

MALCOLM WILLET

● FEATURE, p 21

NEWS

- 1 Dutch GPs agree to refer fewer patients and prescribe more generics
US Supreme Court upholds Obama's health reform
- 2 GlaxoSmithKline is fined record \$3bn in US
Closure of surgery was a casualty of NHS changes
- 3 Women report agony and turmoil over PIP implants scandal on web forum
Trust was warned not to sign PFI deal that left it needing a bailout
- 4 Case reopens against cardiologist facing charges of sexual abuse
GPs and specialists lack understanding and respect for each other, report says
- 5 Up to two thirds of the 100 trusts will not achieve foundation status
Plans are discussed for regulating fertility care and human tissues
- 6 Doctors call for further industrial action in bitter pension dispute
BMA members reject calls to switch to neutral stance on assisted dying



US health reforms, pp 1, 12

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 Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women: prospective cohort study
Pagona Lagiou et al
● EDITORIAL, p 7
- 17 Frequency and risk factors for prevalent, incident, and persistent genital carcinogenic human papillomavirus infection in sexually active women: community based cohort study
Pippa Oakeshott et al
- 18 Derivation and validation of updated QFracture algorithm to predict risk of osteoporotic fracture in primary care in the United Kingdom: prospective open cohort study
Julia Hippisley-Cox and Carol Coupland
● EDITORIAL, p 8
- 19 Effect of editors' implementation of CONSORT guidelines on the reporting of abstracts in high impact medical journals: interrupted time series analysis
Sally Hopewell et al
- 20 High reprint orders in medical journals and pharmaceutical industry funding: case-control study
Adam E Handel et al

COMMENT

EDITORIALS

- 7 Low carbohydrate-high protein diets
Anna Floegel and Tobias Pischon
● RESEARCH, p 16
- 8 Osteoporosis risk assessment
Cyrus Cooper and Nicholas C Harvey
● RESEARCH, p 18
- 9 People and planet: from vicious cycle to virtuous circle
David Pencheon
- 10 New UK guidance on industry-health professional collaboration
Barbara Mintzes
- 11 Meeting an unmet need for family planning
Gavin Yamey et al
- 12 The US Supreme Court's ruling on Obamacare
Robert Steinbrook



Low carb diets, pp 7, 16

FEATURES

- 21 Performance data: ready for the public?
A decade after the Bristol inquiry called for the public to have more information about quality of care, data are still hard to come by, finds Aniket Tavare
- 24 Down on the "pharm"
"Pharming"—using GM plants to manufacture biopharmaceuticals—could give us cheaper drugs. But not everyone is convinced, reports Geoff Watts

ANALYSIS

- 25 Why vaccine programmes can no longer ignore non-specific effects
New evidence shows that live vaccines such as measles and BCG enhance general immunity as well as protecting against the target infection. Peter Aaby, Hilton Whittle, and Christine Stebell Benn argue that vaccination strategies must now take account of these non-specific effects



Measles vaccination may benefit girls more than boys, p 25

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Poisoning by cyanide, p 37

COMMENT

LETTERS

- 29 Exercise and depression
- 30 Information on the internet; Pancreatic adenocarcinoma
- 31 Comparing risk prediction models
- 32 Troubled Families Programme; UK as leader in safety; Dabigatran thrombotic events

OBSERVATIONS

BODY POLITIC

- 33 The NHS must change or die Nigel Hawkes

YANKEE DOODLING

- 34 Direct primary care: a new system for general practice Douglas Kamerow

VIEWS AND REVIEWS

PERSONAL VIEW

- 36 Ensuring women have access to safe abortion is "pro-life" Alice Clack, Patricia Lledo-Weber

REVIEW OF THE WEEK

- 36 Obesity exposé offers slim pickings J T Winkler

BETWEEN THE LINES

- 37 Forensic obsessions Theodore Dalrymple

MEDICAL CLASSICS

- My Left Foot by Christy Brown Ian B Johnston



The Men Who Made Us Fat, p 36

OBITUARIES

- 38 John Stuart Gregory; Akhil Kapur; Kathleen Mary McCartie; Louis Joseph Rosin; Dora Janet Burman Savage; John Cecil Nicholson Wakeley; Sakalakalavathy Umachandran

LAST WORDS

- 51 Bad medicine: chest examination Des Spence
Exclusive! Journalist admits to getting it wrong
Colin Brewer

EDUCATION

CLINICAL REVIEW

- 39 Perioperative management of patients taking treatment for chronic pain
Conor Farrell and Paul McConaghy

PRACTICE

GUIDELINES

- 43 Management of venous thromboembolic diseases and the role of thrombophilia testing: summary of NICE guidance Lee-Yee Chong et al

QUALITY IMPROVEMENT REPORT

- 45 Lessons from the Johns Hopkins Multi-Disciplinary Venous Thromboembolism (VTE) Prevention Collaborative Michael B Streiff et al

ENDGAMES

- 50 Quiz page for doctors in training

MINERVA

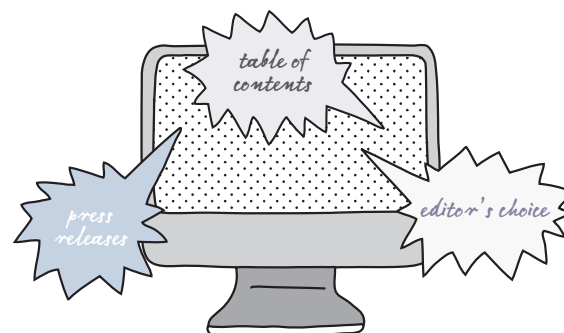
- 52 Caffeine consumption and heart failure, and other stories



Soft tissue TB, p 52

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MARLYNN K'YEE/THE NEW YORK TIMES/REDUX/EYEVINE

PICTURE OF THE WEEK

A man works out at New York City's first playground for adults. In a bid to tackle obesity by promoting more active lifestyles, the city has been testing the adult playground concept and now plans to open more than another 20 such playgrounds over the next 18 months.

RESPONSE OF THE WEEK

We believe that income from reprints creates conflicts of interest for journals, and a first step should be that editors disclose this information to journal readers, in just the same way that editors ask authors to disclose their conflicts of interest. However, disclosure does not eliminate the conflict. One alternative strategy could be not to publish the results of trials in journals but on public websites, and the role of journals could therefore be to discuss the results. A less radical approach would be only to publish trials in open access journals, where readers can read and print articles for free, as this would remove the journals' income from reprint sales.

Andreas Lundh, Asbjørn Hróbjartsson, and Peter C Gøtzsche, Nordic Cochrane Centre, Rigshospitalet, Copenhagen, Denmark, in response to "High reprint orders in medical journals and pharmaceutical industry funding: case-control study" (*BMJ* 2012;344:e4212)

MOST READ ON BMJ.COM

Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women: prospective cohort study

Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial

High reprint orders in medical journals and pharmaceutical industry funding: case-control study

Effectiveness of home based early intervention on children's BMI at age 2: randomised controlled trial

BMJ.COM POLL

Last week's poll asked:

"Will the Olympics increase young people's participation in sport?"



50.1% voted no (total 896 votes cast)

► Feature: *BMJ* 2012;344:e4207

This week's poll asks:

"Does having a medical parent help or hinder?"

► Views & Reviews: *BMJ* 2012;344:e4392

► Vote now on bmj.com

EDITOR'S CHOICE

Publish your team's performance

There is good evidence that it improves clinical outcomes, and patients have a right to know where to find the best treatment and which teams to avoid

Clinical leadership in medicine can be hard to find, and good leadership even harder. One shining example in the UK in the past decade has been Bruce Keogh, now medical director of the NHS in England. As president of the Society of Cardiothoracic Surgeons in the aftermath of the Bristol paediatric cardiac surgery scandal, he persuaded his colleagues to make their mortality data publicly available. Since 2006 the raw data for individual cardiothoracic surgeons have been openly displayed online against an expected mortality range based on patient characteristics (<http://heartsurgery.cqc.org.uk>).

Admittedly, as Aniket Taware explains (p 21), the society's hand was forced by a freedom of information request to hospital trusts in 2005. But things were already in train, and Keogh and colleagues delivered and have stood by their commitment to transparency.

What seemed remarkable at the time seems even more so now, because no other specialty has managed to do the same. The nephrologists get an honourable mention in Taware's article, for publishing clinical outcomes for each renal centre, but this doesn't match the feat of the cardiothoracic surgeons.

Why should doctors measure and publicise their team's clinical performance? Because there is good evidence that it improves clinical outcomes, and because patients have a right to know where to find the best treatment and which teams to avoid. Despite some evidence that patients don't act on this kind of information, a recent initiative shows that they will if it's presented in the right way. Barnsley primary care trust assessed all its general practices against agreed best practice for 13 common conditions. Good performers got a green tick logo and the results were widely

publicised. Between 5000 and 7000 patients changed practice as a result.

Taware gives some of the reasons behind doctors' unwillingness to be measured. Not least are legitimate concerns about which measures to use and the quality of the data. But as Keogh said at the time, "[Technical] shortcomings are not important in the grand scheme of public disclosure."

There has been progress in the past six years. The Department of Health's information strategy has committed to publishing all outcomes data at clinical team level from national audits from April 2012. And from April 2013 the General Practice Extraction Service will join the Hospital Episode Statistics data, putting the UK in a globally unique position for evaluating outcomes across primary and secondary care.

But where is the clinical leadership pushing for public access to performance data of individual clinical teams? It hasn't come from the royal colleges. Perhaps, given the example of the cardiovascular surgeons, medical societies and associations are better equipped for this role. So where are they? Let's name a few in the hope of hearing from them: the British Thoracic Society, the British Cardiovascular Society, the British Association of Dermatologists, the British Society of Gastroenterology, the British Association of Urological Surgeons, the joint British Diabetes Societies, and and the British Orthopaedic Association. What are you doing?

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