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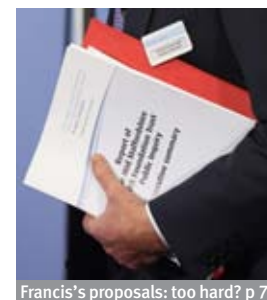
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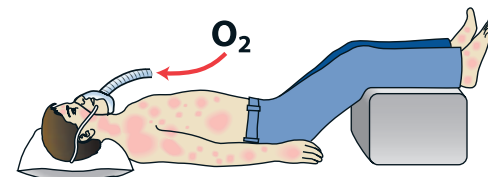
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CHARLES PLATIAU/REUTERS

PICTURE OF THE WEEK

A specialised butcher shop selling horse meat in Paris, where it is considered a healthier alternative to beef. In contrast, the discovery of horsemeat in the UK food chain turned into a fully fledged health scare this week. The Food Standards Agency ordered food retailers to test products for phenylbutazone, an anti-inflammatory drug used in horses (and previously in humans). England's chief medical officer countered that the drug in food presented a "very low risk" to human health. A paper in the *BMJ* in 1890 (<http://bit.ly/Y6Hpxx>) shows this to be no modern day controversy. The article describes how horseflesh was often passed off in markets as beef or mutton.

MOST SHARED

How science is going sour on sugar
 Science souring on sugar
 Case can proceed against doctor who discussed patient's details on train, say judges
 Benefits of cancer screening take years to appreciate
 Learning from Jacintha Saldanha's death

RESPONSE OF THE WEEK

But particular questions must be raised about why senior doctors, normally so articulate and unafraid to voice their opinions, appear to have become blind to appalling everyday deficiencies in the basic care of their patients. For example, how could consultants possibly not have been aware that patients under their care were dehydrated or lying in their own faeces? Were things really so bad in Stafford that they did not even do ward rounds and observe these privations?

Peter J Mahaffey, consultant surgeon, Bedford, in response to "Mid Staffs is evidence of all that is wrong with NHS management" (*BMJ* 2013;346:f774)

BMJ.COM POLL

Last week's poll asked: "Will the Francis report lead to improvements in patient care?"

57% voted no
 (total 478 votes cast)

► *BMJ* 2012;346:f847

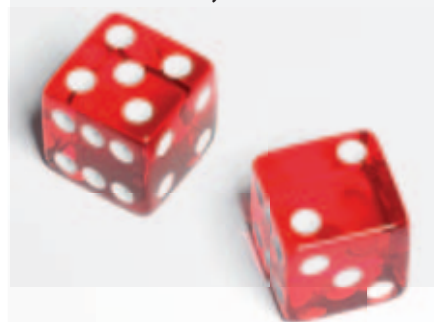
This week's poll asks:

"Is a focus on risk in psychiatry an effective way of reducing harm to patients and the public?"

► Yes: *BMJ* 2013;346:f902

► No: *BMJ* 2013;346:f857

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EDITOR'S CHOICE

The fallout from Francis

Poor hydration and nutrition are not just a problem in outliers such as Mid Staffs; they are an issue right across the NHS, particularly in the community, where most older people receive their care



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Inevitably, coverage of the Francis report into failings at Mid Staffordshire NHS Foundation Trust dominated the UK media for several days after its publication last week. Even though we had heard the catalogue of cruelty and neglect before, it still had the power to shock.

In this week's Analysis article (p 22), Richard Leach and colleagues show that poor hydration and nutrition are not just a problem in outliers such as Mid Staffs; they are an issue right across the NHS, particularly in the community, where most older people receive their care. One reason, they suggest, "seems to be the haphazard and variable adoption of the plethora of available and potentially confusing guidelines." The second key issue, they say—and one that is particularly pertinent in the light of Mid Staffs—"has been lack of appreciation, engagement, and education of patients, carers, healthcare professionals, managers, commissioners, and government executives about the importance of nutrition and hydration in terms of healthcare outcomes, service use, and NHS costs." For improving nutrition and fluid management makes financial as well as clinical sense, argue Leach and colleagues—"a malnourished patient costs the NHS £2000 a year." The authors call for leadership and responsibility for nutritional issues to go right to the top, all the way to the National Commissioning Board.

Other articles in this week's *BMJ* deal more directly with the fallout from the Francis report. Des Spence argues that all doctors should offer some public contrition for Mid Staffs: "Terrible things happen not because of the action of a few but the inaction of the

many" (p 42). Nigel Hawkes praises the campaigning efforts of Cure the NHS, set up by patients, relatives, and friends to draw attention to failings at Mid Staffs (p 27). Penny Campling (p 42) focuses on the need to transform the "healthcare culture," while Tony Delamothe (p 9) addresses concerns that no doctor has yet been struck off for what happened at Mid Staffs, and sides with Francis in deciding that Mid Staffs was a systems failure, for which show trials can serve only limited ends.

Cultures of the microbiological kind are the focus of the investigation this week by Deborah Cohen and Glenn Swift (p 16), and the linked editorial by Mark Wilcox (p 7). Cohen and Swift explore concerns about the reliability of antibiotic sensitivity testing, and as with other recent *BMJ* investigations, their trail leads them to question the reliability of the regulatory system. And who, in all this, is likely to lose out? Once again, it is the patient, who risks receiving the wrong antibiotic or being moved from oral to intravenous treatment unnecessarily. "Diagnostic tests deliver huge benefits," says Wilcox, "but benefit should not be assumed."

Trevor Jackson, deputy editor, *BMJ*
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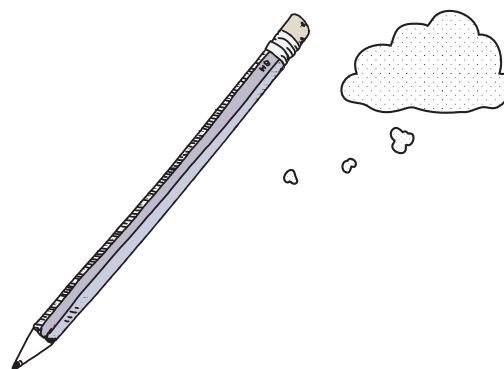
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