. Though I can't help feel frustrated that I can barely pay for my rent in the process!"

Elsewhere, doc2doc's Tom Nolan continues with his daily swine flu blog. Ohad and Michal Oren have a vision of a cordon sanitaire hospital, and Vidhya Alakeson writes about the introduction in the US of the CLASS act, a new national insurance programme that is based on employee's contributions.

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