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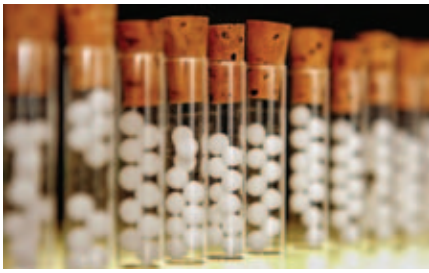

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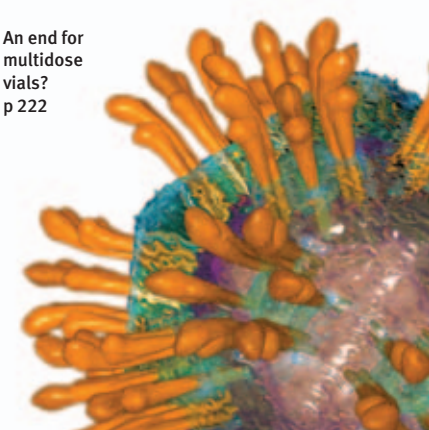

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PICTURE OF THE WEEK

At a shelter run by Cambodia Acid Survivors Charity outside Phnom Penh, Sam Bunnarith plays and sings for other people who have been attacked. After years of rising numbers of such attacks throughout the country, the authorities are drafting legislation to restrict sales of acid.

See www.cambodianacidsurvivorscharity.org

THE WEEK IN NUMBERS

26% Attributable fraction of neonatal deaths associated with delivery out of hours for deaths from intrapartum anoxia (95% confidence interval 5% to 42%) **(Research, p 240)**

2% Proportion of new referrals for dermatology accounted for by alopecia areata in the United Kingdom **(Clinical Review, p 242)**

16% Incidence of testicular torsion in 238 children presenting with acute scrotal pain **(Practice, p 249)**

QUOTE OF THE WEEK

"The plan could set GPs against consultants, with the GPs holding much the stronger cards. In an era of tight money this could get messy"

Nigel Hawkes, freelance journalist, on Andrew Lansley's NHS white paper (Observations, p 232)

QUESTION OF THE WEEK

We recently asked, "Will GP commissioning improve patient care?"

74% said no (total 365 votes cast)

This week's poll asks, "Should rosiglitazone (Avandia) be withdrawn?"

See *BMJ* 2010;341:c4017 and 2010;341:c3862 and cast your vote on bmj.com

EDITOR'S CHOICE

Breast screening and other fights

Occasionally a fight is just too difficult to compress into a few hundred words. This was the case with breast cancer screening

The *BMJ* finds itself in the middle of many spats—academic, clinical, and political. I like to think that's when the journal is really earning its keep. The *BMJ*'s rapid responses are its gladiatorial forum; open to all who are willing to engage with the arguments, preferably with references and data, and provided always that they refrain from ad hominem attacks on opponents. Several good clean fights are under way: is the H1N1 vaccine safe in children (www.bmj.com/cgi/eletters/340/jun09_3/c2994) and should homoeopathy be provided on the NHS (www.bmj.com/cgi/eletters/340/jun30_2/c3513), as well as thoughtful discussions on carotid endarterectomy (www.bmj.com/cgi/eletters/341/jul21_1/c3879), assisted suicide (www.bmj.com/cgi/eletters/341/jul20_3/c3943), and Iona Heath's article on how and when we die (www.bmj.com/cgi/eletters/341/jul21_3/c3883). You can watch or join in.

Some fights get into the letters pages, where we also now have a Response section for those who have been written about in the journal and want to put their side of the story (see this week's Response, p 218). But occasionally a fight is just too difficult to compress into a few hundred words. This was the case with breast cancer screening. A *BMJ* article—one of several published in the past few years by the Danish team led by Peter Gøtzsche—again questioned the benefits of mammography and highlighted the harms from overdiagnosis (*BMJ* 2010;340:c1241). Supporters of breast cancer screening howled in alarm at the damage this was doing to the uptake of mammography (www.bmj.com/cgi/eletters/340/mar23_1/c1241). The two sides have thrown data across the divide and the *BMJ* has been accused of taking sides. I think I can speak for all the editors in saying that the *BMJ* doesn't take sides on such matters: we look to the evidence. Unable to see sufficient light amidst the heat of this debate, we asked a highly trusted observer of preventive health strategies, Klim McPherson, to take a look and come to a view.

My reading of his helpful article (p 233) is that those who argue that screening may be almost as harmful as it is beneficial come out on top. "There is no doubt that screening for breast cancer has limited benefit and some possibility of harm for an individual woman and marginal cost effectiveness for a community," he writes. He calls for a full and dispassionate examination of individual patient data from all recent studies and, in the meantime, much more honesty from the NHS screening programme about the scientific uncertainties. There is also a sense of measured outrage. How could such an important national programme exist for so long with so many unanswered questions? Could it have done so purely on face validity ("early detection must be good") plus uncertainty fuelled by polarised debate? If so, he says, that would be "irresponsible."

Heated discussion is also bubbling around the proposed reorganisation of the NHS and we now have a sizeable collection of related articles, discussion threads, blogs, podcasts, and *BMJ* learning modules at doc2doc.bmj.com/whitepaper. In the journal we have Martin Roland's editorial (p 211) and Nigel Hawkes's commentary (p 232), and we have asked a range of other commentators to share their thoughts (p 228). One of them is John Appleby, who notices that opinions seem unconventionally split, with ex-Labour advisers supporting the proposals and right of centre think tanks opposing them. We would welcome your own views via rapid responses on bmj.com.

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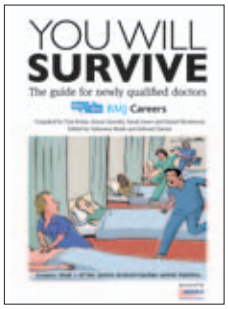
Career Focus, jobs, and courses appear after p 256

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

Please cite all articles by year, volume, and elocator (rather than page number), eg BMJ 2009;338:b145.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

To mark this year's intake of UK junior doctors, we have produced a new edition of You Will Survive, a 24 page booklet offering practical advice to doctors in training. It covers communication, on call, and nights; and it provides scoring systems, reference intervals, and essential telephone numbers. Many thanks to the qualified doctors who shared their experiences on doc2doc, BMJ Group's clinical community for doctors worldwide, and to MDDUS—the Medical and Dental Defence Union of Scotland—which sponsored this year's booklet. UK juniors will receive a hard copy with their *BMJ* this week.



You can also access it at doc2doc.bmj.com/youwillsurvive.pdf