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GPs and justice staff to be trained to improve offenders' health
Social enterprise providing health services to Wandsworth prison goes bust with debts of £1m
- 1219 Oseltamivir resistant swine flu spreads in Welsh hospital**
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Dutch doctors wary of scheme for protection in mercy killings
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Deadline to end world hunger by 2025 is being allowed to "quietly wither away," say agencies

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- 1229 Wonder in medicine**
Daniel K Sokol

ANALYSIS

- 1230 Are advance directives legally binding or simply the starting point for discussion on patients' best interests?**
Following advance directives in emergencies throws up some complicated problems, as Stephen Bonner and colleagues found. We asked an emergency doctor, a medical defence adviser, and an ethicist what they would do in the circumstances

RESEARCH, CLINICAL REVIEW, AND PRACTICE

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- 1257 Marek Edelman; Anthony Sidney Fairbank Butcher; Noel Francis Harley; Donald Yardley Mackenzie; Terence Harold Pringle; Neil Watson; Anthony Whiteside; Raymond Ivor John Williams**

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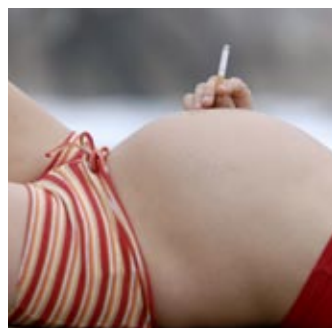


Football stars join United Against Malaria campaign, p 1221



Aspirin in people with diabetes, p 1238

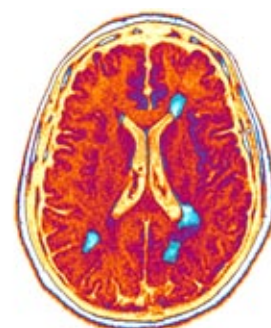
CORDELIA MOLLOY/SPL



Smoking in pregnant women, p 1241



Developmental dysplasia of the hip, p 1242



Multiple sclerosis, p 1249

SOVEREIGN, ISM/SPL

RESEARCH

1235 **Concept of unbearable suffering in context of ungranted requests for euthanasia: qualitative interviews with patients and physicians**

In depth interviews with 10 Dutch patients and 16 doctors suggest that patients focus more on psychosocial suffering while doctors focus mostly on physical suffering

H R W Pasman, M L Rurup, D L Willems, B D Onwuteaka-Philipsen

1238 **Aspirin for primary prevention of cardiovascular events in people with diabetes: meta-analysis of randomised controlled trials**

There was no clear benefit of aspirin for the primary prevention of major cardiovascular events or mortality in people with diabetes, when compared with placebo or no treatment

Giorgia De Berardis, Michele Sacco, Giovanni F M Strippoli, Fabio Pellegrini, Giusi Graziano, Gianni Tognoni, Antonio Nicolucci
» *Editorial*, p 1210

1239 **Applicability and generalisability of published results of randomised and non-randomised controlled studies evaluating four orthopaedic procedures: methodological systematic review**

Surgeons reviewed 84 studies on minimally invasive and computer assisted techniques for hip or knee arthroplasty and found relatively little evidence that was generalisable to real practice

Leslie Pibouleau, Isabelle Boutron, Barnaby C Reeves, Rémy Nizard, Philippe Ravaut

1240 **Evaluating the causal relevance of diverse risk markers: horizontal systematic review**

Looking at trials, observational studies, and genetic association studies to answer specific questions—in this case on whether depression, exercise, C reactive protein, and diabetes are risk factors for coronary heart disease—proved a powerfully informative way to appraise the evidence

Hannah Kuper, Amanda Nicholson, Mika Kivimaki, Amina Aitsi-Selmi, Gianpiero Cavalleri, John E Deanfield, Peter Heuschmann, Xavier Jouven, Sofia Malyutina, Bongani M Mayosi, Susanna Sans, Troels Thomsen, Jacqueline C M Witteman, Aroon D Hingorani, Debbie A Lawlor, Harry Hemingway

1241 **Reliability of self reported smoking status by pregnant women for estimating smoking prevalence: a retrospective, cross sectional study**

Self reporting underestimated the prevalence of smoking in pregnant women in Scotland by 17%, resulting in more than 2400 pregnant smokers not being offered specialist smoking cessation services

Deborah Shipton, David M Tappin, Thenmalar Vadiveloo, Jennifer A Crossley, David A Aitken, Jim Chalmers

CLINICAL REVIEW

1242 **Developmental dysplasia of the hip**

M D Sewell, K Rosendahl, D M Eastwood

PRACTICE

1249 **A PATIENT'S JOURNEY**

Multiple sclerosis

Debbie Purdy describes how she has been helped to embrace life with multiple sclerosis while campaigning to clarify the law on assisted suicide

Debbie Purdey, Wendy Leedham

1251 **UNCERTAINTIES PAGE**

Should more patients with acute ischaemic stroke receive thrombolytic treatment?

Joanna M Wardlaw, Peter A G Sandercock, Veronica Murray

1254 **LESSON OF THE WEEK**

Metformin associated lactic acidosis

Dehydration in patients taking metformin can lead to metformin associated lactic acidosis, a potentially fatal condition

Emma Fitzgerald, Stephen Mathieu, Andrew Ball

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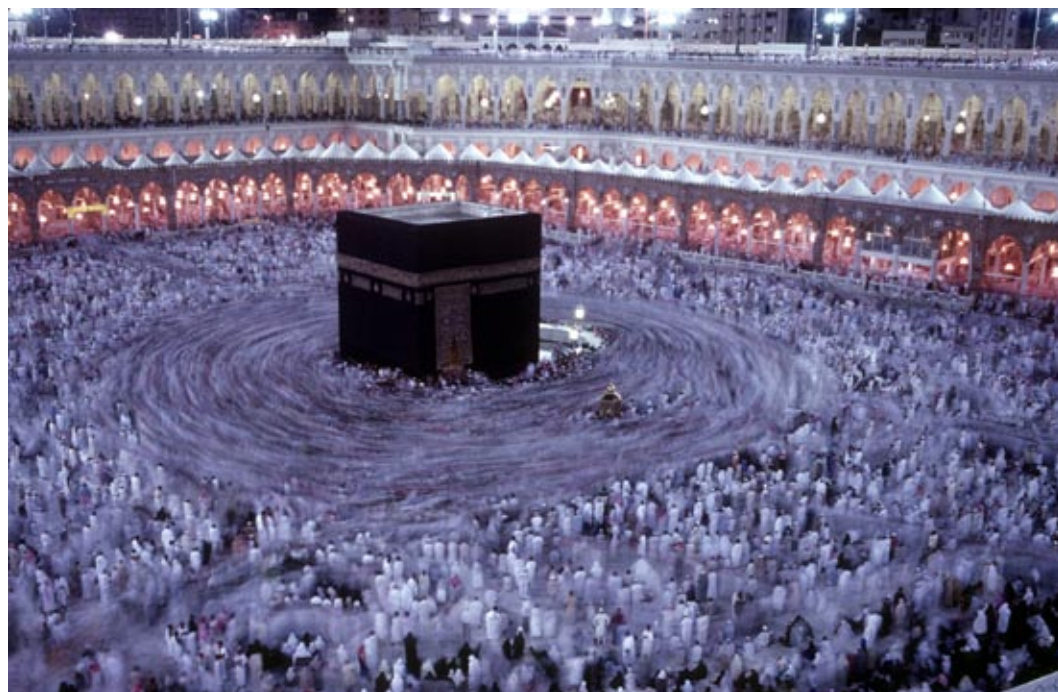
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PICTURE OF THE WEEK

Muslim worshippers circle the Kaaba, Islam's most sacred sanctuary, in the Masjid Al-Haram mosque in Mecca, Saudi Arabia. This year four pilgrims have been killed by swine flu while taking part in the annual Hajj pilgrimage to the shrine, and a further 16 people have been diagnosed with the disease. Up to three million Muslims from around the world are expected in the city, raising fears that the crowded rituals could provide a breeding ground for A(H1N1).

THE WEEK IN NUMBERS

300 million Estimated number of people worldwide who will be affected by diabetes in 2025 (Editorial, p 1210)

£1.5 billion Annual cost of sickness absence in the NHS (News, p 1222)

2400 Estimated number of pregnant smokers in Scotland not receiving smoking cessation services as a result of reliance on self reporting (Research, p 1241)

1-3% Proportion of newborns affected by developmental dysplasia of the hip (Clinical Review, p 1242)

3.28 Odds for symptomatic intracranial haemorrhage in patients given thrombolysis after stroke (Practice, p 1251)

THE WEEK IN QUOTES

“Essentially companies are using the reputation of prestigious academic researchers and their institutions to promote the sale of drugs and devices” (News, p 1222)

“Evidence of the health benefits of living an environmentally sustainable life continues to stack up” (Feature, p 1226)

“Advance directives are an important and valid expression of patient autonomy” (Analysis, p 1230)

“Patients and physicians have different perspectives on the nature and extent of suffering” (Research, p 1235)

“Cancer of the prostate gland has little in the way of an ‘enemy’ persona” (Review of the week, p 1260)

EDITOR'S CHOICE

Death and dying



Editorial, p 1209
Analysis, p 1230
Research, p 1235
Practice, p 1249
Personal view, p 1259

The main theme of this week's issue is death and dying, a subject where the public and the private jostle uncomfortably. This week's *BMJ* contains several articles that add to the debate about public policy and throw light on to the nuances of private thoughts and behaviour.

Dutch law on euthanasia requires that the doctor must be convinced that the patient who requests euthanasia has unbearable suffering. In their qualitative study H R W Pasman and colleagues explored what this concept meant for patients whose request for euthanasia was either refused or granted but not carried out, and for their doctors (p 1235). They found that doctors had a narrower view of unbearable suffering than patients, tending to concentrate on physical suffering. In some cases doctors thought that the suffering was not unbearable because patients behaved in a way that didn't seem compatible with unbearable suffering, such as reading books. Patients emphasised psychosocial suffering, such as fear of dependence, not being able to do ordinary things, and deterioration.

This difference is illustrated in Alex Paton's moving account of the death of his wife (p 1259): "She wanted to die, and we realised she meant it...a keen plantswoman, she said there was no point in living if she could no longer garden." Yet she was resuscitated in spite of an advance directive, and her family signed her out of hospital against medical advice, to die at home. Paton also argues for care with words, preferring "euthanasia...the bringing about of a gentle and easy death" to "assisted suicide...which continues the myth that euthanasia is a nasty business."

Another article in this week's issue shows how private acts and thoughts can reach the public stage. Debbie Purdy writes in her patient's journey about having multiple sclerosis and how she has come to terms with increasing loss of function (p 1249).

Her main point is the importance of making her "own choices about what constitutes an acceptable quality of life" rather than having others, including professionals, make assumptions about what that is. She says it was this desire that led her to campaign to ensure that "assisted death is part of the support available to patients who are suffering unbearably"—alluding to her very public fight to be allowed to control the manner of her dying. Debbie Purdy hasn't managed to change English law to allow assisted dying, but as a result of her court cases the House of Lords directed the Director of Public Prosecutions to publish his guidance on the factors that would prompt or argue against prosecution in individual cases.

That guidance was published in September and is now being consulted on. Richard Huxtable and Karen Forbes discuss some of the imponderables in their editorial (p 1209), concluding that this guidance has not really clarified things for doctors or made end of life decisions and discussions easier. They fear "stealth lawmaking," where the law slides "from an apparent prohibition to a de facto position of permission."

Yet end of life decisions are already not straightforward, as the ethical debate led by Stephen Bonner and colleagues illustrates (p 1230). They were faced with a woman, unconscious as a result of attempted suicide, who had written an advance directive five years earlier saying she did not want life sustaining medical treatment. Should the directive be followed or should the emergency department staff initiate life saving treatment? Read the article, and its commentaries, to find out what they did, and what others think about it.

Jane Smith, deputy editor, *BMJ* jsmith@bmj.com

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Antihypertensives and blood pressure targets in diabetes with hypertension

See the Diabetes: treating hypertension review in *Clinical Evidence* for this, along with other updates clinicalevidence.bmj.com



PLUS Career Focus, jobs, and courses appear after p 1262

WHAT'S NEW ON BMJ.COM



LATEST RESEARCH

Salt intake, stroke, and cardiovascular disease

High salt intake is associated with a significantly increased risk of stroke and total cardiovascular disease. Because of imprecision in the measurement of salt intake, these effect sizes are likely to be underestimated. The results of this research support the role of a substantial population reduction in salt intake for the prevention of cardiovascular disease. The accompanying editorial says that the case for population-wide salt reduction is now stronger.

Read this and more research at <http://www.bmj.com/channels/research.dtl>

CLIMATE AND HEALTH COUNCIL

Senior doctors from across the globe have come together to form the International Climate and Health Council. Their aim is to mobilise health professionals across the world to help tackle the health effects of climate change. The council will be officially launched on Wednesday 25 November 2009, to coincide with a series of papers being published by the *Lancet* on the public health impact of strategies to reduce greenhouse gas emissions, ahead of the UN Climate Change Conference in Copenhagen.

MOST COMMENTED ON

The power of stories

Hospitals are criticised for yielding to pressure over human rights lecture

Dr Doom

Self diagnosis

How long does it take to train a surgeon?

MOST READ

Only 12% of Germans say they will have H1N1 vaccine after row blows up over safety of adjuvants

Hyperkalaemia

NSAIDs and flu

Should I have an H1N1 flu vaccination after Guillain-Barré syndrome?

Slow walking speed and cardiovascular death in well functioning older adults



LATEST BLOGS

Siddhartha Yadav reminisces

about his time as a Clegg Scholar

at the *BMJ*, and Richard Smith

writes about learning leadership

from Henry V. Tom Nolan's swine

flu blog reassures us that we need

not step away from the mistletoe

this Christmas. "It's medically proven that a peck on the cheek is much more hygienic than a handshake. People carry billions more germs on their hands so 'cheek-to-cheek' kissing is a healthier greeting by far," he says.

Tony Delamothe writes about the inaugural Elson Ethics

Lecture given by Lord Richard Harries on the ethics of

assisted dying. "Does Lord Harries have a position on

the prohibition of assisted dying? Twice he said words to

the effect of "But I don't know how I'd respond if I were in

that situation." To people who are in 'that situation'—like

Debbie Purdy—or people who can manage the necessary

imaginative leap, Lord Harries didn't have a great deal to

say," he concludes.

Read these and other blogs at <http://blogs.bmj.com/bmj/>



Last week's poll asked:

"Do you need a degree to nurse?"

You voted:

Yes: 308 (39%) No: 477 (61%)



This week's poll asks:

"Should the NHS strive to eradicate all unexplained variation in practice?"

Go to bmj.com to vote

Debate the medical issues of the day on doc2doc, BMJ

Group's clinical community site for doctors worldwide.

Latest discussions include:

Phlebotomist badmouthing doctors in training to a patient—okay or not on?

Cultural and religious traditions to be aware of

Ghost Forest—good for climate change awareness?

Blog: When an obvious information disconnect does not result in cognitive dissonance

Epilepsy on stage



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