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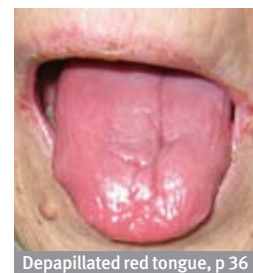
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PICTURE OF THE WEEK

The exhibition *Spare Parts*, curated by Australian artist and amputee Priscilla Sutton, is on show at The Rag Factory in London to coincide with the 2012 Paralympic Games. It is composed of prosthetic limbs transformed into pieces of art. Ms Sutton hopes that the Games will help to break down misconceptions and inspire amputees. She believes that high profile athletes like Oscar Pistorius, who became the first amputee to compete in the main Olympics, are sending out positive messages about people with prosthetic limbs. The exhibition runs until 9 September. See <http://spareparts2012.com/>.

RESPONSE OF THE WEEK

I am not a specialist in diabetes, but I do see many patients with type 2 diabetes. I also try, probably with limited success, to teach something about the therapeutics of diabetes to medical students. I would suggest that the crisis in diabetes is deeper than this article suggests and is also to do with the fact that no one, however expert, seems very confident about pathways of care. Between metformin and insulin what should we do to optimise outcomes, both microvascular and macrovascular? Insulin itself is beset by controversy. Current guidelines are not very helpful, and they really lack the evidence to be more so. In these circumstances we can assess organisational deficiencies but do we even know what to look for with respect to clinical ones?

Michael Schachter, clinical pharmacologist, Imperial College London, UK, in response to "The crisis in diabetes care in England" (Editorial, p 5).



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Bad medicine: private practice
 Diagnosis and management of cellulitis
 Transcatheter aortic valve implantation (TAVI): risky and costly
 We should not let families stop organ donation from their dead relatives

BMJ.COM POLL

Our last poll asked:
 "Should doctors allow families to veto organ donation requested by their dead relatives?"

81.5% voted no (total 1570 votes cast)

► Personal View (*BMJ* 2012;345:e5275)

This week's poll asks: "Do abstinence programmes have a role in the treatment of heroin addiction?"

► Views & Reviews (*BMJ* 2012;345:e5670)

► Vote now on bmj.com



EDITOR'S CHOICE

Public health: what's the big idea?

“Public health must regain the capacity and will to . . . dare to confront power”

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It is refreshing, in an age of managerialist tinkering, to come across a grand vision, the rejection of the narrow language of individualism and choice in favour of the big picture. This is what Tim Lang and Geof Rayner offer in their invited essay (p 17), in which they argue that public health thinking needs an overhaul and a new model that is fit for the 21st century. Tracing the public health project back to its 18th century origins, they examine the shifting definition of the term. What, they ask, can a model that focused on sanitation, medical infrastructure, and education in personal hygiene say about the public health challenges of today? The challenges they cite include escalating climate change, a world population of nine billion, “mass consumerism shaped by globalised media,” and “the global co-incidence of mass hunger and mass obesity and non-communicable disease.”

Public health, say Lang and Rayner, needs the vision of a Darwin, a Beveridge, or a Roosevelt: “big thinking about the nature of life, good societies, order, and change.” The model they propose is ecological public health, which demands “a new mix of interventions and actions to alter and ameliorate the determinants of health.” This model seeks to achieve “sustainable planetary, economic, societal, and human health; and the active participation of movements to that end.”

But what exactly does this big idea mean? “Telling families who live in poverty that they should make healthy choices ignores the conditions that prevent them doing so,” say Lang and Rayner, in one example. “What is needed is a world in which fitness and sustainable diets are built into daily lives.”

How do we get there? Facing up to corporate power and

cracking down on the food and drink industries—instead of inviting them to enter into partnership with public health in ill thought out responsibility deals—might be one way, as Gerald Hastings argues in a related article on bmj.com (*BMJ* 2012;345:e5124). “Far from tackling and challenging the corporate marketers, we seem set on doing their bidding,” says Hastings. “We work with them on the Drinkaware Trust, in full knowledge that this makes us no more than junior executives in a textbook example of stakeholder marketing.” Instead, say Lang and Rayner, “Public health must regain the capacity and will to . . . dare to confront power.”

The need to confront power comes across strongly elsewhere in this week's *BMJ*. Gerry Rayman and Anne Kilvert describe the crisis in diabetes care in England (p 5), where we are far from achieving a world class diabetes service by the 2013 target. What has gone wrong? With type 2 diabetes rising dramatically, say Rayman and Kilvert, “the responsibility for providing care for most patients with diabetes has fallen to general practitioners and practice nurses. However, in many areas the infrastructure to deal with the load is inadequate.” And in their editorial on the latest report from the Commission on the Social Determinants of Health (p 7), David Hunter and James Wilson confront the difficulties of tackling avoidable health inequalities. How should doctors seeking to make progress in these spheres act? Lang and Rayner have a suggestion: “Specialists need to be noisy and to build alliances.”

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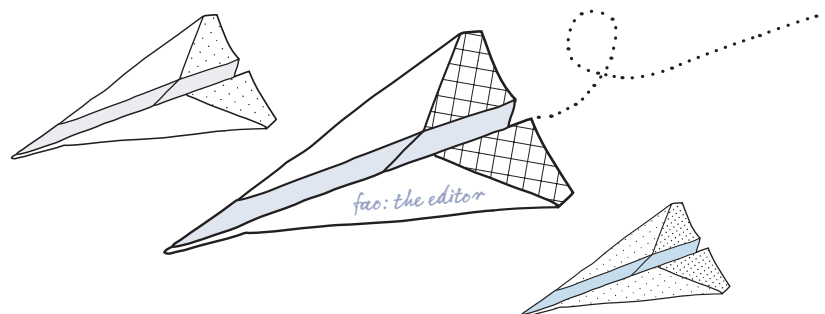
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