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Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://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](http://bmj.com).

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2012; 344:d286.

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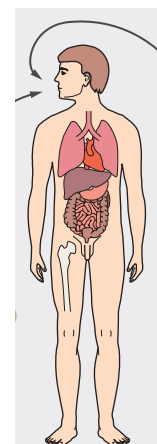
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# Too much information and not enough time?

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## PICTURE OF THE WEEK

The United Nations Committee on the Rights of the Child is concerned about the spread of “baby boxes” in which unwanted infants can be abandoned anonymously in Europe. These hatches, usually set up outside hospitals, are favoured by faith groups and right wing politicians, who claim that baby boxes protect a child’s right to life. However, the UN argues that these hatches breach the children’s right to identify their biological parents later on in life. This controversial practice, which had disappeared in Europe in the last century, was reintroduced in Germany and other European countries in the past decade. Over 400 babies are reported to have been abandoned in the hatches across the continent since.

## RESPONSE OF THE WEEK

What would be of value is to know what activities the intervention group pursued. The benefits of exercise outstretch physiological processes alone: the sense of social inclusion and virtue associated with involvement in sport also has important implications. The over-riding finding from this study appears to come from the qualitative appraisal: that tailoring advice to patients—their beliefs in the relation between mood and activity, in addition to their preferences for mode of activity—is what will make an impact on their behaviour and subsequent changes in wellbeing

Carol M Sinnott, GP registrar, Killenaule, County Tipperary, Republic of Ireland, in response to “Facilitated physical activity as a treatment for depressed adults: randomised controlled trial” (*BMJ* 2012;344:e2758)

## BMJ.COM POLL

Last week we asked:

“Should addicts have their benefits cut if they refuse treatment?”

**65%** voted yes (total 1231 votes cast)

► News (*BMJ* 2012;344:e3694)

This week’s poll asks:

“Should doctors’ organisations be neutral on assisted dying?”

► Editorial: *BMJ* 2012;344:e4075

► Observation: *BMJ* 2012;344:e4115

► Personal view: *BMJ* 2012;344:e4007

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## MOST READ ON BMJ.COM

The effectiveness and cost effectiveness of dark chocolate consumption as prevention therapy in people at high risk of cardiovascular disease

Facilitated physical activity as a treatment for depressed adults  
Should we abandon cervical spine manipulation for mechanical neck pain?

The use of pioglitazone and the risk of bladder cancer in people with type 2 diabetes

## EDITOR'S CHOICE

## Empathy or imperturbability?

**Both empathy and imperturbability are reflected in articles we publish this week on assisted dying, suggesting that both qualities have their place**

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In this week's *BMJ* Daniel Sokol, following Osler, commends imperturbability as an essential quality for a doctor (p 34). He advocates the “outward calm, a reassuring coolness” that inspires confidence in patients. And he contrasts it with empathy—“doctors crying in front of patients, praying with them, or displaying outward effusions of emotion.”

Both empathy and imperturbability are reflected in articles we publish this week on assisted dying, suggesting that both qualities have their place. Tess McPherson's Personal View (p 35) about her mother's death appeals for an empathic response: would you want to die like that? But Raymond Tallis argues that doctors' organisations should stand back from the debate about assisted dying and adopt a neutral stance (p 33).

Tess McPherson's mother was the general practitioner Ann McPherson, perhaps best known for her books on health for teenagers and for her research into patients' experiences—which led to the website *Healthtalkonline*, a resource that helps doctors and patients to learn from those experiences. But she was also a lifelong advocate for assisted dying, because she had seen too many patients die undignified and uncomfortable deaths. As her daughter describes, Ann too died such a death. “She used her illness with incredible bravery to become a voice for terminally ill people that is rarely heard because they are ill, weak, and tired.”

Raymond Tallis is now chair of the organisation that Ann McPherson helped to set up, *Healthcare Professionals for Assisted Dying*. He does not argue against individual doctors expressing views about assisted dying for terminally ill people, but says that their representative bodies should stay neutral. He points out that the public strongly supports assisted dying. “Our professional

organisations, committed to shaking off the paternalism of the past, should not use their influence to impose the beliefs of some of their members on patients: it is inconsistent with the idea of patient centred care.” Instead they should limit themselves to speaking on subjects where they have “an expertise that goes beyond that of the general public—for example, advising on the necessary safeguards should any law be passed.”

The *BMJ*'s editor, Fiona Godlee, supports this call for neutrality in her editorial (p 10), but adds that the *BMJ* will continue to provide a platform for the debate—exemplified this week by the letters (p 29) reacting to a previous article opposing assisted dying (doi: 10.1136/bmj.e4016).

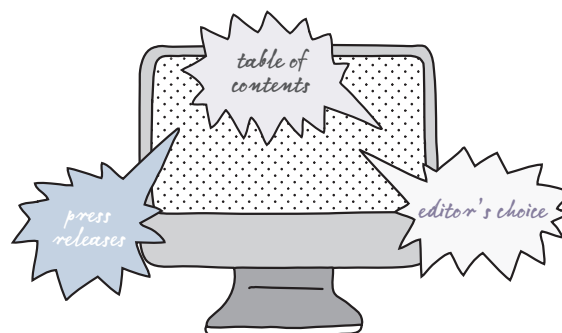
Another personal story in this issue is Darren Egde's account of becoming ill with herpes simplex virus encephalitis (p 49). The story he tells, with his father, is of a severe illness, despite prompt treatment, and a long and unfinished recovery dogged by behavioural changes and cognitive problems. It fits the description of the illness given by Mazen Sabah and colleagues in their *Easily Missed* article (p 47). They explain that the condition is often missed because of its varied presentation, but Guy Thwaites provides another reason—that encephalitis (of whatever cause) is rare and most doctors will see few cases (p 11). His editorial welcomes new management guidelines, which should help ensure that the right dose of aciclovir is given promptly to patients with Daniel's condition. But he laments the fact that in nearly half of all cases of encephalitis the cause is unknown, and the evidence base for the guidelines is weak.

**Jane Smith, deputy editor, *BMJ*** [jsmith@bmj.com](mailto:jsmith@bmj.com)

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