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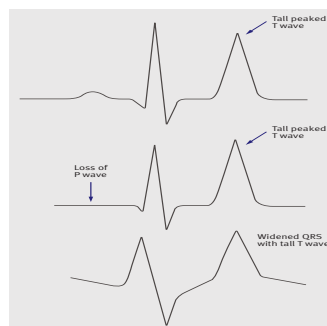




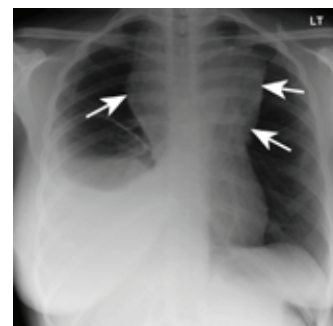
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Exercise therapy reduced pain and increased function at 3 months and at 12 months compared to usual care but made no difference to self reported "recovery"

R van Linschoten, M van Middelkoop, M Y Berger, E M Heintjes, J A N Verhaar, S P Willemsen, B W Koes, S M Bierma-Zeestra

1014 **Acceptability of A/H1N1 vaccination during pandemic phase of influenza A/H1N1 in Hong Kong: population based cross sectional survey**

Fewer than half of Hong Kong residents surveyed in Summer 2009 said they would have the vaccine and acceptability was associated with the amount they might have to pay for the injections

Joseph T F Lau, Nelson C Y Yeung, K C Choi, Mabel Y M Cheng, H Y Tsui, Sian Griffiths

1015 **Migraine and cardiovascular disease: systematic review and meta-analysis**

Migraine almost doubles the risk of ischaemic stroke but does not seem to change the risk of myocardial infarction or death due to cardiovascular disease

Markus Schürks, Pamela M Rist, Marcelo E Bigal, Julie E Buring, Richard B Lipton, Tobias Kurth

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1016 **The PRaCTICaL study of nurse led, intensive care follow-up programmes for improving long term outcomes from critical illness: a pragmatic randomised controlled trial**

Such programmes were neither effective nor cost-effective in improving patients' quality of life in the year after discharge

B H Cuthbertson, J Rattray, M K Campbell, M Gager, S Roughton, A Smith, A Hull, S Breeman, J Norrie, D Jenkinson, R Hernández, M Johnston, E Wilson, C Waldmann, on behalf of the PRaCTICaL study group

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1017 **Risk of bias versus quality assessment of randomised controlled trials: cross sectional study**

The risk of bias tool may be more appropriate for assessing a trial's internal validity, but it required more personal judgment and more time to use than the Jadad scale and the Schulz approach to allocation concealment when used to appraise more than 160 trials

Lisa Hartling, Maria Ospina, Yuanyuan Liang, Donna M Dryden, Nicola Hooton, Jennifer Krebs Seida, Terry P Klassen

1018 **Mortality in renal transplant recipients given erythropoietins to increase haemoglobin concentration: cohort study**

Haemoglobin concentrations above 125 g/l achieved with treatment with erythropoietins were associated with a higher risk of mortality

Georg Heinze, Alexander Kainz, Walter H Hörl, Rainer Oberbauer

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Moffat J Nyirenda, Justin I Tang, Paul L Padfield, Jonathan R Seckl

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Depression in adults, including those with a chronic physical health problem: summary of NICE guidance

Stephen Pilling, Ian Anderson, David Goldberg, Nicholas Meader, Clare Taylor, on behalf of the two guideline development groups

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Chest radiographs in pregnancy

S J O'Connor, H Verma, S Grubnic, C F J Rayner

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Acute anterior uveitis

Ashraf A Khan, Ross J Kelly, Zia I Carrim



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MAT COLLISHAW

PICTURE OF THE WEEK

Sigmund Freud's study, the site of an installation by the artist Mat Collishaw. Tree stumps incorporate record turntables, and the grooves in the records could be likened to the concentric rings that record trees' growth and history, alluding to Freud's theories of repression and the nature of memory. The exhibition, *Hysteria*, curated by James Putnam is at the Freud Museum, London, until 22 November. See www.freud.org.uk and Review of the Week, p 1034.

THE WEEK IN NUMBERS

45% Proportion of participants in Hong Kong who thought it highly likely that they would take free vaccination against influenza A/H1N1 (Research, p 1014)

5.5 mmol/l Minimum serum potassium concentration for a diagnosis of hyperkalaemia (Clinical Review, p 1019)

17% Fraction of US gross domestic product spent on health care, the highest of any country, yet it does not produce measurably better health (Analysis, p 1007)

12 Steps to recovery in Alcoholics Anonymous's book (Medical Classics, p 1035)

\$3.7m Payments from Merck to US medical experts for speaking on its behalf (News, p 989)

THE WEEK IN QUOTES

"Nurse-led follow-up clinics after intensive care were neither effective nor cost-effective, and their place in practice should be reviewed" (Research, p 1016)

"Depression can be a risk factor for some physical illnesses, such as cardiovascular disease" (Practice, p 1025)

"Despite the repeated assurances of politicians, whistleblowers in the NHS remain an endangered species" (Feature, p 1000)

"The battle over libel has been won" (Observations, p 1006)

"Age discrimination in the NHS and social care will become illegal in 2012" (News, p 994)

EDITOR'S CHOICE

Gagging for it



Feature, p 1000

First, the good news on transparency. Drug company Merck is following Eli Lilly's lead by publishing details of fees paid to experts for speaking on behalf of the company or its products (p 989). GlaxoSmithKline and Pfizer have promised to follow suit. If drug companies were also to publish details of grants made to patient groups, along with the raw data from their research studies, then truly we would have entered a golden age.

The bad news on transparency is that certain NHS trusts' idea of a golden age is one where tongues can be ripped out and mouths stitched up. Jonathan Gornall documents the lengths to which Liverpool Women's NHS Foundation Trust went to stop senior consultant Peter Bousfield from going public with his concerns about management and patient safety (p 1000). Part of its armoury was to incorporate a gagging clause into his termination agreement. Too bad that such clauses run counter to the spirit of the Public Interest Disclosure Act 1998 and fly in the face of repeated Department of Health guidance.

Following application under the Freedom of Information Act, details were unearthed of similar settlements made with the trust. All 11 featured gagging clauses; three of the largest payments came with clauses specifically banning the doctor from speaking to the media. The trust went even further with Bousfield, taking the extraordinary step of threatening him with an injunction if he spoke to local MPs.

Think that's bad? Jane Cassidy relates another sorry story of how a trust's use of gagging clauses worked against patients' interests (p 1002). This time they thwarted the sharing of concerns about a doctor's competence, leaving the concerned medical colleague

incensed "that even when two trusts were aware of repetitive behaviour they did not, or could not, join forces to save a third from employing this person." Sharing the dilemma with the GMC earned this doctor a trust disciplinary inquiry for acting inconsistently with its gagging clause. How George Orwell would have savoured the designation of these organisations as "trusts."

Which brings me to the BMJ Group Awards 2010, nominations for which close in a fortnight (so hurry along to groupawards.bmj.com). It's too late for inclusion next year, but I'd like to propose a new award for 2011: Corporate Social Irresponsibility. The judges would be asked to identify the UK based healthcare organisation that has acted in the worst interests of its patients. Unless Liverpool Women's NHS Foundation Trust offers up an abject public apology to its patients I think the award should be nicknamed The Liverpool.

Elsewhere Francis Bowden casts a critical eye over the "doctor-as-patient" article (p 1033). "What troubles me about some transformation-through-illness stories is the apparent suddenness of the practitioner's dawning awareness," he writes. "It begs the question—why didn't they take notice during all those years of listening to their patients? It indicates a blind spot in our teaching and in our medical culture, for the ability to imagine ourselves in the shoes of another and the willingness to act on information that has only been related to us are among the things that make us human."

Tony Delamothe, deputy editor, BMJ
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WHAT'S NEW AT THE BMJ GROUP

Quality and Safety Forum:

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<http://internationalforum.bmj.com>

DTB: Drug and Therapeutics Bulletin (DTB) - October issue

Reviews on BNP testing in heart failure, imiquimod for superficial and in situ skin malignancy and anticoagulation with dabigatran or rivaroxaban
<http://dtb.bmj.com>

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PLUS

Career Focus, jobs, and courses appear after p 1036

WHAT'S NEW ON BMJ.COM

**LATEST RESEARCH****Mortality among residents of shelters, rooming houses, and hotels in Canada**

Living in shelters, rooming houses, and hotels is associated with much higher mortality than expected on the basis of low income alone, according to this 11 year follow-up study from Canada. Reducing the excessively high rates of premature mortality in this population would require interventions to prevent deaths related to smoking, alcohol, and drugs, and mental disorders and suicide, among other causes, say the authors.

Trends in Down's syndrome live births and antenatal diagnoses in England and Wales from 1989 to 2008

Since 1989, expansion of and improvements in antenatal screening have offset an increase in Down's syndrome resulting from rising maternal age. This is the result of a data analysis of the National Down Syndrome Cytogenetic Register, which holds details of 26 488 antenatal and postnatal diagnoses of Down's syndrome made by all cytogenetic laboratories in England and Wales since 1989. This trend suggests that, even with future improvements in screening, a large number of births with Down's syndrome are still likely, and that monitoring of the numbers of babies born with Down's syndrome is essential. [Read this and other research at bmj.com/research.dtl](http://bmj.com/research.dtl)

LATEST COMMENT**Should healthy volunteers in clinical trials be paid according to risk?**

The severe reactions experienced by healthy volunteers in the TGN1412 trial have led to questions about payment for participation. Currently, the dominant view is that only time and expenses should be remunerated. Eleri Jones and Kathleen Liddell argue in this head to head debate that objections to paying according to risk are paternalistic, but John Saunders thinks it would lead to people being exposed to unacceptable danger.

[Read this and other comments at bmj.com/channels/comment.dtl](http://bmj.com/channels/comment.dtl)

**LATEST PODCAST**

Need and no less, want and no more
Political attention has been focused on providing universal health cover, but this can't happen without curbing rising costs. Duncan Jarvis talks to Albert Mulley, from Massachusetts General Hospital and Harvard Medical School, about how practice variation is driving up the cost of health care. Zosia Kmietowicz takes us through the news. Subscribe to BMJ podcasts via iTunes or listen at podcasts.bmj.com/bmj/

LATEST BLOGS

John Coggon attends a conference on conscientious objection in public life. Although he finds it strange that some doctors insist on appealing to their consciences, he concludes: "I remain deeply sceptical of arguments about deep-seated 'rational consensus,' and suspect it's better that physicians wear their consciences on their sleeves, than carry them deep inside and publicly legitimise their decisions through spurious rationales."

[To read or comment on BMJ blogs, go to bmj.com/bmj/](http://bmj.com/bmj/)

Over on doc2doc, Tom Nolan spoke to four doctors about their stethoscopes, which are "more than just a set of tubes to help you make a diagnosis. They're the most recognisable symbol of the medical profession and can be an important part of the therapeutic process." So what does your choice of stethoscope say about you? Read Tom's blog and join in other discussions by visiting doc2doc.bmj.com/

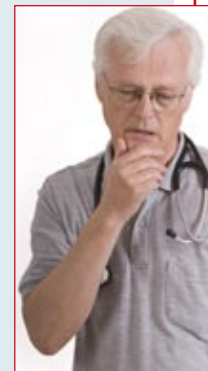


Last week's poll asked:
"Will you take the swine flu vaccine?"

You voted:
No: 612 (58%)
Yes: 447 (42%)

This week's poll asks:
"Is ageism a common problem in the NHS?"

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