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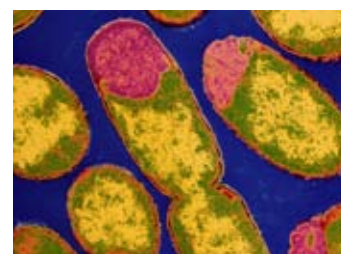
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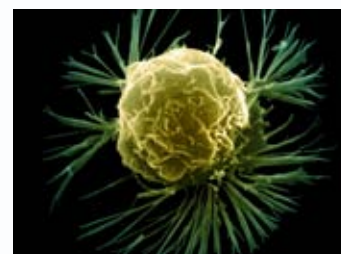
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Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly Printed by Precision Colour Printing Limited



OXFAM/JONNY FRANKLIN

PICTURE OF THE WEEK

Pregnant women in London recreate Charles Ebbet's photo *New York Construction Workers Lunching on a Crossbeam* to highlight the 1000 women in developing countries who die needlessly in pregnancy and childbirth every day. Oxfam organised the reconstruction to coincide with the millennium development goals summit being held in New York from 22 September. The goal on maternal health looks least likely to be met, and Oxfam is proposing a "Robin Hood tax" (www.robinhoodtax.org).

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THE WEEK IN NUMBERS

10 Ranking of mouth and oropharynx in terms of worldwide prevalence of cancers; it is the seventh most common cause of cancer death (Clinical review, p 663)

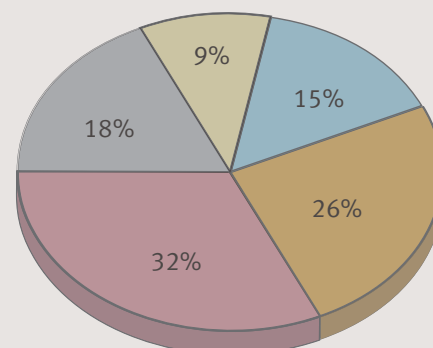
2.8% Proportion of the population affected by hyperhidrosis (excessive sweating) (Practice, p 667)

1989 Year proton pump inhibitors were introduced (Practice, p 668)

213 Drop in overdose deaths per million daily dispensed doses with methadone the sole drug mentioned between 1993 and 2008 in England (Research, p 640)

QUESTION OF THE WEEK

Last week we asked, "How confident are you that key proposals of the NHS white paper for England will take effect?"



100% confident 25% confident
75% confident 0% confident
50% confident Total votes 292

This week's question is, "Have targeted cancer drugs met expectations?"

bmj.com cast your vote

EDITOR'S CHOICE

Spotlights and letters

From now on we will expect authors to respond to all substantial criticisms of their articles and will remind them of this obligation when their articles are accepted for publication

This week's journal includes a new feature, a *BMJ* Spotlight. It's modelled on *Nature's* Insight supplements, commissioned by the journal's editors, and sponsored by one or more not-for-profit organisations. We plan to publish four a year, each exploring a topic from a range of angles through a specially commissioned collection of reviews.

Readers helped us choose the topics for our first two Spotlights via a poll we ran in 2008. We asked where improvements in health care would make the greatest difference to patients (www.bmj.com/content/336/7650.toc#MakingADifference), and palliative care beyond cancer topped the poll. We quickly found sponsors committed to improving this area of health care: the British Heart Foundation and the National Council for Palliative Care. As Tony Delamothe, Mike Knapp, and Eve Richardson say in their editorial introducing the Spotlight (p 645), while much has been learnt about the care of patients dying from cancer, these lessons haven't necessarily been transferred to caring for patients dying from other causes. Yet many more of us die after gradual physical and mental decline than from cancer.

Our next Spotlight, due for publication in the spring, takes on the topic that came second in our readers' poll—drug resistant infections in the developing world. Already recognised as one of global health care's most urgent problems, it is newly topical with the emergence of antibiotic resistant bacterial strains carrying the gene for New Delhi metallo- β -lactamase-1 (NDM-1) (p 626). As Anthony So and colleagues say in their editorial (p 615), this strain has now spread well beyond its first appearance in New Delhi, with reports in several countries including the UK. The dearth of novel antibiotics in the pipeline means we must conserve the effectiveness of existing antibiotics as much as possible. Our editorialists are cautiously optimistic. Medical tourism has been blamed for the

emergence of NDM-1. They hope that the desire to protect and grow this billion dollar global business will focus attention and investment on responsible antibiotic prescribing.

Finally, this week we publish some letters about our study (*BMJ* 2010;341:c3926) and linked editorial (*BMJ* 2010;341:c3803) on whether authors reply to criticism in rapid responses. The study found that the rate and quality of authors' replies was disappointing. In his letter, Fergus Macbeth illustrates the point with a story of non-response to his criticisms of an article as first the journal, then the authors, and then the drug's manufacturer failed to engage with his concerns (p 620).

Richard Smith, former *BMJ* editor, thinks the whole system for publishing research is broken and that post publication peer review is much more than just letters in journals (p 620). I agree, but at the risk of appearing to fiddle while Rome burns, we will continue to do what we can to improve the current system. From now on we will expect authors to respond to all substantial criticisms of their articles and will remind them of this obligation when their articles are accepted for publication. Authors are already automatically alerted to feedback to their articles. Where no response has been received within a reasonable time we will ask the authors to respond and record in rapid responses that we have done so. If no response is received we will make this explicit.

This week we publish letters critical of the editorial on UK cancer survival statistics, without a response by the editorial's authors, Valerie Beral and Richard Peto. These authors have told us they are too busy to reply at present but will do so in due course.

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

Cite this as: *BMJ* 2010;341:c5066

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Career Focus, jobs, and courses appear after p 676

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YOUR RESPONSE ON *BMJ.COM*

"Dear Dr Godlee, A cricketer became the instant talk of the media for deliberately elbowing the English cricket captain on the field. Might the four letter word used by you [in editor's

choice last week] be a tactical ploy? I hope very much that your editorial will similarly be a hit too. Hopefully someone at the UN meeting on MDG this week might take note of the serious deficiencies towards MDG goals mentioned by you!"

Mathew K Jose, physician & teacher, responding to "Let's talk shit," by Fiona Godlee (*BMJ* 2010;341:c5066)

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