



● ANALYSIS, p 18

## NEWS

- 1 Consultants should review patients every 24 hours  
MPs urge NICE to make drug companies provide all clinical trial data
- 2 League tables "will drive improvements" in hospitals  
New bill aims to embolden doctors to practise innovative medicine
- 3 Rate of severe disability among very premature babies has not changed  
Personal health budgets will be rolled out to more than 50 000 people
- 4 NHS is "full" owing to rise in emergency admissions and failures to discharge  
Surgeon takes claim of dismissal over whistleblowing to High Court  
US judge orders tobacco firms to admit "fraudulently denying" harms of smoking
- 5 Transforming lives through access to antiretrovirals  
High risk groups need regular HIV tests to reduce late diagnoses
- 6 *Daily Mail* story on care of sick babies was "highly misleading," says *BMJ* editor



Health secretary Hunt argues for hospital league tables, p 2

## RESEARCH

### RESEARCH HIGHLIGHTS

- 11 The pick of *BMJ* research papers this week

### RESEARCH NEWS

- 12 All you need to read in the other general journals

### RESEARCH PAPERS

- 14 Short term outcomes after extreme preterm birth in England: comparison of two birth cohorts in 1995 and 2006 (the EPICure studies)

K L Costeloe et al

● EDITORIAL, p 10

● RESEARCH, p 15

- 15 Neurological and developmental outcome in extremely preterm children born in England in 2006 and 1995: the EPICure studies

Tamanna Moore et al

● EDITORIAL, p 10

● RESEARCH, p 14

- 16 Detection rates of precancerous and cancerous cervical lesions within one screening round of primary human papillomavirus DNA testing: prospective randomised trial in Finland

Maarit K Leinonen et al

- 17 Impact on health inequalities of rising prosperity in England 1998-2007, and implications for performance incentives: longitudinal ecological study

Ben Barr et al

## COMMENT

### EDITORIALS

- 7 fMRI for vegetative and minimally conscious states  
Lynne Turner-Stokes et al



The debate in the United States over access to abortion, p 8

- 8 Contraception policies in the US are reactionary  
Michelle J Hindin et al
  - 9 Improving the process of translational research  
H Bart van der Worp and Peter A G Sandercock
  - 10 Long term follow-up of extremely preterm neonates  
Floriss Groenendaal and Cuno Uiterwaal
- RESEARCH, pp 14, 15

### ANALYSIS

- 18 Making medicines evergreen  
Andrew Hitchings, Emma Baker, and Teck Khong  
examine how drug companies maximise profits after patents expire and show why regulatory agencies, policy makers, and prescribers need to be alert to the use of these techniques

### FEATURES

- 21 Lifebox: Make it zero  
The *BMJ*'s Christmas appeal: pulse oximeters for all
- 22 Is abortion worldwide becoming more restrictive?  
Sophie Arie examines the differences in approach to abortion around the world
- 24 UK's shameful record on female genital mutilation  
Last month the Crown Prosecution Service announced plans to crack down on practitioners of female genital mutilation. Sue Lloyd-Roberts asks why we are lagging behind our European neighbours



How countries deal with female genital mutilation, p 24

Articles appearing in this print journal have already been published on *bmj.com*, and the version in print may have been shortened. *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*.

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

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.



Barriers to life insurance among patients with melanoma, p 30

## COMMENT

### LETTERS

- 26 HRT and cardiovascular events
- 27 Content area experts as authors
- 28 Vitamin D deficiency; Hirschsprung's disease
- 29 Can suicide be prevented?; Changes to the GP contract; Revalidation and appraisal

## VIEWS AND REVIEWS



The influence of 19th century Viennese medicine, p 31

### PERSONAL VIEW

- 30 Patients are avoiding follow-up care to get insurance  
Ciarstan McArdle

### BETWEEN THE LINES

- 31 Pedantry and Patricia Highsmith Theodore Dalrymple

### MEDICAL CLASSICS

- 31 The Billroth Lecture A painting by Adalbert Franz Seligmann  
Desmond O'Neill

## OBITUARIES

- 35 Hugh Henry Bentall  
A pioneer in heart-lung surgery

## LAST WORDS

- 47 All in it together? Des Spence  
Lest we forget Mary E Black

## EDUCATION

### CLINICAL REVIEW

- 33 Advances in radiotherapy  
Saif S Ahmad et al

## PRACTICE

### THERAPEUTICS

- 39 Emergency oxygen use  
Ronan O'Driscoll

### UNCERTAINTIES

- 43 Does routine oxygen supplementation in patients with acute stroke improve outcome?  
S J Pountain and C Roffe

## ENDGAMES

- 46 Quiz page for doctors in training

## MINERVA

- 48 Mothers' kisses, and other stories



Oxygen use in medical emergencies, p 39

# Join your colleagues.

## BMJ Masterclasses

[masterclasses.bmj.com](http://masterclasses.bmj.com)





The Editor, *BMJ*

BMA House, Tavistock Square,  
London WC1H 9JR

Email: [editor@bmj.com](mailto:editor@bmj.com)

Tel: +44 (0)20 7387 4410

Fax: +44 (0)20 7383 6418

**BMA MEMBERS' INQUIRIES**

Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)

Tel: +44 (0)20 7383 6642

**BMJ CAREERS ADVERTISING**

Email: [sales@bmjcareers.com](mailto:sales@bmjcareers.com)

Tel: +44 (0)20 7383 6531

**DISPLAY ADVERTISING**

Email: [sales@bmjgroup.com](mailto:sales@bmjgroup.com)

Tel: +44 (0)20 7383 6386

**REPRINTS**

UK/Rest of world

Email: [ngurneyrandall@bmjgroup.com](mailto:ngurneyrandall@bmjgroup.com)

Tel: +44 (0)20 8445 5825

USA

Email: [mfogler@medicalreprints.com](mailto:mfogler@medicalreprints.com)

Tel: +1 (856) 489 4446

**SUBSCRIPTIONS**

BMA Members

Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)

Tel: +44 (0)20 7383 6642

Non-BMA Members

Email: [support@bmjgroup.com](mailto:support@bmjgroup.com)

Tel: +44 (0)20 7383 6270

**OTHER RESOURCES**

For all other contacts:

[resources.bmj.com/bmj/contact-us](http://resources.bmj.com/bmj/contact-us)

For advice to authors:

[resources.bmj.com/bmj/authors](http://resources.bmj.com/bmj/authors)

To submit an article:

[submit.bmj.com](http://submit.bmj.com)

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2012 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

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 Polestar Limited



ASER GARCÍA RADA

## PICTURE OF THE WEEK

Doctors protesting against cuts and privatisation plans in Madrid have been staging the largest protests ever of healthcare workers in Spain. The protests to “defend public healthcare” have included strikes, with around 80% of doctors in some areas stopping work. A petition containing one million signatures has been presented to Madrid’s regional authorities calling on them to withdraw the privatisation proposal.

## RESPONSE OF THE WEEK

Mammography mam? Sure. Efficacy? Not so good. But still. It is the right thing to do.

Movember!! PSA testing? Right away. No proven mortality benefit though.

Varenicline. Hmm. Tough one that. Might be dangerous. Better stick with cigarettes for the time being. We know they only cost the average female smoker’s life by a decade.

Madness? Oh yes.

Stephen Workman, internist, Dalhousie University, Halifax, Nova Scotia, Canada, in response to “Stopping smoking—carpe diem?” (*BMJ* 2012;345:e7324)

## BMJ.COM POLL

Last week’s poll asked: “Is there value in conducting periodic health checks?”

**63.5%** voted yes (total 653 votes cast)

► Research (*BMJ* 2012;345:e7191)

This week’s poll asks: “Is it ethical to donate secondhand implantable devices to the developing world?”

► *BMJ* blogs (<http://blogs.bmj.com/bmj/2012/12/03/rej-bhumbra-is-it-ethical-to-donate-second-hand-implantable-devices-to-the-developing-world/>)

► **Vote now on [bmj.com](http://bmj.com)**

## MOST READ

MPs are to investigate need for drug companies to share clinical trial data

How should we define health?

Muscular strength in male adolescents and premature death: cohort study of one million participants

Liverpool care pathway: doctors speak out  
Plantar fasciitis

## MOST SHARED

Use of HbA<sub>1c</sub> in the diagnosis of diabetes

Treatment of sleep disorders with melatonin)

Prostitutes I have had

The UK’s Research Excellence Framework 2014

Using end of life care pathways for the last hours or days of life

## EDITOR'S CHOICE

## Oxygen and publicity

**Clinicians are uncertain about whether to give oxygen, when, and at what dose**

Christmas is coming and this week we launch the *BMJ*'s Christmas appeal. After last year's success, when *BMJ* readers gave over £30 000 to buy 187 pulse oximeters for use in 10 low resource countries, we are supporting the Lifebox Foundation again. As Sarah Kessler reports (p 21) the charity was overwhelmed by your generosity and grateful for your feedback—both in person, when some of you picked up oximeters to hand deliver on trips abroad, and in rapid responses on *bmj.com*.

Some of you will remember that there were critical voices among those rapid responses, asking about cost and effectiveness. We felt that Lifebox responded robustly (*BMJ* 2012;344:e219, e417) and we are pleased to be supporting them again, with your help. Kessler explains that the Lifebox oximeter has an audible tone that drops as a patient's oxygen saturation decreases. "In the past year, the changing of the beep has identified internal haemorrhage during emergency caesarean sections while there was still time to act, been the eyes and ears of the surgical team in a suddenly dark operating theatre when the generator failed again, and alerted an anaesthesia provider to an oesophageal intubation." You can donate via [lifebox.org/donations](http://lifebox.org/donations) or by using the coupons in the print journal.

The dangers of too much rather than too little oxygen are a key message of this week's Therapeutics article (p 39). The British Thoracic Society guidelines recommend controlled rather than high concentration oxygen in people with acute exacerbation of chronic obstructive pulmonary disease. These patients can otherwise be tipped into fatal acidotic hypercapnic respiratory failure, as is the patient in our case scenario. And as Ronan

O'Driscoll explains, evidence now supports a similarly cautious approach in people with acute asthma and pneumonia and in obesity-hypoventilation syndrome.

O'Driscoll also lists medical emergencies in which oxygen was given routinely in the past but is now advised only if the patient is hypoxaemic. The list includes stroke, but S J Pountain and C Roffe think there is still uncertainty about this (p 43). They ask whether patients with acute stroke should be given oxygen routinely. Clinical guidelines differ across countries and have changed over time with no justification, they say. Hypoxia is common in the hours immediately after a stroke, yet the limited evidence they have found shows no clear impact of oxygen on survival or disability. Unsurprisingly, clinicians are uncertain about whether to give oxygen, when, and at what dose. Some trials are under way that may provide answers.

Finally, on a rather different subject, we were impressed by a recent BBC *Newsnight* investigation into the growing prevalence of female genital mutilation in the United Kingdom. So we asked BBC special correspondent Sue Lloyd-Roberts to write about it. She compares the UK's "shameful record" of inaction with the far more vigorous approach taken by the authorities in France. The UK's director of public prosecutions has now produced an action plan that will explore the reporting duties of doctors. Female genital mutilation maims children and women. We must put their welfare ahead of misplaced concerns about cultural sensitivity. It is illegal. If you suspect it, report it.

**Fiona Godlee, editor, *BMJ*** [fgodlee@bmj.com](mailto:fgodlee@bmj.com)

Cite this as: *BMJ* 2012;345:e8285

► To receive Editor's Choice by email each week, visit [www.bmj.com/newaccount](http://www.bmj.com/newaccount)

#### Twitter

► Follow the editor, Fiona Godlee, at [twitter.com/fgodlee](https://twitter.com/fgodlee), and the *BMJ* at [twitter.com/bmj\\_latest](https://twitter.com/bmj_latest)



#### Sign up today using your smartphone

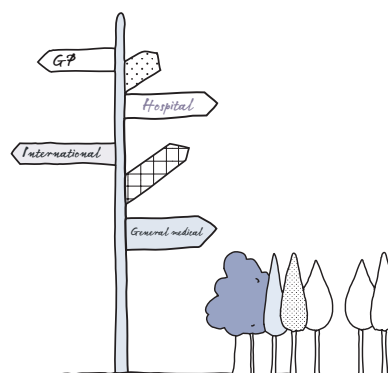
—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your smartphone over the QR code
- You will then be forwarded to the email sign up page

## Time for a change? Visit BMJ Careers today

Hospital, GP, PCT, general medical, national, international  
—whatever type of job you're looking for, BMJ Careers is the place to go. Either browse for medical vacancies or set up tailored email alerts and let the right job find you with BMJ Careers.

Visit  
[careers.bmj.com](http://careers.bmj.com)



**BMJ Careers**