

EDITORIALS

- 513 Licensing drugs for diabetes**
Surrogate end points are not enough, robust evidence of benefits and harms is needed, say Richard Lehman and colleagues
» *Feature*, p 530
- 514 Can specific fruits and vegetables prevent diabetes?**
Green leafy vegetables show promise, but increasing overall intake of fruit and vegetables is advisable, say Jim Mann and Dagfinn Aune
» *Research*, p 543
- 515 Choice of fluids for resuscitation in children with severe infection and shock**
Isotonic crystalloids are advised in early, and colloids in late, resuscitation, says Joseph A Carcillo
» *Research*, p 544
- 517 Oral bisphosphonates and oesophageal cancer**
Evidence is inconclusive but cautious prescribing and active follow-up are advised, says Diane K Wysowski
» *Research*, p 545
- 518 FDA guidance on patient reported outcomes**
A prompt for the industry to raise scientific standards, say Jane Speight and Shalleen M Barendse

LETTERS

- 519 FDA on rosiglitazone; Preventing dementia**
- 520 Risks of working time directive; When is restraint appropriate?; Media training for researchers**

NEWS

- 521 More obesity surgery in England would be cost effective**
GMC backs coalition plans to keep doctors' adjudicator role
- 522 New figures show major increase in alcohol related hospital admissions in England**
Scottish proposal for a "floor price" for alcohol could make drinks cheaper, say critics
- 523 NHS Direct may have to compete to provide call service within new NHS 111 scheme**
Out of hours service goes to private sector
- 524 New molecular test can diagnose tuberculosis in less than two hours**
- 525 Articles overstated benefits of HRT**
Dutch doctors say women should be able to freeze oocytes for non-medical reasons
- 526 Ban "degrading" test after rape in India**
US workers bear cost increase in employer based health insurance
Emergency doctors deliver more than a quarter of US acute care
- 527 Restrictive government drug policies leave Kenyan children dying in pain**

SHORT CUTS

- 528 What's new in the other general journals**

FEATURES

- 530 Rosiglitazone: what went wrong?**
Over 10 years after the diabetes drug rosiglitazone was approved by regulators, and despite studies on tens of thousands of people, questions remain about its cardiovascular safety. An investigation by Deborah Cohen looks at why this happened
» *Editorial*, p 513 » *Letter*, p 519
- 536 Commissioners doing it for themselves**
All general practitioners in England will soon be expected to commission the majority of health care services for their patients. Jane Cassidy talks to two groups already fulfilling this role

OBSERVATIONS

LIFE AND DEATH

- 538 The price of wishful thinking** Iona Heath

ANALYSIS

- 539 Consent for blood transfusion**
Millions of people receive blood transfusions each year, but many will not be fully aware of the risks. Anne-Maree Farrell and Margaret Brazier argue for a formalised consent procedure
- 540 Commentary: Practicalities of seeking consent and gaining understanding**

RESEARCH

- 542 Research highlights:**
the pick of *BMJ* research papers this week
- 543 Fruit and vegetable intake and incidence of type 2 diabetes mellitus: systematic review and meta-analysis**
Patrice Carter, Laura J Gray, Jacqui Troughton, Kamlesh Khunti, Melanie J Davies
» *Editorial*, p 514
- 544 Choice of fluids for resuscitation in children with severe infection and shock: systematic review**
Samuel Akech, Hannah Ledermann, Kathryn Maitland » *Editorial*, p 515
- 545 Oral bisphosphonates and risk of cancer of oesophagus, stomach, and colorectum: case-control analysis within UK primary care cohort**
Jane Green, Gabriela Czanner, Gillian Reeves, Joanna Watson, Lesley Wise, Valerie Beral
» *Editorial*, p 517
- 546 Introduction of laparoscopic bariatric surgery in England: observational population cohort study**
Elaine M Burns, Haris Naseem, Alex Bottle, Antonio Ivan Lazzarino, Paul Aylin, Ara Darzi, Krishna Moorthy, Omar Faiz



Feature, pp 530, 536;
Editorial, p 513; Letter, p 519



Alcohol related hospital admissions, p 522

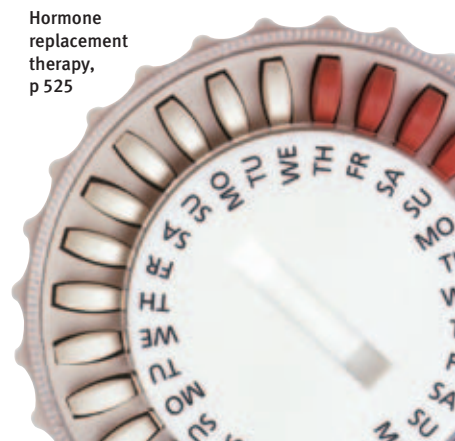


Vegetables and diabetes, pp 514, 543



Consent for blood transfusion, pp 539, 540

Hormone replacement therapy, p 525



CLINICAL REVIEW

- 547 Managing anaemia in critically ill adults**
Timothy S Walsh, Duncan L A Wyncoll, Simon J Stanworth

PRACTICE

GUIDELINES

- 552 Transient loss of consciousness—initial assessment, diagnosis, and specialist referral: summary of NICE guidance**
Maggie Westby, Ian Bullock, Paul N Cooper, Sarah Davis, on behalf of the Guideline Development Group

A PATIENT'S JOURNEY

- 554 External aortic support for people with Marfan's syndrome**
Camilla Allen, John Pepper

OBITUARIES

- 557 Nadia ElGaylani;**
Roger Edmund Farrow;
Joseph Francis McGarity;
Dennis Mendel;
Michael Richard John Charles Padgham;
Robert William Watton

VIEWS AND REVIEWS

PERSONAL VIEW

- 558 What is the main cause of avoidable harm to patients?**
Gordon Caldwell

BETWEEN THE LINES

- 559 French martyrs**
Theodore Dalrymple

MEDICAL CLASSICS

- 559 Elegies for Angels, Punks, and Raging Queens**
Music by Janet Hood; words by Bill Russell
Richard Hurley

COLUMNISTS

- 560 Bad medicine: specialisation**
Des Spence
Being loved
Mary E Black

ENDGAMES

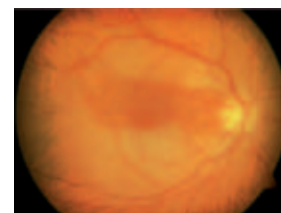
- 561 Quiz page for doctors in training**

MINERVA

- 562 Stethoscopes on your iPhone, and other stories**



Songs about AIDS deaths, p 559



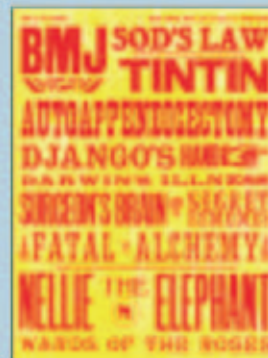
Minerva's retinal artery, p 562



Errors in working diagnoses, p 558

Christmas 2010: Deadline for submissions

Please submit your articles for consideration for this year's Christmas issue by 20 September.



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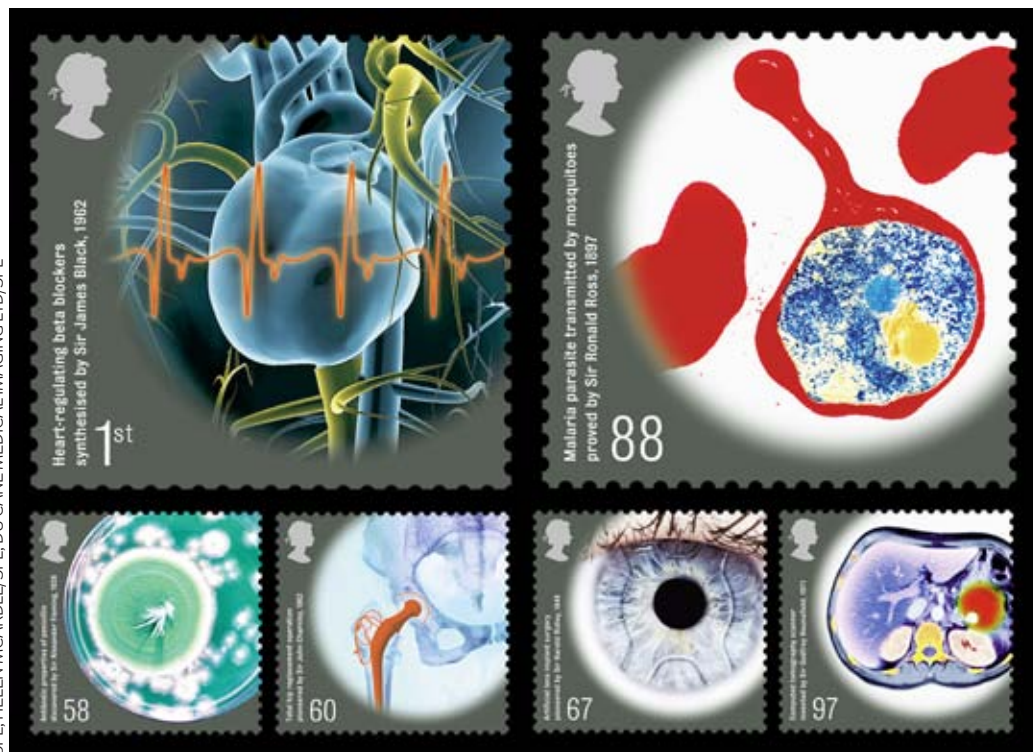
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PICTURE OF THE WEEK

On 16 September the Royal Mail issues a series of stamps illustrating medical breakthroughs, celebrating the work of British scientists. The stamps feature six medical specialties, including cardiovascular medicine, drug therapy, and parasitology.

► blogs.bmj.com/bmj Neil Snowise has blogged about medical stamps

THE WEEK IN NUMBERS

14% Reduction in the risk of developing type 2 diabetes associated with eating more green leafy vegetables (Research, p 543)

0.3% Proportion of patients who died within 30 days of bariatric surgery (Research, p 546)

2.24 Relative risk for oesophageal cancer in people with about five years' oral bisphosphonate use versus no prescription (Research, p 545)

50-70% Proportion of patients in intensive care units who develop moderate to severe anaemia during their stay (Clinical Review, p 547)

QUOTE OF THE WEEK

“Specialisation is promoting yet more medical tribalism, the gangs aggressively defending their clinical turf and unwilling to accept criticism”

Des Spence, general practitioner, Glasgow, on why we need an international moratorium and non-proliferation of medical specialisation (Views and Reviews, p 560)

QUESTION OF THE WEEK

Last week we asked, “Should people with dementia be allowed to vote?”

52% said yes (total of 402 votes cast)

This week we are asking “Should doctors regulate themselves?”

► bmj.com cast your vote

EDITOR'S CHOICE

Rosiglitazone: a cautionary tale

Europe's regulators ... should require a higher quality of evidence, including proof that new drugs are better than existing drugs

This week a *BMJ* investigation suggests that the diabetes drug rosiglitazone should never have been licensed and should now be withdrawn (p 530).

The tale of rosiglitazone is a cautionary one from which we must hope the main parties will learn for the future. Hailed as a much needed new approach for patients with type 2 diabetes, the drug was licensed 10 years ago with only limited evidence of its effectiveness and concerns over its safety. While allowing the drug on to the market, the regulators asked the manufacturer GlaxoSmithKline to do additional trials. This the company did while marketing the drug around the world. Millions of prescriptions later, the results of the open label RECORD trial are hotly disputed. GlaxoSmithKline says it shows the drug is safe and the European Medicines Agency seems to have taken this conclusion on trust. Officers at the Food and Drug Administration, however, prompted by concerns about GlaxoSmithKline's conduct (*BMJ* 2010; 340:c1848, doi:10.1136/bmj.c1848) and aided by the FDA's requirement for individual patient data, decided earlier this year to take a closer look. They uncovered errors in the way the trial was done that systematically favoured the company's drug.

Meanwhile the *BMJ* has discovered that the UK's Committee on Human Medicines advised the UK regulator, the Medicines and Healthcare products Regulatory Agency, in August that the risks of rosiglitazone outweighed the benefits and that it had no place on the UK market. But doctors received only a muted version of this guidance in a letter in August suggesting merely that they seek alternatives to rosiglitazone. The committee's much starker

conclusion would not have been known until later this month when the EMA meets to decide rosiglitazone's fate, and might not have been known at all if the EMA were to decide to keep the drug on the market.

So what should happen? Our editorialists (p 513) and commentator (p 535) and others quoted in the investigation are clear on a number of things, none of which is being said for the first time (*BMJ* 2009;338:b1025). Europe's regulators should be much more transparent. They should require a higher quality of evidence, including proof that new drugs are better than existing drugs before being licensed. And if they do ask the manufacturer to undertake post-marketing trials, they must do a better job of overseeing the way these trials are designed and done.

Will this put extra strain on what many see as an already over-regulated pharmaceutical industry? Certainly it will. So the patent for new drugs should be extended, from the current 20 years to perhaps 25 or 30. We all need the pharmaceutical sector to flourish and innovate. We should also seek to modify the increasingly destructive relationship between industry and the public. This would require concessions on both sides: far greater transparency from industry and the regulators, including access to raw data and funding for independent trials; and greater understanding from the public that there is no such thing as a completely safe drug.

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

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Career Focus, jobs, and courses appear after p 560

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Would you "steal" a book? Eight per cent of US university students say they have succeeded in downloading a textbook. The practice is on the increase, and the Association of American Publishers says that it must be combated to protect the creative energy of the publishing industry.

But not everyone agrees. "Copyright law has always included a right for the general public to have access to the content of books through the library system," says Andrew Robinson, free culture campaigner and leader of the UK Pirate Party. "Should students be forced to visit a physical library ... or should we allow them to use modern technology to accomplish the same goal in a fraction of the time?"

Student.bmj.com
(*Student BMJ* 2010;18:c4099)

