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Better diagnosis and treatment of non-alcoholic fatty liver disease are needed, say Christopher D Byrne and S H Wild
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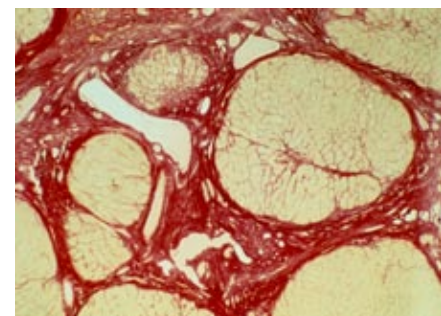
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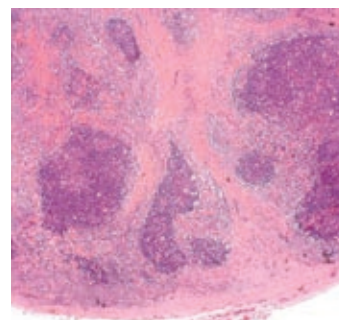
- 660 Men behaving madly**
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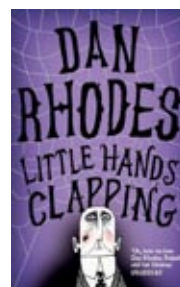
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Ask our experts.

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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



JOHN STONE

PICTURE OF THE WEEK

Winners of the BMJ Group Awards, which took place on 10 March at the London Hilton on Park Lane, to recognise individuals, organisations, and initiatives that have demonstrated outstanding and measurable contributions to health care.

See **NEWS** for Nigel Hawkes's take on the night and its winners, p 617

THE WEEK IN NUMBERS

1.28 Adjusted relative risk of liver cirrhosis for each 5 unit increase in body mass index in women (**Research**, p 633)

21 days Estimated average increase in hospital stay as a result of *Clostridium difficile* infection (**Clinical Review**, p 641)

35 Number of healthcare professionals, at four hospitals, who saw a patient with a second primary breast cancer (**Practice**, p 651)

QUOTE OF THE WEEK

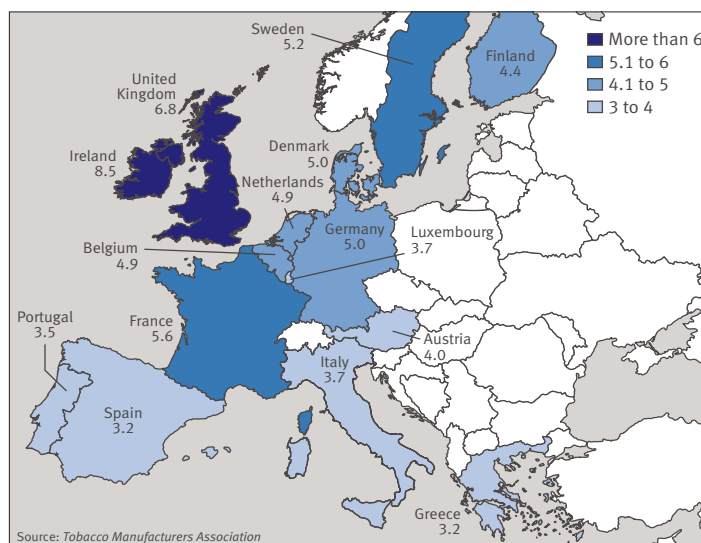
"The years of plenty ... has led to a generation of managers and clinicians not able to deal with the management of scarcity, of which lean thinking is only a part"

Cam Donaldson and Angela Bate, on management fads in health care (**Personal View**, p 657)

GRAPHIC OF THE WEEK

Prices of 20 brand leading cigarettes in euros in different European countries. The European Court has ruled that minimum pricing of tobacco is uncompetitive.

See **NEWS**, p 616



EDITOR'S CHOICE

Room 101: where services go to die

Will the NHS really be able to cut £15-20bn this year without catastrophic effects on patient care?

Room 101—the torture chamber in George Orwell's novel 1984—was named after a meeting room at the BBC where Orwell endured long and tedious management meetings. It has since come to mean a dumping ground for things we hate or don't want anymore. Such a facility could be exactly what's needed for health systems facing financial crisis, a virtual place to dump interventions and services we should stop providing in order to save money and improve care.

The British Society of Gastroenterology has a Room 101 on its website (<http://www.bsg.org.uk/>). Only two things are in it at the moment, but society president Chris Hawkey has additional suggestions (p 624). They include an embargo on measuring C reactive protein except in defined circumstances, and stopping endoscopy in people with trivial gastrointestinal bleeds.

Other specialists offer items for disinvestment (p 622): revascularisation in people with stable angina before they've been given optimal drug treatment; resection of pulmonary metastases in advanced colorectal cancer; ordering of routine "panels" of laboratory tests; topical antibiotic-corticosteroid combinations for eczema; caesarean section without medical indication; the "improving access to psychological services" programme; radiography for low back pain; and inhaled corticosteroids for mild or moderate chronic obstructive pulmonary disease.

Some ideas fall into the realms of "investing to disinvest." Wider provision of phototherapy for moderate to severe psoriasis would reduce the number of patients needing more costly biological treatments, says Alex Anstey. Jane Dacre says that early intensive treatment for inflammatory arthritis would save money in the longer term. Irene Gray and Carl Heneghan both call for stronger community services to maintain patients at home. And Charles Warlow suggests moving some of our scarce neurologists from outpatient departments to medical admitting units so that more patients can be promptly assessed and discharged.

Also up for a severe trim are branded prescriptions. As Margaret McCartney reports (p 627), the Department of Health is proposing an automatic generic substitution scheme by which pharmacists would switch certain branded drugs for generic versions. Except in people stabilised on specific treatments, such as lithium and antiepileptic drugs, this tactic seems a good idea. But a letter in the *Times* last week said doctors' choices about branded medicines should be paramount. Should we mind, asks McCartney, that the letter was coordinated by a public relations firm working for a pharmaceutical company? "If freedom to prescribe less cost effective medicines is of such importance to grassroots doctors and patients," says McCartney, "it does beg the question of why an anti-generics campaign has to be coordinated by a pharmaceutical company."

Will the NHS really be able to cut £15-20bn this year without catastrophic effects on patient care? Graham Rich and Phil Leonard both think it can (p 628). But Yair Zalmanovitch and Dana Vashdi say there will inevitably be a trade off between money, coverage, and quality. "Blinding the public with simplicities is neither fair nor wise," they say. Yet the NHS Quality, Innovation, Productivity, and Prevention (QIPP) challenge is unbowed. It aims to help clinicians promote high quality care in a tight economic climate and is now presenting success stories where teams have improved care and saved money (<http://bit.ly/bN9mLb>). The *BMJ* would like to help. Send us your accounts of money saving and quality improving efforts, and we will publish the best of them.

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

Cite this as: *BMJ* 2010;340:c1523

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BMJ/King's Fund Debate

On 27 April the *BMJ* and the King's Fund are holding a debate on the motion, "This House believes that the NHS will not be able to cut costs without substantially damaging the quality of care" (www.kingsfund.org.uk/learn/conferences_and_seminars/improving_services.html)



Career Focus, jobs, and courses appear after p 660

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