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ESSAY

16 The science of obesity: what do we really know about what makes us fat?

The history of obesity research is a history of two competing hypotheses. Gary Taubes argues that the wrong hypothesis won out and that it is this hypothesis, along with substandard science, that has exacerbated the obesity crisis and the related chronic diseases. If we are to make any progress, he says, we have to look again at what really makes us fat

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20 The no candy man

The US endocrinologist Robert Lustig is on a crusade against sugar. He talks to Balaji Ravichandran about why he believes we are getting fatter and how he hopes to start tackling the sugar industry



HEAD TO HEAD

22 Can we leave industry to lead efforts to improve population health?

Derek Yach argues that business is motivated to tackle public health problems such as the obesity epidemic, but, ultimately, says Klim McPherson, companies are interested in their shareholders

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RESPONSE OF THE WEEK

Having graduated in 1958, I had the opportunity to witness the, admittedly rare, but horrifying effects of measles encephalitis, in utero rubella, and chickenpox meningitis, not to mention the devastation of polio epidemics.

The fact that these conditions have all but disappeared in developed countries, render it easy to demonise vaccination.

Joseph E More, retired psychiatrist, in response to "Study finds no association between autism and vaccination"

(BMJ 2013;346:f2095)

BMI.COM POLL

Last week's poll asked: "Should drug companies publish the names of doctors to whom they make donations?"

89% voted yes (total 438 votes cast)

▶ BMJ 2012;346:f2201

This week's poll asks:

"Can we leave industry to lead efforts to improve population health?" Head to Head:

Yes BMJ 2013;346:f2270

No BMJ 2013;346:f2426

Vote now on bmj.com

MOST SHARED

Doctor who lied on his CV is allowed to return to work

Effect of behavioural-educational intervention on sleep for primiparous women and their infants in early postpartum: multisite randomised controlled trial

Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial

Sleepwalking into the market

Vitamin D sufficiency in pregnancy (185 views)

EDITOR'S CHOICE

Food, inglorious food

Are we headed for a world where the individual is left free to choose his or her poison?

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Sex and death obsessed our immediate forebears, yet now we hardly turn a hair at their mention. Food, however, is another matter. So much about the subject is controversial.

Even one of the simplest questions—what makes us fat—is hotly contested. This week we provide space for two critics of the theory that obesity is an energy balance disorder: Gary Taubes (p 16) and Robert Lustig (p 20). They argue that the insulin releasing properties of sugars such as sucrose and high fructose corn syrup are to blame.

Step outside the hallowed halls of biochemistry and things really heat up. Since the UN summit 18 months ago, we know that almost two thirds of global deaths result from non-communicable diseases and that unhealthy diet has an important role in these. But what to do about it: cajole individuals to change their diets or get governments to use legislation, regulation, and taxation to propel their populations towards the healthy option?

In a Head to Head this week (p 22) we ask whether we can leave industry to lead efforts to improve population health, the option currently being pursued in the UK with its responsibility deals (or "irresponsibility deals," as the Scottish Health Action on Alcohol Problems (SHAAP) labels them (p 6). Derek Yach, late of Pepsi, believes that "market led solutions, when combined with public policies, will make healthy choices the default option." Epidemiologist Klim McPherson counters with the food industry's (successful) one billion euro campaign "to dissuade the European parliament from legislating proper labelling of food." Rather than being part of the solution, markets and their exploitation are "the dominant cause of most long term health problems such as obesity,"

he writes. Make what you will of global food giants' participation in Mexico's National Crusade Against Hunger (p 6).

In its report, SHAAP argues that the health of millions is being endangered by unregulated free markets.

Recently, UK Prime Minister David Cameron has had second thoughts over his initial firm commitment to a minimum price, while the health secretary apparently doesn't share his predecessor's enthusiasm for plain cigarette packaging. Are we headed for a world where the individual is left free to choose his or her poison?

If so, it's a world where one would not be surprised to encounter the ghost of Baroness Thatcher. In his Observations column, former *BMJ* editor Richard Smith, who joined the *BMJ* a month before she became prime minister in 1979, reflects on the "Thatcher years" in Britain. "Suppressed in those early days was a government report on alcohol that showed clearly that increasing its price was the most effective way to reduce the harm it caused" he wrote. "Thatcher didn't seem to want to hear any evidence that didn't fit with her view of the world... With her ideological commitment to individualism and disbelief in society [she] never liked public health" (p 27).

So it's cheering that Public Health England, one of the slew of new bodies set up by the UK government earlier this month, has already come out in favour of a minimum price for alcohol and plain packaging of cigarettes (doi:10.1136/bmj.f2018). Things can only get better.

Tony Delamothe, deputy editor, *BMJ* tdelamothe@bmj.com

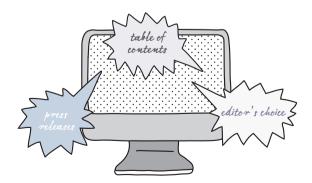
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