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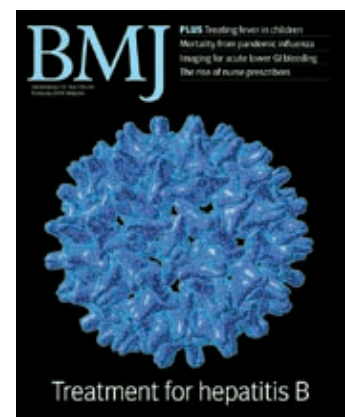
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PICTURE OF THE WEEK

The ban on people with HIV entering the United States has finally been lifted. President Barack Obama said the ban had been “rooted in fear rather than fact.” The move to lift the ban began during George Bush’s administration. A handful of countries still use HIV status to bar entry to the country, including Libya, Russia, Saudi Arabia, South Korea, and Sudan. The US ban was put in place in the late ‘80s, amid fears that AIDS could be spread by sharing toilets or through coughing.

See **NEWS**, on bmj.com, Bush insider recounts how ideology trumped science on US AIDS policy (2009;339:b5525)

THE WEEK IN NUMBERS

500 000 Global deaths a year accounted for by hepatitis B infection (Clinical Review, p 87)

85% Proportion of cases of ovarian cancer diagnosed in women over 50 (Practice, p 96)

26 per 100 000 Overall case fatality rate for the A/H1N1 influenza pandemic so far in England (Research, p 82)

QUOTE OF THE WEEK

“Where is the medical equivalent of Rumpole of the Bailey, motivated not by career progression, money, or esteem but by the welfare of his patients?”

Daniel K Sokol, on the recently published consensus statement for the ethicolegal training of future doctors (Observations, p 78)

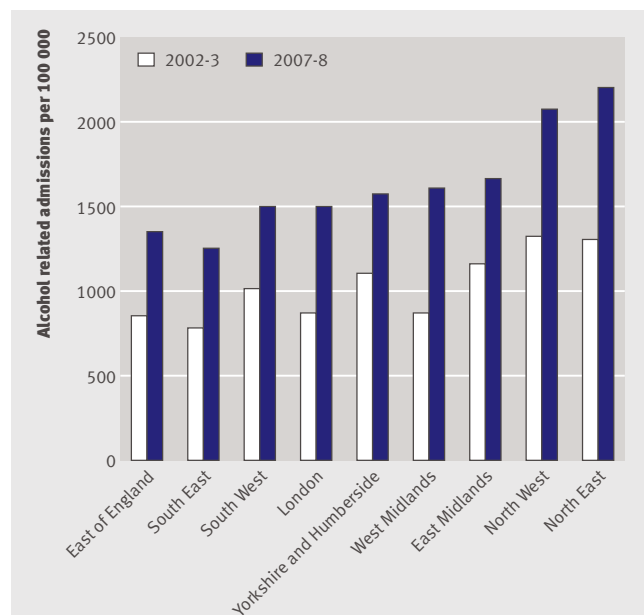
GRAPHIC OF THE WEEK

Hospital admissions related to alcohol. Treating alcohol related conditions cost the NHS about £2.7bn in 2006-7, almost double the 2001 cost.

See **NEWS**, p 67

Although the content of alcohol advertisements is restricted, Gerard Hastings and colleagues have found that advertisers are still managing to appeal to young people and promote drinking.

See **ANALYSIS** on bmj.com (2010;340:b5650)



EDITOR'S CHOICE

Questions for research

In the UK about £50m of the National Institute for Health Research's £1bn budget is now devoted to primary care research. The harder task is getting primary care clinicians to take up research

Continuing last week's focus on the *BMJ*'s research papers (*BMJ* 2009;339:b5632) it's gratifying to see them performing so well in *Journal Watch*'s first ever listing of the medical stories that were most read in the past year (p 81).

Journal Watch, run by the Massachusetts Medical Society, which owns the *New England Journal of Medicine*, gets its team of contributors to summarise what they see as the most interesting and important articles published in each field. Now *Journal Watch* has also summed up readers' choices during 2009. *BMJ* research articles feature more than those from any other general medical journal in the top 10 "most read" lists for hospital medicine, general medicine, emergency medicine, and psychiatry (www.jwatch.org).

Interestingly there's no primary care list, which says something about the Massachusetts Medical Society's priorities, or US medicine, or both. Or could primary care research itself be to blame? Back in 2003, the editor of the *Lancet*, Richard Horton, provoked an indignant response from academics in primary care by asking whether primary care research was a lost cause. A report from the Academy of Medical Sciences has now explored this question more deeply.

As Chris Del Mar summarises in his editorial (p 61), the report rightly credits primary care with championing prevention as a key priority for clinicians (something we now take for granted) and for increasing our understanding of what happens when patients talk to doctors, which has led to the concept of patient centredness. But the report goes on to warn of the need for more research into the clinical care of

diseases encountered in primary care, and for more translational research, which Del Mar usefully equates with evidence based medicine.

Del Mar blames a lack of self confidence within the discipline for the change in research focus from clinical management to the organisation of care. What we need, of course, is research into both. Funding is growing. In the UK about £50m of the National Institute for Health Research's £1bn budget is now devoted to primary care research. The harder task is getting primary care clinicians to take up research. The UK's School for Primary Care Research, set up in 2006 and now comprising eight centres of excellence, has a crucial part to play (www.nspcr.ac.uk).

Meanwhile, this week's journal throws up at least one intriguing primary care question ripe for research. As Mona Nabulsi (p 92) and Alan Fowler (p 66) point out, fever is a beneficial immunological response to disease. So why do we dose our feverish selves and children with antipyretics? Fowler says the lack of research into the effects of body temperature in people with influenza is down to "a deep seated fever phobia stemming from pre-scientific medicine when fever was perceived as an illness in itself." Nabulsi calls for education of parents about the immunological usefulness of fever and the risks of antipyretic abuse. And Chris Barrett (p 105) admires the iconic 19th century painting of *The Doctor* waiting for nature to take its course.

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

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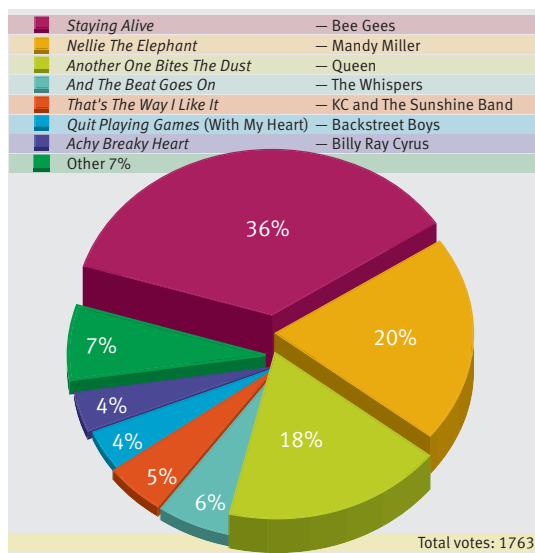
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BMJ.COM POLL

Which song would you use for CPR training?

See Research. Effect of listening to Nellie the Elephant during CPR training on performance of chest compressions by lay people: randomised crossover trial. *BMJ* 2009;339:b4707

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Career Focus, jobs, and courses appear after p106

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