



● HEAD TO HEAD, p 20

## NEWS

- 1 GSK backs *BMJ*'s policy to publish only studies with full access to data  
Patients with type 1 diabetes do not get access to specialists, say experts
- 2 Neurologists appeal to health secretary over withdrawal of drug  
Genetics testing firm is accused of "hiding vital breast cancer data"
- 3 Health professionals come to the defence of the Liverpool care pathway  
Payment by Results system is outdated, says report
- 4 Patient had "do not resuscitate" notice "put in her notes without her knowledge"  
Presurgery chemotherapy may improve survival of patients with colon cancer
- 5 Private sector looks to NHS for work as private medical insurance falls  
Adding genetic risk to PSA test could cut cost of cancer screening
- 6 Hospital closes transplant list after errors shown  
Applying to do research studies in the NHS is to be made easier



Genetic risk testing in prostate cancer screening, p 5

## 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 Risk of cervical cancer after completed post-treatment follow-up of cervical intraepithelial neoplasia: population based cohort study  
Matejka Rebolj et al  
● EDITORIAL, p 7
- 15 Cost effectiveness of human papillomavirus test of cure after treatment for cervical intraepithelial neoplasia in England: economic analysis from NHS Sentinel Sites Study  
Rosa Legood et al  
● EDITORIAL, p 7
- 16 Vaccination of risk groups in England using the 13 valent pneumococcal conjugate vaccine: economic analysis  
Mark H Rozenbaum et al
- 17 Melatonin for sleep problems in children with neurodevelopmental disorders: randomised double masked placebo controlled trial  
P Gringras et al  
● EDITORIAL, p 8

## COMMENT

### EDITORIALS

- 7 Follow-up after treatment for cervical intraepithelial neoplasia  
Maaikje C G Bleeker et al  
● RESEARCH, pp 14, 15
- 8 Treatment of sleep disorders with melatonin  
Alexander Lerchl and Russel J Reiter  
● RESEARCH, p 17
- 9 Are taxes on fatty foods having their desired effects on health?  
Sinne Smed and Aileen Robertson
- 10 Use of HbA<sub>1c</sub> in the diagnosis of diabetes  
Andrew Farmer



Treating sleep disorders, p 8

## FEATURES

- 18 Rises in healthcare spending: where will it end?  
John Appleby examines why countries spend more and more of their wealth on healthcare and assesses its long term affordability

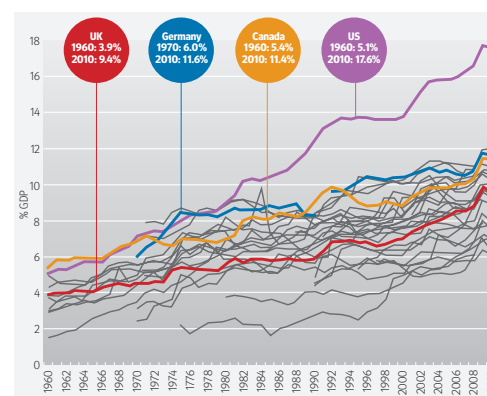
## HEAD TO HEAD

- 20 Should all advertising of cosmetic surgery be banned?

After the recent breast implant debacle, the Department of Health is reviewing cosmetic procedures in the UK, including advertising to the public. Fazel Fatah says advertising preys on patients' vulnerability and should be banned, but Sally Taber thinks regulation can give enough protection

## ANALYSIS

- 22 Content area experts as authors: helpful or harmful for systematic reviews and meta-analyses?  
Peter Gøtzsche and John Ioannidis argue that it is not always sensible to include subject experts as authors of systematic reviews and meta-analyses



The rising cost of healthcare as proportion of GDP, p 18

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.



Media coverage of the Liverpool care pathway, p 29

## COMMENT

### LETTERS

- 25 Avoiding acute adrenal crises; Clinical breast examination
- 26 Guidelines and multimorbidity; Shared decision making; Overtreatment
- 27 Cardiopulmonary resuscitation; India for surgical experience
- 28 Dental occlusion and headache; Evidence in guidelines; Clinical images in print

### OBSERVATIONS

#### MEDICINE AND THE MEDIA

- 29 The assault on the Liverpool care pathway  
Margaret McCartney

#### BODY POLITIC

- 30 Revalidation adds little to appraisal processes  
Nigel Hawkes

### VIEWS AND REVIEWS

#### PERSONAL VIEW

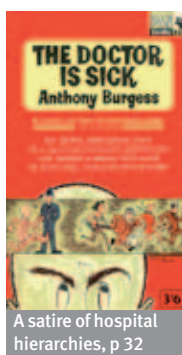
- 31 How it feels to withdraw feeding from newborn babies

#### BETWEEN THE LINES

- 32 Organised squirmings  
Theodore Dalrymple

#### MEDICAL CLASSICS

- 32 The Doctor is Sick  
A novel by Anthony Burgess  
Peter Davies



### OBITUARIES

- 33 Jadu Moni Bora; John Michael Dawson; Hugh Herbert; Alan H Roscoe; James Sinclair Stewart; Donald Crossley de Ville; Francis William Stanley Webb

### LAST WORDS

- 47 Medicine's dystopian future Des Spence  
Breaking good news Liam Farrell

## EDUCATION

### CLINICAL REVIEW

- 34 Preparing young travellers for low resource destinations  
Caoimhe Nic Fogartaigh et al

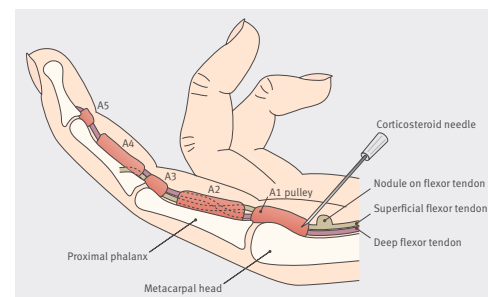
### PRACTICE

#### THERAPEUTICS

- 39 Inhaled corticosteroids for chronic obstructive pulmonary disease  
Hye Yun Park et al

#### 10-MINUTE CONSULTATION

- 44 Adult trigger finger  
John Henton et al



Managing trigger finger in a 62 year old woman, p 44

### ENDGAMES

- 46 Quiz page for doctors in training

### MINERVA

- 48 Red hair and sun exposure, and other stories

Too much  
information and  
not enough time?

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The Editor, *BMJ*  
 BMA House, Tavistock Square,  
 London WC1H 9JR  
 Email: editor@bmj.com  
 Tel: +44 (0)20 7387 4410  
 Fax: +44 (0)20 7383 6418  
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## PICTURE OF THE WEEK

The shadow of a protester is cast near drawings inspired by Pablo Picasso's painting *Guernica*, outside Madrid's Princesa Hospital, during a demonstration against the government's plans to cut spending on public healthcare this week. The region of Madrid will now join Catalonia by charging one euro for prescriptions, along with other cash saving measures that include the outsourcing of non-health related hospital services and the health services of six recently built clinics. One of the signs, third from the left, reads: "Public healthcare is sacrificed to save banks and transfer money to private healthcare."

## RESPONSE OF THE WEEK

This is a topic that requires a revolution in practices. Currently when a manufacturer submits data to the regulator, they are required to provide all completed trials. The regulator may subsequently ask for further data, but once satisfied gives approval or denial for marketing. The data then provided to the public and medical profession is a subset of the actual data.

My suggestion is that once approval is given it should be conditional on the provided data being freely accessible to the community for analysis and debate. This would enable other interested parties to test the manufacturer's conjectures of efficacy and safety. This would have the benefit of the data being vigorously perused by academics, competing manufacturers, and other interested parties. Should there have been any faults in the manufacturer's and regulator's analyses, they would potentially be found sooner with consequent community benefits.

Alastair Mander, geriatrician, private practice, Geelong, Australia, in response to "Clinical trial data for all drugs in current use" (*BMJ* 2012;345:e7304)

## BMJ.COM POLL

Last week's poll asked: "Is it unethical to donate used cardioverter defibrillators to patients in India?"

**81%** voted no (total 1028 votes cast)

This week's poll asks: "Should all cosmetic surgery advertising be banned?"

► Head to Head

Yes: (*BMJ* 2012;345:e7489)

No: (*BMJ* 2012;345:e7508)

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

## MOST READ

Plantar fasciitis

Benzodiazepine use and risk of dementia: prospective population based study

Cardiopulmonary resuscitation

Effect of hormone replacement therapy on cardiovascular events in recently postmenopausal women



## EDITOR'S CHOICE

## Promoting cosmetic surgery

**“Women are being pressured into thinking that all labia need to look the same and that if they differ, it is cause for surgery”**

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- You will then be forwarded to the email sign up page

There's a good debate in this week's journal on whether advertising for cosmetic surgery should be banned (p 20). Advertising to the public is already illegal in France, and the UK Department of Health is currently reviewing cosmetic practices, including advertising. Tell us what you think in our poll on [bmj.com](http://bmj.com) and by sending a rapid response.

The debate gives me a chance to reignite, I hope, a related controversy. At its annual meeting in Rome last month, the Federation of International Gynaecologists and Obstetricians included for the first time ever a presentation on cosmetic gynaecology. The event and subsequent outcry passed the *BMJ* by, but, according to the programme, US plastic surgeon Adam Ostrzenski spoke on vaginal rejuvenation techniques and “G-spotplasty.” As Ostrzenski writes on Facebook, “This invitation by FIGO is unquestionably the highest recognition of the cosmetic-plastic gynecologic field... FIGO by its invitation of cosmetic-plastic gynecology has continued elevating the level of recognition of the cosmetic-plastic gynecologic field.” (<http://on.fb.me/U6vRIR>)

He clearly thinks this is a good thing. Others do not. In a letter in September to FIGO's president, Gamal Serour, the Medical Women's International Association expressed its grave concern about the decision. “Women are being pressured into thinking that all labia need to look the same and that if they differ, it is cause for surgery,” it said. “Promoting and performing such surgery carries significant risks of physical and psychological harm to women and girls.” (<http://bit.ly/TtCHfB>)

The *BMJ* has form on this topic. Back in 2007, we published an article by Lih Mei Liao and Sarah Creighton on how to deal with requests for cosmetic genitoplasty

(*BMJ* 2007;334:1090). Demand was rising, they said. Their Google search on “labial reduction” produced around 490 000 results, with 47 of the first 50 being advertisements from clinics offering cosmetic genital surgery. Repeating that search today brings up over 2.7m results, with a similar overwhelming proportion of advertisements.

The authors concluded that surgery carried risks and there was no evidence of enduring psychological or functional benefit. Most of the women they interviewed were hesitant about recommending the procedures to other women. What was needed, said the authors, were alternative solutions to women's concerns about the appearance of their genitals. Instead we have the world's most prestigious gynaecological gathering giving unprecedented prominence to the practice. This does not look like an advance to me.

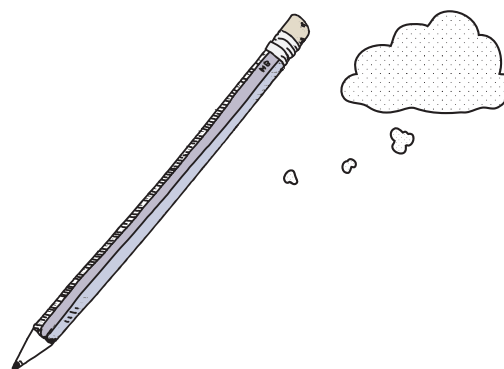
FIGO's mission is “to promote the wellbeing of women and to raise the standards of practice in obstetrics and gynecology.” It does admirable work, including speaking out against female genital mutilation. Its website says it views female genital mutilation “of any type” as a violation of the human rights of girls and women and that it works actively with other global organisations to help to eliminate it. But I could find no statement about cosmetic gynaecological surgery. It would be good to hear from Professor Serour. Does he plan more sessions on vaginal rejuvenation at next year's FIGO meeting, or might it be time for FIGO to speak out against the epidemic rise in such practices?

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

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