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- 1205 How will we know if the London 2012 Olympics and Paralympics benefit health?**  
By measuring directly attributable effects in addition to opportunity costs, says Mike Weed  
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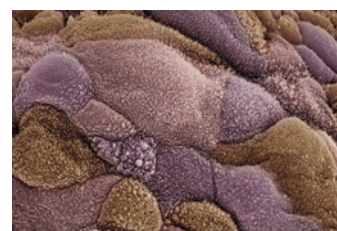
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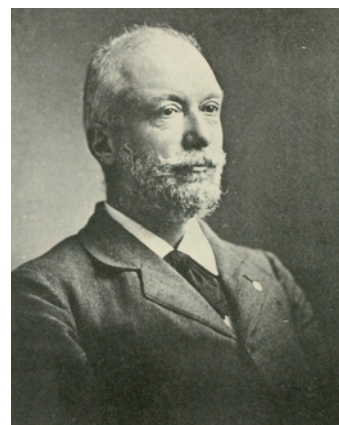
- 1254 Spanking 3 year olds, and other stories**



Sweet's syndrome, p 1254



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NHS/PA WIRE

### PICTURE OF THE WEEK

A knitted breast, one of 150 commissioned by the NHS and knitted by the Somerset Mothers' Union. The knitted breasts are better than balloons for teaching breastfeeding women how to express milk and deal with problems such as blocked ducts and mastitis.

### THE WEEK IN NUMBERS

**18%** Proportion of 1079 referrals to oral cancer specialists in which a malignancy was found  
(Clinical Review, p 1234)

**£150** Cost per head of UK population for staging the London 2012 Olympic games  
(Editorial, p 1205)

**37** The number of men needed to treat with a statin to prevent one case of cardiovascular disease over five years  
(Research, p 1232)

### QUOTE OF THE WEEK

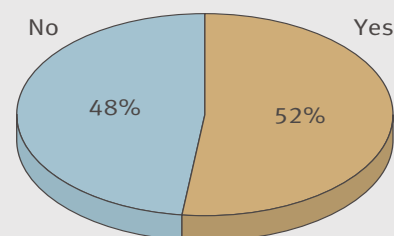
**“We’re now in the ludicrous position that it’s electoral suicide, even in a country on the verge of bankruptcy, for a political leader to make an argument that we’ve been spending too much for too little gain and that, if the budget for health care were cut and doctors did less, most people would be better off”**

Christopher Martyn on the public’s relentless appetite for medicine (Observations, p 1219)

### BMJ.COM POLL

Recently we asked: “Is the coalition’s health policy going to be good for the NHS?”  
(Total votes cast 130.)

This week’s poll asks: “Should health policy focus on physical inactivity rather than obesity?”  
Cast your vote on [bmj.com](http://bmj.com).



## EDITOR'S CHOICE

## Sport and politics

**The 2012 games will cost each UK citizen £150, and what will they get for that money other than the razzmatazz of the games themselves?**

Richard Budgett has a challenging job. Not only does he have to run medical services for the athletes attending the Olympic and Paralympic Games in London in 2012; he's also trying to stop the athletes from using illicit performance enhancing drugs; and he, along with others, has to build a legacy of improved health for the UK population after the games.

In his interview with Rebecca Coombes (p 1220), Budgett, a former Olympic rower (gold medal in 1984) and sports medicine specialist, talks with enthusiasm of the facilities to be provided for the athletes and spectators: a polyclinic with sports medicine facilities, imaging, a pharmacy, an accident and emergency unit, and general practices, which will be handed over to the NHS once the games are over.

Budgett also sits on the World Anti-Doping Agency and wants the games to be as free of drug taking as possible. "We are going to do more tests than ever before, around 5000"; these include regular tests every two to three months, the results of which will be entered into an athlete's individual "passport." "In this way you can get a tighter and tighter margin of what is normal for that individual. This should help the manipulation that goes on in some sports."

But he concedes that determining whether the Olympics will improve the population's health is hard: the aim is to get two million more people active by the time of the Olympics, but even if that happens attributing it all to the Olympics is difficult.

That message is reinforced by a research paper published in this week's issue, which sought to find out whether past major multi-sports events (like Olympic games) had positive health and socioeconomic impacts on the populations of the host cities (p 1229). Gerry McCartney and colleagues did a systematic review of relevant studies from

1978 to 2008. They found 54 studies, mainly of poor quality, and were unable to answer the question. Where economic growth or employment increased these effects were often short lived, and the studies failed to take account of opportunity costs.

In his accompanying editorial Mike Weed discusses the difficulties in gathering evidence for a robust judgment on the public health effects of the games (p 1205). The 2012 games will cost each UK citizen £150, and what will they get for that money other than the razzmatazz of the games themselves? The risk, he says, is "that there will be no robust evidence of what we have paid for."

Much closer in time than the Olympics is the 2010 football World Cup, which starts next week. South Africa is clearly looking for some benefits from hosting the tournament, but David Barr, in a notably angry Personal View (p 1249), talks of other, more lasting, legacies—of apartheid and colonialism. He is angry at the disaster management posters that adorn the walls of his medical ward in a hospital in KwaZulu—on how to deal with floods, volcanoes, earthquakes, mass food poisoning, and, more recently, swine flu—when the real disaster is HIV. HIV has pushed admissions to medical wards in KwaZulu up by 300% in the past 15 years and reduced life expectancy nationally from 62 years to 50. He is angry too at the discrepancies between the patients' bill of rights and what actually happens to them; between the malnutrition of the children and the doctors' BMWs; at the use of the World Cup to sell consumer goods; at the quack treatments on sale. He considers all these just another form of denial.

**Jane Smith, deputy editor, [BMJsmith@bmj.com](mailto:BMJsmith@bmj.com)**

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Career Focus, jobs, and courses appear after p 1252

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The telephone rings  
Should undergraduate medical students be regulated? Yes  
Time to move to presumed consent for organ donation  
Wakefield's "autistic enterocolitis" under the microscope  
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## BMJ.COM: MOST READ

Unintended effects of statins in men and women in England and Wales  
Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients  
Long term treatment with metformin in patients with type 2 diabetes and risk of vitamin B-12 deficiency  
Diagnosis and management of the antiphospholipid syndrome  
Toothbrushing, inflammation, and risk of cardiovascular disease

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