



- EDITORIAL, p 7
 RESEARCH, p 14

NEWS

- Lives saved by breast screening outnumber cases of overdiagnosis
Pressure on hospitals has worsened care for elderly
- Hunt's team at the Department of Health includes doctor who left BMA over strike
New health ministers back talks on assisted suicide
- Asian and Afro-Caribbean Britons have double the risk of type 2 diabetes
Heat related deaths could rise from 2000 to 12 000 a year by the 2080s
- Uganda launches vaccine programme to fight its commonest cancer
New York investigates energy drinks
Scotland launches consultation on drink driving
- US officials warn 39 countries about hantavirus
- More help is needed for children whose parents drink
"Spin" in media coverage of research can be traced to abstracts in journals



Parental drinking, p 6

RESEARCH

RESEARCH HIGHLIGHTS

- The pick of *BMJ* research papers this week

RESEARCH NEWS

- All you need to read in the other general journals

RESEARCH PAPERS

- Managing patients with multimorbidity: systematic review of interventions in primary care and community settings
Susan M Smith et al
EDITORIAL, p 7
- Risk of preterm birth after treatment for cervical intraepithelial neoplasia among women attending colposcopy in England: retrospective-prospective cohort study
Alejandra Castanon et al
EDITORIAL, p 8
- Prevalence of abnormalities in knees detected by MRI in adults without knee osteoarthritis: population based observational study (Framingham Osteoarthritis Study)
Ali Gueramazi et al
- Risk of lung cancer associated with domestic use of coal in Xuanwei, China: retrospective cohort study
Francesco Barone-Adesi et al
- Reporting of conflicts of interest from drug trials in Cochrane reviews: cross sectional study
Michelle Roseman et al
- Sample size calculations: should the emperor's clothes be off the peg or made to measure?
Geoffrey Norman et al

RESEARCH METHODS AND REPORTING

COMMENT

EDITORIALS

- Managing patients with mental and physical multimorbidity
Stewart W Mercer et al
RESEARCH, p 14



Risks of treatment for cervical intraepithelial neoplasia, p 8

- Increased risk of preterm birth after treatment for CIN
M Kyrgiou et al
RESEARCH, p 15
- WHO's ambitious new European health strategy
David J Hunter
- Lansley's legacy
Kieran Walshe

FEATURES

- Andrew Lansley: unlucky or incompetent?
Many doctors will have been pleased by Andrew Lansley's departure from the health department in the government reshuffle. Nigel Hawkes assesses where it went wrong for one of the best informed health secretaries and whether he will be missed
- Friend or foe: can doctors trust Jeremy Hunt with the NHS?
England's new health secretary had an unsteady start last week. Richard Vize considers his chances in the top job

ANALYSIS

- Violence against doctors in China
Violence by patients against doctors is on the increase in China. Therese Hesketh and colleagues examine the reasons behind it and the policy changes needed to tackle the problem

Lansley's departure, 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.



Donne's Devotions, p 36

COMMENT

LETTERS

- 28 Speech therapy after stroke
- 29 A jab in the dark; Bisphosphonates in osteoporosis
- 30 Updated version of QRISK2
- 31 Pay for performance issues

OBSERVATIONS

REALITY CHECK

- 32 Reasons to be hopeful Ray Moynihan
- MEDICINE AND THE MEDIA
- 33 Statins for all? Margaret McCartney

VIEWS AND REVIEWS

PERSONAL VIEWS

- 34 Government advisers' suggestions for NHS savings don't add up Richard Jones
- 35 The UK needs office dermatologists Jonathan Rees

BETWEEN THE LINES

- 36 Understanding Hitler Theodore Dalrymple

MEDICAL CLASSICS

- 36 Devotions upon Emergent Occasions by John Donne
Jens Foell



The need for office dermatologists, p 35

OBITUARIES

- 37 Sylvia Annette Meakin Hatfield; Peter Pellew Hinds; Herbert Brian Kelly; Josephine Kenna; Paul Edward Francis Leyden; David Francis Rickards

LAST WORDS

- 49 Why do we overtreat hypertension? Des Spence
The eccentricities of osteopathy Wendy Moore

EDUCATION

CLINICAL REVIEW

- 38 Early fluid resuscitation in severe trauma
Tim Harris et al

PRACTICE

COMPETENT NOVICE

- 43 Early management of acutely ill ward patients
Paul J Frost and
Matt P Wise



Postponed diagnosis, p 50

ENDGAMES

- 48 Quiz page for doctors in training

MINERVA

- 50 Hip Hop Stroke, and other stories

FILLERS

- 37 Corrections and clarifications

Too much
information and
not enough time?

BMJ Masterclasses

masterclasses.bmj.com



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: mfgler@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

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.

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



EMMA VECIEL AND PAUL DUFFIELD

PICTURE OF THE WEEK

Researchers at the London School of Hygiene and Tropical Medicine have created a comic to inform busy medical staff who treat patients suffering from bleeding about the benefits of tranexamic acid (TXA). Professor Ian Roberts wishes to highlight the latest research into the drug. The scene is set in a busy emergency department as staff rush to treat people following two explosions. As well as referencing established facts such as the importance of administering TXA within three hours of injury, the cartoon heroes also flag up new findings published on bmj.com, which show that the drug can benefit a wide range of patients and should not be restricted to the most severe cases.

bmj.com Research: Effect of tranexamic acid on mortality in patients with traumatic bleeding: prespecified analysis of data from randomised controlled trial (*BMJ* 2012;345:e5839)

MOST COMMENTED ON BMJ.COM

Bad medicine: private practice
 The crisis in diabetes care in England
 Patients must have control of their medical records
 Cochrane review finds no proved benefit in drug treatment for patients with mild hypertension
 Why corporate power is a public health priority

RESPONSE OF THE WEEK

With populations increasingly ageing all over the globe it is of major importance to get a better understanding of how we should implement the current knowledge from observational studies into daily clinical practice. We have to go for the next step in public health. This 'new' public health agenda is amazing in various aspects. Who would have thought of going 'preventive' at an age when most of us think it is time to consider palliative care?

Frouke M Engelaer, David van Bodegom, and Rudi G J Westendorp, Leyden Academy on Vitality and Ageing, Leiden, Netherlands, in response to "Lifestyle, social factors, and survival after age 75: population based study"
BMJ 2012;345:e5568

BMJ.COM POLL

Our last poll asked: "Should altruistic kidney donors be able to choose the recipient of their kidney?"

51.5% voted no (total 633 votes cast)

► News (*BMJ* 2012;345:e5944)

This week's poll asks: "Are the causes of obesity primarily environmental?"

► Head to Head

Yes (*BMJ* 2012;345:e5843)

No (*BMJ* 2012;345:e5844)

► Vote now on bmj.com

MOST READ ON BMJ.COM

Lifestyle, social factors, and survival after age 75: population based study

Exposure to diagnostic radiation and risk of breast cancer among carriers of BRCA1/2 mutations: retrospective cohort study (GENE-RAD-RISK)

The truth about sports drinks
 Irritable bowel syndrome



EDITOR'S CHOICE

Competence in a crisis

“The intention is to end the so-called killing season”

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

Twitter

► Follow Trish Groves at twitter.com/trished, 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

This summer Bruce Keogh, medical director of the NHS, told the *Daily Mail* newspaper about a new mandatory shadowing scheme for medical students to help them practise more safely as doctors. “The intention is to end the so-called killing season,” admitted Keogh. “This is good news for patients—we recognise the change-over period in August puts patients at risk” (<http://bit.ly/SAsYp8>). Informal shadowing has been encouraged for years in many countries. But it's now compulsory for final year students in England to spend four days shadowing their predecessor in their impending foundation post, a policy supported by a successful pilot study in Bristol (<http://bit.ly/ODjNyn>).

Newly qualified doctors need all the help they can get, and that's why the *BMJ* started an intermittent series of “how to do it” articles called Competent Novice (<http://bit.ly/TNjrZP>). The latest contribution is by intensivists Paul Frost and Matt Wise, on early management of the acutely ill inpatient (p 43). Using case scenarios and reviewing scores that alert staff to abrupt deterioration, Frost and Wise explain how to approach the challenge calmly and systematically. The system of national early warning scores (NEWS) that's being rolled out across the NHS may be a big help: its scorecard rates variations in six routine clinical observations made by nurses and sets a threshold for calling the ward doctor. The authors acknowledge, however, that lack of undergraduate training in acute care may hamper doctors' judgment. They warn that “nurses may use their clinical acumen to alert junior doctors to patients who they suspect are developing acute illness, even though the routine physiological observations are normal . . . we recommend that junior doctors heed these requests as they are often well grounded.”

Pulse, blood pressure, and respiratory rate can be normal even in a critically injured patient. Tim Harris and colleagues point out that no single factor can accurately identify all patients who need early fluid resuscitation after severe trauma, and that the doctor's experience and clinical knowledge may be as accurate as diagnostic tools (p 38). Evidence has changed the initial management of these patients: reliance on injury severity scores and high volume fluid resuscitation has now given way to the prosaically named damage control resuscitation. This means using intravenous fluids sparingly to a level of “permissive hypovolaemia,” avoiding crystalloids and colloids in the sickest patients, giving blood if need be, and getting the patient to the operating theatre or intensive care quickly. For patients who seem to be bleeding, giving tranexamic acid intravenously within three hours of injury reduces mortality.

That evidence on tranexamic acid comes from the CRASH-2 trial, the authors of which have just published a secondary analysis of the trial's data (*BMJ* 2012;345:e5839). Ian Roberts and colleagues developed and validated a prediction model to identify patients with life threatening traumatic bleeding and then used the CRASH-2 dataset to see if the effect of tranexamic acid on mortality and thrombosis varied according to baseline risk of death. It didn't vary much, so the authors suggest that this cheap drug can be given safely to a wide range of patients with traumatic bleeding and should no longer be restricted to the most severe cases (see picture of the week).

Trish Groves, deputy editor, *BMJ*
tgroves@bmj.com

Cite this as: *BMJ* 2012;345:e6153

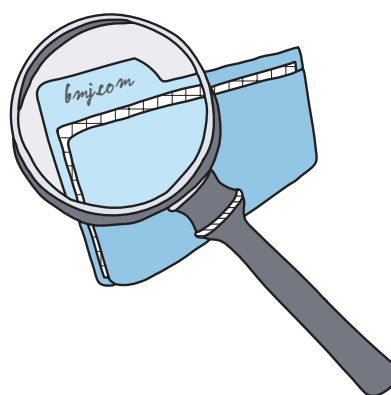
Specialty collections

No searching, no browsing

Having difficulties finding everything related to your specialty?

If this sounds familiar, *BMJ* has an easy solution to your problem. Our specialty collections cover individual specialties and combine all related resources in one place.

Visit
bmj.com/specialties



BMJ