



PAUL BOSTON

- ANALYSIS, p 25
- PERSONAL VIEW, p 33

NEWS

- 1 **Whistleblower lawsuit claims Takeda concealed harms of diabetes drug**
Health bill becoming law won't reduce chaos of NHS changes
- 2 **Genetic manipulation of crops may offer healthier food, say scientists**
Man is granted right to seek declaration allowing a doctor to kill him
Expert group to examine effects of NHS constitution
- 3 **BMJ invokes new Texan freedom of speech law to fight Wakefield libel case**
Basic healthcare needs of care home residents are being neglected by commissioners
- 4 **Be wary of signing costly deals for telehealth technologies, NHS told**
Anaesthetics journals retract further articles
- 5 **Teenage smoking is an "epidemic," says US surgeon general**
High Court quashes GMC's findings that psychiatrist abused his position
- 6 **China urged to compensate survivors of HIV blood scandal**
Europe needs more kidney transplants from living and dead donors



Care home residents, p 3

RESEARCH

RESEARCH HIGHLIGHTS

- 13 **The pick of BMJ research papers this week**
- RESEARCH NEWS
- 14 **All you need to read in the other general journals**
- RESEARCH PAPERS
- 16 **Differential risk of death in older residents in nursing homes prescribed specific antipsychotic drugs: population based cohort study**
K F Huybrechts et al
● EDITORIAL, p 7
- 17 **Effects of gestational age at birth on health outcomes at 3 and 5 years of age: population based cohort study**
Elaine M Boyle et al
- 18 **Incidence of diabetic retinopathy in people with type 2 diabetes mellitus attending the Diabetic Retinopathy Screening Service for Wales: retrospective analysis**
R L Thomas et al
- 19 **Developing a summary hospital mortality index: retrospective analysis in English hospitals over five years**
Michael J Campbell et al
- 20 **Observer bias in randomised clinical trials with binary outcomes: systematic review of trials with both blinded and non-blinded outcome assessors**
Asbjørn Hróbjartsson et al

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COMMENT

EDITORIALS



Tic disorders, p 10

- 7 **Antipsychotic prescribing in nursing homes**
Jenny McCleery and Robin Fox
● RESEARCH, p 16
- 8 **Higher senior staffing levels at weekends and reduced mortality**
Andrew F Goddard and Peter Lees
- 9 **Antiretroviral therapy and sexually transmitted HIV infection**
George W Rutherford
- 10 **Tic disorders**
James F Leckman
- 12 **Treating sciatica in the face of poor evidence**
Roger Chou

FEATURES

- 21 **Speeding up access to new drugs**
Plans to cut the time it takes to get innovative treatments into clinical practice are finally to be put out to consultation next month. Nigel Hawkes provides a reminder of the key points
- 22 **Hospitals: what do they do and how much does it cost?**
John Appleby takes a look at where the NHS budget goes and what hospitals do now
- 24 **Sports and Exercise Team of the Year**
Zosia Kmietowicz introduces the sports and exercise medical teams shortlisted for the 2012 BMJ Group award



ANALYSIS

- 25 **Will the health service unravel?**
Despite recent amendments to England's health bill in response to opposition, Allyson Pollock, David Price, and Peter Roderick argue that it will enable charging for health services that are currently free



Playwright A J Cronin, *Between the Lines*, p 34

COMMENT

LETTERS

- 28 Psychoanalysis debate
- 29 Mental health statistic
- 30 Minimum alcohol pricing; Motorway speed limit increase; UK medical device regulation; Hormone replacement therapy
- 31 GP led commissioning

OBSERVATIONS

ON THE CONTRARY

- 32 Deaths from smoking: the avoidable holocaust
Tony Delamothe

VIEWS AND REVIEWS

PERSONAL VIEW

- 33 NHS "reform" in England: where is the public interest?
David J Hunter, Gareth H Williams

BETWEEN THE LINES

- 34 What a nerve Theodore Dalrymple

MEDICAL CLASSICS

- 34 A New Electronic Theory of Life by Otto Overbeck
James Stark



NHS "reform" in England, p 33

OBITUARIES

- 35 Alfred Nowell Hamilton Peach, and others

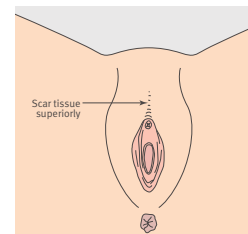
LAST WORDS

- 49 Are nurses better than doctors? Des Spence
Boundaries Robin Ferner

EDUCATION

CLINICAL REVIEW

- 37 Female genital mutilation: the role of health professionals in prevention, assessment, and management
Jane Simpson et al



PRACTICE

PRACTICE POINTER

- 42 Healthier ageing
Phyo Kyaw Myint, Ailsa A Welch

EASILY MISSED?

- 45 Pheochromocytoma
Angus G Jones et al

ENDGAMES

- 46 Quiz page for doctors in training

MINERVA

- 50 Effect of alcohol on surgical performance, and other stories

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BETHANY CLARKE/GETTY IMAGES

PICTURE OF THE WEEK

Artist Richard Neave admires the sculpture "Sprinting" that he created with Denise Smith on 12 March 2012 in London. The model shows the body of elite athlete Richard Whitehead and forms the centre piece at the Anatomy Of An Athlete Exhibition, which opened this week at the Hunterian Museum

BMJ.COM POLL

Last week we asked, "Should everyone over 65 be screened for atrial fibrillation?"

61% voted YES (total 810 votes cast)

This week's poll asks: "Should Tony Nicklinson, who has locked-in syndrome, get medical help to end his life?"

(Man is granted right to seek declaration allowing a doctor to kill him, p 2)

► bmj.com Cast your vote

MOST READ ON BMJ.COM

Effects of gestational age at birth on health outcomes at 3 and 5 years of age: population based cohort study

How safe are metal-on-metal hip implants?

Screening and cervical cancer cure: population based cohort study

Differential risk of death in older residents in nursing homes prescribed specific antipsychotic drugs: population based cohort study

Mobile phone use and glioma risk: comparison of epidemiological study results with incidence trends in the United States

RESPONSE OF THE WEEK

Asking UK citizens what they think of the NHS is a bit like asking North Koreans what they think of their country; 'Everything in the garden's rosy.' But, as Charles Moore in the *Daily Telegraph* said (2 March), this is a position 'that cannot be sustained after 10 minutes' conversation with any citizen of another developed country.'

From a consumer's point of view, the NHS is consistently ranked outside the top 10 health systems in Europe, usually about 14th, (Euro Health Index, 2009). All the top 10 are insurance based systems; as the index's authors point out, 'Bismarck beats Beveridge every time!' The NHS is not world class, it's mediocre, average, OK. If it were a football team, it would be Wigan Athletic, not Manchester United.

Oscar Wilde's Lord Illingworth opines, 'Discontent is the beginning of the success of a nation.' In the same way, the NHS will never be truly world class until the users of it realise that there are better ways of doing things, and that they've been kept ignorant too long by vested interests.

Paul E Shannon, anaesthetist, Doncaster and Bassetlaw Hospitals NHSFT, Doncaster, in response to "How the NHS measures up to other health systems" (*BMJ* 2012;344:e1079)

EDITOR'S CHOICE

Propheying doom

By and large doctors are pragmatists, with their patients' interests at heart. They will get on and deliver the service

In Greek mythology, Cassandra prophesied the destruction of Troy, but no one believed her. Allyson Pollock may understand something of Cassandra's frustration. Pollock has been prophesying the destruction of the NHS for years, with increasing command of evidence and language. Her warnings have become more dire as the threats she sees to the basic tenets of the NHS have grown.

This week, with colleagues, she presents a bleak view of what the latest reforms to the NHS in England will bring (p 25). Their legal analysis of the legislation concludes that the changes will enable commissioning groups to charge for health services that are currently free, exclude patients on eligibility criteria as yet undefined, and shake off responsibility for providing services for everyone living within a defined area. They see this as the route to reducing government funded provision, signalling a shift away from a mainly tax funded health service.

Whether Pollock will suffer the same fate as Cassandra—to be right and be ignored—only time will tell. With the bill likely to be passed next week, even the outspoken Royal College of General Practitioners, whose members must bear the brunt of the reforms, has offered to work with the government if the bill does go through (p 1). This news should come as no great surprise. By and large doctors are pragmatists, with their patients' interests at heart. They will get on and deliver the service. The GPs' concerns about the bill—fragmentation of care, conflicts of interest, being made responsible for rationing services—have been strongly felt and

strongly expressed (<http://blogs.bmj.com/bmj/category/nhs-reform/>). But the college has taken the only reasonable course in seeking “an acceptable way forward” for the future stability of the NHS.

The *BMJ* will need to make a similar shift, away from focusing on the many inadequacies of the bill and towards limiting its damage once enacted. But meanwhile there's more to be said about the poverty of the debate and political process that got us here. David Hunter and Gareth Williams offer their own scathing view (p 33). “Rescuing the debate about the kind of health system we want to nurture and sustain means removing it from the simplistic market based nostrums of economists,” they say.

Readers in other parts of the British Isles, not to mention other parts of the world, are likely to find our coverage of England's health reforms boring at best and highly annoying at worst. In our defence, England encompasses 53 million people, compared with some nine million in the rest of the UK. And the world looks to the NHS as an exemplar of sorts, even if it's one that no one else has chosen to emulate. Last week I spoke to the president of the American Society of Nephrology, who wanted his members to understand why so many voices, including the *BMJ*'s, were raised against the UK government. I did my best to explain. We agreed that, with Obama's health reforms stumbling towards more socialised medicine, somewhere in the mid-Atlantic there may be a sunlit patch of sea enjoying the perfect health system.

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