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Cover shows: Eighteenth century wax model of fetus in situ, used for teaching

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Trust refers surgeons to GMC for refusing to take part in breast unit review
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Dissection and resurrection: an exhibition
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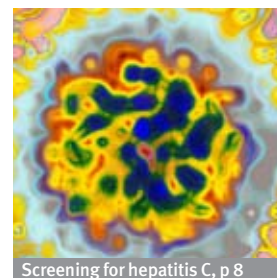
Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2012; 344:d286.

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.

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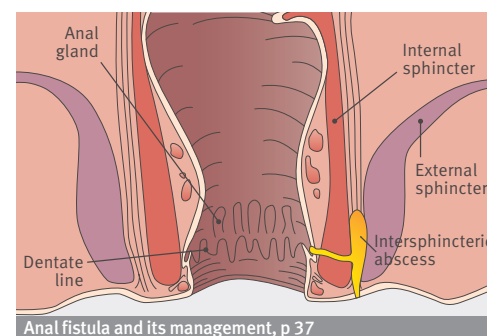
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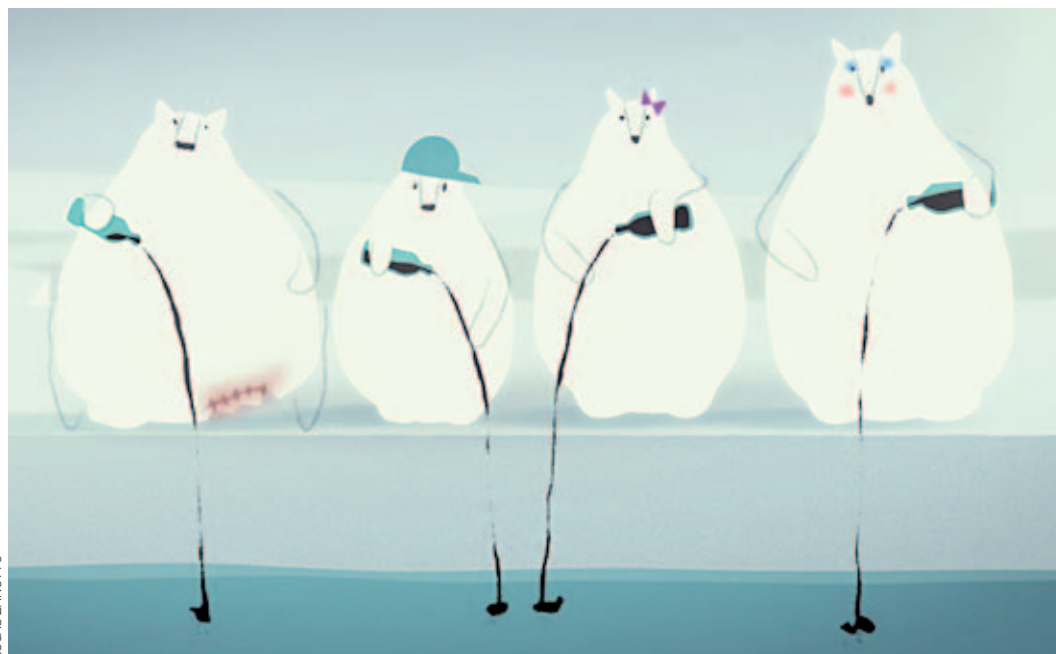
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LUCAS ZANOTTO



## PICTURE OF THE WEEK

Still image from *The Real Bears*, an animated short film created by the Center for Science in the Public Interest (US), which tells the story of a family suffering from the adverse health impacts of soda consumption. In the film's stirring conclusion, the family of bears decides to reclaim their health and their happiness.

<http://www.therealbears.org/>

## MOST COMMENTED ON BMJ.COM

Reducing emergency admissions: are we on the right track?

The "curse of the registrar"

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

Patient power needs to be built on strong intellectual foundations: an essay by Nigel Crisp

## RESPONSE OF THE WEEK

I recall during training that one of the most useful lessons came from being jumped on if aetiology was conflated with diagnosis. This encouraged clearer thinking and action. We were told to consider possible precipitating and predisposing causes after arriving at a diagnosis, and then to think about prolonging factors—thus all the social and political factors could be considered without muddying the waters of diagnosis. There is after all the well known pitfall of not treating depression (say), simply because it is understandable in terms of precipitating causes.

David M Bowker, retired consultant psychiatrist, NHS, Cheshire, UK, in response to Iona Heath's "The problem of diagnosis" *BMJ* 2012;345:e6595

## BMJ.COM POLL

Our last poll asked: "Is overtreatment an inevitable consequence of market based healthcare systems?"

**83%** voted yes (total 878 votes cast)

► Feature (*BMJ* 2012;345:e6230)

This week's poll asks:

"Will calorie counts on vending machines reduce consumption of unhealthy foods?"

► News (*BMJ* 2012;345:e6884)

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

## MOST READ ON BMJ.COM

Is there equal pay in healthcare?  
Not if you are a doctor

Benzodiazepine use and risk of dementia: prospective population based study

Diagnosis and management of headaches in young people and adults: summary of NICE guidance

Reducing emergency admissions: are we on the right track?

How should we define health?



## EDITOR'S CHOICE

## Obstetrics and the wooden spoon

**Women need to be told that, although tocolytics may prolong pregnancy, they may not make their babies healthier**

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Two studies this week address clinically important questions in obstetrics. Firstly, can a single progesterone measurement predict whether a woman who develops pain and bleeding in early pregnancy will lose her baby? As Jorine Verhaegen and colleagues explain in their meta-analysis, these symptoms occur in 30% of pregnant women during the first trimester and are the commonest cause of consultation in early pregnancy (p 18). The authors analysed 26 cohort studies with data on more than 9000 women. They conclude that a single low progesterone level is highly predictive of a non-viable pregnancy in women with symptoms and an inconclusive ultrasound scan.

For those women who get through the first trimester, there is still the risk of preterm delivery, affecting nearly 15 million babies each year, more than 10% of all births. Efforts to delay delivery have resulted in a multiplicity of treatment options, but which is best? This is proving a hard question to answer given the lack of good direct evidence comparing each option with all others. So David Haas and colleagues have now done a network meta-analysis, combining direct evidence from head to head comparisons with indirect evidence against a common comparator (p 17). Figure 2 on [bmj.com](http://bmj.com) explains this better than words and makes clear the extent of the task these authors undertook.

They conclude that prostaglandin inhibitors are probably the best first line tocolytic agent, with calcium channel blockers a close second. But their paper reflects a great deal of uncertainty, not least about whether any of these agents is better than placebo in reducing neonatal morbidity and mortality. As Zarko

Alfirevic emphasises in the linked editorial, delaying delivery makes sense to buy time for the mother to receive antenatal corticosteroids, but there is as yet no evidence that “forcing babies to stay in a potentially hostile uterine environment for another week, or even longer, is clinically beneficial” (p 7). Given this uncertainty, women need to be told that, although these drugs may prolong pregnancy, they may not make their babies healthier.

Obstetrics was famously awarded the wooden spoon by Archie Cochrane in 1979 for being the least evidence based medical specialty. It has done many things since then to redeem itself, including creating the first compendium of evidence, *Effective Care in Pregnancy and Childbirth*, which was the model for the BMJ Group's *Clinical Evidence* ([clinicalevidence.bmj.com](http://clinicalevidence.bmj.com)). Systematically reviewing the evidence on effectiveness and safety of common treatments is a huge task and not one that should be undertaken lightly. So I don't know whether to congratulate or question the efforts of the two Frenchmen whose book, *Guide to 4000 Useful, Useless or Dangerous Medicines*, has quickly become a best seller. In the wake of the Mediator scandal (*BMJ* 2010;341:c6882), it aims to stem France's love affair with pharmaceuticals (p 21). Whether right or wrong about individual drugs, its success highlights a hunger for independent information, while France waits for its new NICE-like body, the National Agency for the Safety of Medicines and Health Products (ANSM) set up in May, to get up and running.

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

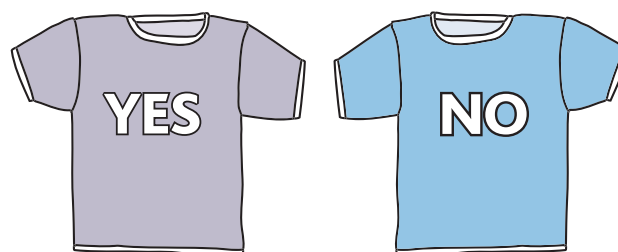
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## Polls

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