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The Editor, BMJ
BMA House, Tavistock Square, London WC1H 9JR
Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418
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PICTURE OF THE WEEK

Soldiering on: Kirk Mahon, an American doctor, checks on a patient in the emergency room at Hopital de l'Universite d'Etat d'Haiti (HUEH) in Port au Prince, Haiti. The non-governmental organisation International Medical Corps, based in California, has rotated more than 400 medical volunteers through the capital's large university hospital. Writing in the *BMJ* this week, several of these doctors express anger at how international aid organisations "largely ignored" the devastated hospital and instead poured resources into "expensive, inaccessible, heavily militarised, and transient facilities" to treat trauma patients. Whitney Curtis, a photographer based in St Louis, took this and other pictures exclusively for the *BMJ*.

See FEATURE, p 1332

THE WEEK IN NUMBERS

1200 Reduction in the number of emergency admissions for myocardial infarction in the first year after the introduction of smoke-free legislation in England **(Research, p 1349)**

£94m Estimated cost a year of absorbent products (such as pads) for faecal incontinence in the United Kingdom **(Clinical Review, p 1350)**

50% Proportion of time patients with stroke may spend in bed **(Practice, p 1356)**

QUESTION OF THE WEEK

"Should health policy focus on physical inactivity rather than obesity?"

83% voted yes (318 votes)

This week's poll asks: "Should the Quality and Outcomes Framework be abolished?"

Vote on bmj.com

QUOTES OF THE WEEK

"A girl without a problem is not a patient; the doctor becomes a stranger with no indication to expose, touch, or cut the genitalia. However minor, assaults on children should be named and requests met with a gentle but firm 'no'"
Susan Bewley, Sarah Creighton, and Comfort Momo on female genital mutilation (Editorial, p 1317)

"The Department of Health expects that generic substitution in primary care will save £45m a year"
Robin Ferner, Warren Lenney, and John Marriott on substitution of branded medicines (Analysis, p 1341)

EDITOR'S CHOICE

QOF and consent

GPs are in for a hectic time. The reforms will propel them into centre stage whether they like it or not

There's no shortage of critics of the Quality and Outcomes Framework (QOF), by which general practitioners in England are paid more for meeting a range of performance targets. Six years after its launch, Steve Gillam now thinks it should be scrapped. In a head to head debate this week (p 1338), he argues that the clinical improvements credited to QOF are in line with predicted secular trends, that "commercially constructed evidence" has pushed up prescribing rates, that pay for performance brings with it a "corrosive cynicism," and that single disease based guidelines, implemented mainly by nurses, have eroded the deeper professional relationships that patients want.

Niroshan Siriwardena acknowledges many of QOF's flaws and agrees that the clinical benefits have been small. But he identifies other positive consequences: investment in staff, teamwork, and better organised, more reliable care. We should address the criticisms of QOF rather than throw away these gains, he says (p 1338). Indicators with poor evidence should be dropped—the QOF for chronic kidney disease is at the top of Des Spence's list (p 1340)—and new ones piloted. "Despite the added administrative pressures, most GPs are endeavouring to provide holistic care by integrating vertical systems of disease management into horizontal coordinated care for their patients." Do you agree?

Nigel Hawkes doesn't mention QOF among the skipful of labour government initiatives to be "disempowered" by the new health secretary Andrew Lansley (p 1340). But he makes it clear that GPs are in for a hectic time. The reforms will propel them into centre stage whether they like it or not. "Do GPs really want to commission 95% of NHS care? Have they the capacity?" he asks. And what role then for the soon to be democratically elected primary care trusts? With a new independent NHS board and an end to strategic health authorities, this could be, he says, the biggest change in a generation. "Mr Lansley is gambling that better informed patients and reinvigorated professionals can do more than central targets and bullying managers to improve the quality of the NHS." We must hope that his gamble pays off.

Elsewhere in this week's journal, Susan Bewley and colleagues are rightly critical of the American Academy of Pediatrics for its recent intervention on female genital mutilation (p 1317). The AAP suggested that US law should allow doctors to "nick" young girls' genitalia as a cultural compromise to minimise harm. But, say our authors, the debate has moved on from harm minimisation to harm eradication, with a clear focus on the child's best interests and their inability to give consent. "A girl without a problem is not a patient," they write.

What of people on death row? Should doctors be involved in their execution? In an article last month Mike Weaver argued that they shouldn't. "There is no patient, harm is done on purpose; and there is no consent. So, no health professionals belong here" (*BMJ* 2010;340: c2643). But in this week's letters Michael Rivlin asks (p 1322), "What if the subject does give consent or even implores the doctor to make the death as painless as possible?"

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

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Career Focus, jobs, and courses appear after p 1366

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