EDITORIAL, p 7
RESEARCH, pp 14, 15
PERSONAL VIEW, p 31

NEWS

Banned for executions, p 4

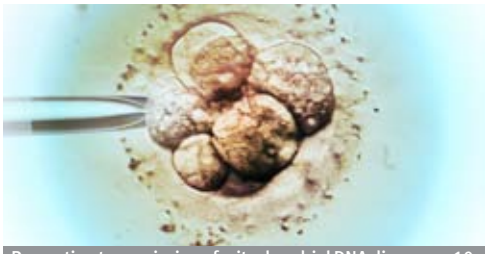
RESEARCH

RESEARCH HIGHLIGHTS

RESEARCH NEWS

RESEARCH PAPERS

COMMENT



Preventing transmission of mitochondrial DNA disease, p 10

EDITORIALS

FEATURES

ANALYSIS

Nigel Crisp's essay, p 22

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.

MDMA in TV show trial, p 30

COMMENT

LETTERS

OBSERVATIONS

LIFE AND DEATH

MEDICINE AND THE MEDIA

VIEWS AND REVIEWS

PERSONAL VIEW

EDITORIAL, p 7
RESEARCH, pp 14, 15

BETWEEN THE LINES

MEDICAL CLASSICS

Nijinsky's account of mental illness, p 32

OBITUARIES

LAST WORDS

EDUCATION

CLINICAL REVIEW

PRACTICE

QUALITY IMPROVEMENT REPORT

A PATIENT'S JOURNEY

ENDGAMES

MINERVA

BMJ

6 October 2012 Vol 345

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
BMA MEMBERS' INQUIRIES
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
BMJ CAREERS ADVERTISING
Email: sales@bmjcareers.com
Tel: +44 (0)20 7383 6531
DISPLAY ADVERTISING
Email: sales@bmjgroup.com
Tel: +44 (0)20 7383 6386
REPRINTS
UK/Rest of world
Email: ngurneyrandall@bmjgroup.com
Tel: +44 (0)20 8445 5825
USA
Email: mfogler@medicalreprints.com
Tel: + 1 (856) 489 4446
SUBSCRIPTIONS
BMA Members
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
Non-BMA Members
Email: support@bmjgroup.com
Tel: +44 (0)20 7383 6270
OTHER RESOURCES
For all other contacts:
resources.bmj.com/bmj/contact-us
For advice to authors:
resources.bmj.com/bmj/authors
To submit an article:
submit.bmj.com

BMJ Group

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) and the code on good publication practice produced by the Committee on Publication Ethics (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.

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

AG RESEARCH LIMITED

PICTURE OF THE WEEK

Daisy, a genetically modified calf, was engineered by New Zealand scientists to produce milk containing a greatly reduced amount of β-lactoglobulin, a protein that is not present in human breast milk and can cause allergic reactions. The resulting calf was born without a tail; however, the researchers do not believe it was caused by the genetic modification. The team now wants to breed from Daisy and to determine the milk composition and yield from lactation.

MOST READ ON BMJ.COM

Benzodiazepine use and risk of dementia

Clinicians' gut feeling about serious infections in children

Cardiovascular disease risk in healthy children and its association with body mass index

Diagnosis and management of headaches in young people and adults

BMJ.COM POLL

Our last poll asked:
"Does celebrity involvement in public health campaigns deliver long term benefit?"

53.5% voted no (total 535 votes cast)

- Head to Head
Yes: (*BMJ* 2012;345:e6364)
No: (*BMJ* 2012;345:e6362)

This week's poll asks:
"Would a 'tan tax' on indoor tanning salons be an appropriate deterrent?"

- Editorial, p 7 (*BMJ* 2012;345:e6101)
- Research, pp 14, 15 (*BMJ* 2012;345:e4757 and *BMJ* 2012;345:e5909)
- Personal View, p 31 (*BMJ* 2012;345:e6550)
- Vote now on bmj.com

RESPONSE OF THE WEEK

"As a pediatrician for 50+ years, I cannot agree more—call it "gut feeling," instinct, or whatever. It is extremely important in a busy sick patient pediatric practice, and there are some physicians who do not have it (and cannot learn it). The ability to walk into an examining room and immediately "sense" that there is something serious going on is what differentiates a pediatrician from an excellent pediatrician. I have worked with many pediatric residents, and some have "it" and are good, and some do not have "it" and are average and will never learn it."

Horst D Weinberg, paediatrician, Sacramento, California, USA, in response to "Clinicians' gut feeling about serious infections in children: observational study" *BMJ* 2012;345:e6144

MOST COMMENTED ON BMJ.COM

Good medicine: homeopathy

The UK needs office dermatologists

Making a diagnosis in patients who present with vertigo

Cardiovascular disease risk in healthy children and its association with body mass index

Is bioethics a bully?

EDITOR'S CHOICE

Overtreatment, over here

Instead of asking your next patient "What's the matter?" you could ask "What matters to you?"

How much of what we offer to patients is unnecessary? Worse still, how much harm do we do to individuals and society through overtreatment? In the 30 years since Ivan Illich wrote his seminal and, at the time, shocking book *Medical Nemesis*, the idea that medicine can do clinical and societal harm as well as good has become commonplace. But are we doing enough to bring medicine's harmful hubris under control?

The answer, in the United States at least, is no. Earlier this year, concerned individuals from a range of backgrounds met in Cambridge, Massachusetts, to explore the problem of overtreatment. As Sharon Brownlee explains in a video on bmj.com, her starting point for concern—and the inspiration for her book on overtreatment in America—was the realisation that, alone among developed nations, America's per capita spending was rising sharply while life expectancy was not. The problem is complex and the list of potential contributing factors long. As Jeanne Lenzer reports (p 19), reasons for overtreatment identified at the meeting include fear of malpractice lawsuits, supply driven demand, knowledge gaps, biased research, profit seeking, patient demand, financial conflicts of guideline writers, failure to fully inform patients of the potential harms of elective treatments, and the way American physicians are paid by a fee for service.

Are other parts of the world similarly affected? Growing evidence of practice variation in other developed countries suggests that they are, though possibly to a lesser extent. As Margaret McCartney writes in an accompanying commentary (p 20), England and Wales benefit from the National Institute for Health and Clinical Excellence (NICE), which insulates them against some of medicine's excesses. But she warns that the GP contract and non-evidence based awareness campaigns are fuelling polypharmacy and overdiagnosis. The latest health service changes have, she says, "given permission for the dissolution of the NHS into a mere brand."

Nigel Crisp, in his essay this week (p 22), also holds up the NHS as a small beacon of light. As its former chief executive officer, he points out that the NHS is not "a mere health insurance system" but one in which patients' and doctors' interests are largely aligned within a framework of shared values and expectations. But even with the NHS, the United Kingdom has failed—as have all countries, he says—to give people a truly central role in improving health and shaping healthcare delivery. He calls for a new intellectual framework that challenges the dominant economic mindset and our over-reliance on the views of professionals. "The doctor doesn't always know best," he says.

Neither the meeting in Massachusetts nor Crisp in his essay provide easy, or indeed any, solutions. Further meetings and research are planned. But if overtreatment is in part due to a failure to place the patient's perspectives and interests at the centre of everything we do, perhaps there's one simple phrase that could help. Speaking at the International Forum on Quality and Safety earlier this year, Maureen Bisognano, chief executive officer of the Institute for Healthcare Improvement, suggested that instead of asking your next patient "What's the matter?" you could ask "What matters to you?"

Fiona Godlee, editor, *BMJ*
fgodlee@bmj.com

Cite this as: *BMJ* 2012;345:e6684

To receive Editor's Choice by email each week, visit www.bmj.com/newaccount

Twitter

Follow the editor, Fiona Godlee, at twitter.com/fgodlee, and the *BMJ* at 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