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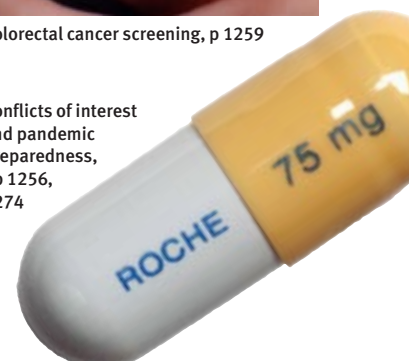


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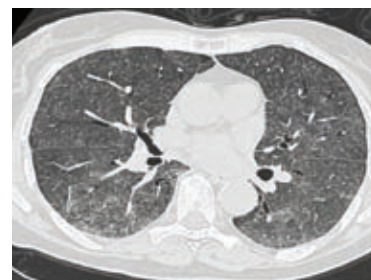
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly
Printed by Precision Colour Printing Limited



DANIELA SIKORA

PICTURE OF THE WEEK

Colchicum autumnale, also known as autumn crocus. It contains colchicine, which is prepared from the dried corns and seeds. The drug is used to prevent and treat acute gout, and to prevent familial Mediterranean fever. The photograph was taken in the medicinal garden at BMA House, which was designed by Sir Edwin Lutens in the arts and crafts style and opened in 1925. Visit this weekend as part of London Open Garden Squares. Talks on the garden, its history, and its plants will take place at 11 am, noon, and 2, 3, and 4 pm.

THE WEEK IN NUMBERS

3.5% Implied infection risk on long haul flights when sitting within two rows of passengers infected with A/H1N1 influenza (Research, p 1293)

200 Diseases that can cause the pulmonary interstitium to thicken (Clinical Review, p 1294)

60% Proportion of 37 000 patients who presented with "alarm symptoms" for whom GPs did not make a diagnosis (Practice, p 1302)

QUOTE OF THE WEEK

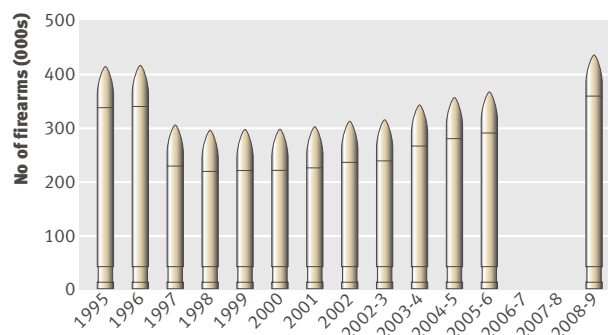
"If resources were infinite, all possible measures could be taken to fight disease, including prevention of all hypothetical possibilities"

Luc Bonneux and Wim Van Damme in their personal view on pandemic preparedness (Views and Reviews, p 1308)

See **FEATURE**, p 1274

GRAPHIC OF THE WEEK

Legally owned firearms in the United Kingdom, equating to one for every 25 adults in 2008-9



Source: Home Office; no data available for 2006-8

QUESTION OF THE WEEK

"Is homophobia fuelling Africa's HIV epidemic?"

53% voted yes (346 votes)

This week's poll asks, "Is reforming the tax system the best way to address the income inequalities that underlie health inequalities?"

vote on bmj.com

EDITOR'S CHOICE

Half a billion here, half a billion there

The Council of Europe has just issued its report blaming national governments and EU agencies, along with WHO, for the “waste of large sums of public money”

To improve access for patients to costly medicines the Department of Health is looking at joint payment schemes with drug companies (*BMJ* 2010;340:c2832). This week we publish an object lesson in how not to run one.

As James Raftery explains, the UK's first risk sharing scheme began in 2002 as a ruse to get round NICE's ruling against use of interferon beta and glatiramer acetate in multiple sclerosis (p 1282). The NHS would pay for the drugs, but cost effectiveness would be closely monitored, with an agreement to reduce prices if patients' outcomes were worse than predicted. However, although outcomes were much worse than predicted (*BMJ* 2009;339:b4677), the prices haven't come down.

The monitoring team says that to make a final judgment on the scheme now would be premature. But Christopher McCabe and colleagues say that its caveats have been known about since the beginning (p 1285). If these limitations weren't important enough to stop the scheme being launched, “how can they justify such an expensive divergence from the scheme rules?” More damning comments come from George Ebers over the scheme's methodology (p 1286).

In another commentary, Alistair Compston, who was instrumental in developing the underlying concept of the scheme, argues that regardless of its outcome, the scheme has advanced the lot of people with multiple sclerosis (p 1287). Our editorialist Neil Scolding concurs: “If the scheme turns out to have been no more than a clever wooden horse, then the army of multiple sclerosis healthcare specialists it delivered may make it more than worthwhile” (p 1255). Good value for £0.5bn? I don't think so.

Coincidentally, £0.5bn was the value of antivirals stockpiled by the UK government by the time last year's influenza A/H1N1 “pandemic” had claimed its first victim. In their feature article and video, Deborah

Cohen and Philip Carter pass their magnifying glass over WHO's decision making process around the new influenza strain (p 1274). The issues are depressingly familiar: the management of conflicts of interest among advisers and the transparency of the science underlying their advice.

As Fiona Godlee says in her editorial, WHO isn't the only body under scrutiny for its handling of the pandemic (p 1256). The Council of Europe has just issued its report blaming national governments and EU agencies, along with WHO, for the “waste of large sums of public money” and unjustified health scares (p 1266).

Dr Margaret Chan, director general of WHO, has dismissed allegations of industry influence over WHO decisions as “conspiracies.” In a response to the *BMJ* she has written that “At no time, not for one second, did commercial interests enter my decision-making” (www.bmj.com/cgi/eletters/340/jun03_4/c2912#236800). At her suggestion an independent review committee was set up to evaluate WHO's performance during the influenza pandemic. Its report should dispel some of the uncertainties around WHO's decision making.

In their personal view Luc Bonneaux and Wim Van Damme point out that if resources were infinite, all possible measures could be taken to fight disease (p 1308). But “money spent in stockpiling antivirals with hypothetical effectiveness against a hypothetical pandemic is not available for health care, or for education, or for any other important human need.” To shake off experts' potential conflicts of interest, they believe that such public health decisions should be handed over to independent, rational decision making organisations, such as NICE.

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Cite this as: *BMJ* 2010;340:c3072

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Career Focus, jobs, and courses appear after p 1310

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