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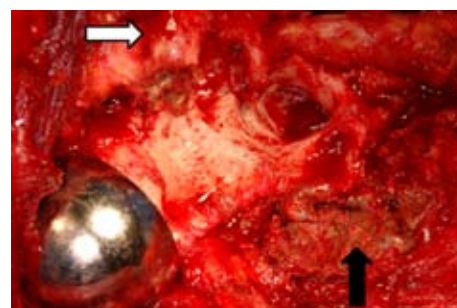
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PICTURE OF THE WEEK

Youths with polio in Kinshasa, Democratic Republic of Congo. The deadline for eradication, 2012, set by the Global Polio Eradication Initiative, looks likely to be missed. Polio is endemic in just four countries, Afghanistan, India, Nigeria, and Pakistan, but has re-emerged in others.

QUESTION OF THE WEEK

Last week we asked "Should women be able to request a caesarean section?"

54% voted no (total 1503 votes cast)

This week's poll asks, "Should the drug industry be given anonymised patient data?"

● NEWS, p 1179

QUOTE OF THE WEEK

"Many of the MPs demanding tough action had, three years before, 'pillaged public finances to buy the same sorts of widescreen TVs that were being carted out of the shops by looters'"

Tony Delamothe wonders if we have learned all we should about the August riots (Observations, p 1206)

MOST READ THIS WEEK ON BMJ.COM

Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies

Intensive glycaemic control for patients with type 2 diabetes

The financial cost of doctors emigrating from sub-Saharan Africa

Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months

Comparative assessment of implantable hip devices with different bearing surface

THE WEEK IN NUMBERS

\$2.17bn Estimated loss of return from investment for all doctors trained in sub-Saharan Africa currently working in Australia, Canada, the United Kingdom, and the United States (Research, p 1191)

11.5% Proportion of the global output of research published by China's scientists in 2008 (Feature, p 1196)

EDITOR'S CHOICE

Not all that's new and shiny is good for healthcare

What then should you do for patients with a metal on metal hip implant who develop symptoms suggesting joint failure?

Concern has been growing about the use of metal on metal hip implants. In its 2011 report, the National Joint Registry for England and Wales identified problems including higher revision rates compared with more traditional ceramic or polyethylene implants (*BMJ* 2011;343:d5977). A *BMJ* investigation by Deborah Cohen asked why it took so long for one metal on metal implant, the ASR, to be withdrawn, highlighting denials and delays by the manufacturer and failings in the regulation of medical devices (*BMJ* 2011;342:d2905).

This week we publish a systematic review of research into the safety and effectiveness of hip implants. Art Sedrakyan and colleagues conclude that the evidence is inadequate, but what there is shows no advantage of metal on metal implants (or indeed ceramic on ceramic) compared with traditional metal on polyethylene implants (p 1189). They also confirm the registry's findings of substantially higher rates of revision surgery with metal on metal implants.

What then should you do for patients with a metal on metal hip implant who develop symptoms suggesting joint failure? As Camden Fary and colleagues say (p 1218), this is likely to be an increasingly common scenario as patients with silent or symptomatic adverse reactions to the metal wear debris start to seek help. They will often be younger and more active than most hip transplant patients and should be referred without delay for specialist investigation and imaging. Revision surgery is the most likely outcome. Unfortunately, in these circumstances, revision has worse outcomes than for other indications owing to inflammatory destruction of soft tissue and bone, and complication rates are higher. The authors conclude that this makes early identification and referral all the more crucial.

Twitter

Follow the editor, Fiona Godlee, at twitter.com/fgodlee and the *BMJ*'s latest at twitter.com/bmj_latest

This saga sends a warning bell about the risks of innovation in healthcare. Not all that is new and shiny is good for health. As a further illustration, Wendy Lipworth and colleagues present the curious story of chronic tophaceous gout (p 1193). This is the commonest inflammatory arthritis in older men, affecting 1-2% of adults in the developed world, and we have good treatments for it—allopurinol or probenecid, plus colchicine to prevent initial flare ups. Yet these safe, effective, and cheap drugs are underused. In the case of allopurinol, it is often prescribed at too low a dose, perhaps because of exaggerated fears of allopurinol hypersensitivity syndrome, causing apparent treatment failure. Meanwhile a far more expensive alternative, feboxostat, is overused, they say, and two years ago a company was granted a patent for colchicine, which has been available off patent for over a century. Curious indeed.

Health systems too can “innovate” in ways that impair rather than improve healthcare. Mark Welfare finds no merit in NICE's recommendation that all patients admitted to hospital should be assessed for risk of thromboembolism (p 1208). “It may save no patients' lives but will cost millions of pounds,” he says.

We hope for better contributions to improving health from the nominees and eventual winners of this year's *BMJ* Group Awards (p 1200). New categories include Clinical Commissioning Team of the Year and the Karen Woo Award for the doctor who has gone well beyond the call of duty to care for patients. We greatly look forward to your nominations.

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

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Every week we strive to give our readers a satisfying mixture of research, education, news, and views. However, with such a diverse audience, which spans not only every branch of medicine but the whole world as well, it is all too easy to fall short for at least some of our constituent groups.

With that in mind we are looking to recruit a reader panel that will help shape

our editorial plans by giving us regular feedback on the relevance, usefulness, and interest of the content we publish. The feedback will be collected via an online survey tool, which will be designed to be quick and simple to complete.

We anticipate that the panel will operate for at least six months and would hope that volunteers will be able to contribute most weeks. For those who stay

the course there will be a small thank you, but we would prefer that you put your name forward because you want to help make the *BMJ* even better rather than to make your fortune.

At this stage we are seeking volunteers, so if you are interested please email the publisher, Phil Johnson, at: pjohnson@bmj.com with the information shown right.

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