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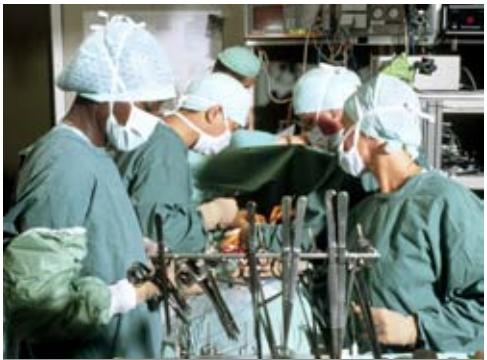

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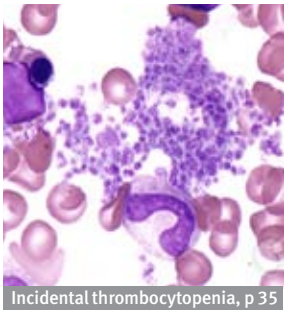
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BMJ

2 March 2013 Vol 346

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The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

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

JANA ASENBRENNEROVA/REUTERS

PICTURE OF THE WEEK

A girl poses with two guinea pigs in Karete, in the Democratic Republic of the Congo. More than 500 of the animals were distributed to her community last month as part of a food security programme by Action Against Hunger International, a non-profit organisation that focuses its activities in the field mainly on prevention of malnutrition. Guinea pigs have a high nutritional value and do not need much space for grazing.

RESPONSE OF THE WEEK

"We urgently need to adopt a no-fault system [of compensation] as in New Zealand. The NHS is being bled of huge sums of money better spent on improving patient facilities, by a system of aggressive compensation culture in a field where the vast majority of people are trying to do what is best for their patients. Little wonder that morale is so low."

Thomas McEwen, palliative care doctor, Lymington, UK, in response to "Suing the NHS: can the £1bn annual compensation bill continue?" (*BMJ* 2013;346:f978)

MOST SHARED

Case can proceed against doctor who discussed patient's details on train, say judges

Locum GP from India is jailed for manslaughter in UK after failing to spot diabetic ketoacidosis

Where next for evidence based healthcare?

Health reform alone is pointless

Mid Staffs and mortality data

BMJ.COM POLL

Last week's poll asked: "Should David Nicholson resign in the wake of the Mid Staffs inquiry report?"

88.4% voted yes (total 736 votes cast)

BMJ 2013;346:f1152

This week's poll asks:
"Should the NHS work at weekends as it does in the week?"
Head to Head:
BMJ 2013;346:f621
BMJ 2013;346:f622

Vote now on bmj.com

EDITOR'S CHOICE

Too much medicine

We want to explore the causes and potential remedies of overdiagnosis and overtreatment

There's a great deal to celebrate in medicine and healthcare, but it's also possible to have too much of a good thing. This week we launch our Too Much Medicine campaign (www.bmj.com/too-much-medicine). As explained in an editorial (p 10), the roots of the campaign go back at least a decade to a theme issue we published in 2002, guest edited by Ray Moynihan, called "Too much medicine?" You can find the entire issue on bmj.com (www.bmj.com/content/324/7342). Much of the content is as relevant now as it was controversial then.

Since then, the evidence of medical excess in rich countries has grown, with increasingly clear documentation of the harms and costs of unnecessary intervention. In the past few years the individuals and groups calling for moderation and scepticism have begun to coalesce into a loose movement, to which the *BMJ* is now signing up. Impressed by the "Less is more" initiative at *JAMA Internal Medicine*, led by its editor Rita Redberg, and by the Choosing Wisely initiative set up by the American Board of Internal Medicine Foundation (p 6), we want to explore the causes and potential remedies of overdiagnosis and overtreatment.

As our Editorial points out, this area is complex and under-researched: in many healthcare settings overtreatment and undertreatment coexist. "Because of this and other uncertainties, it will not be easy to communicate effectively about overdiagnosis with professionals and the public. The concept is unfamiliar and counterintuitive to many people." Our contribution will include partnering in an international scientific conference in September (preventingoverdiagnosis.net) and publishing a theme issue early next year.

This week's journal carries its own dose of cold water with which to douse medical enthusiasts. In an editorial, Edwin Gale calls for a serious rethink about the use of GLP-1 agonists in diabetes because of strong evidence of increased rates of pancreatitis among patients taking these drugs (p 9). He asks why drug companies have been so slow to act on the signals and concludes that inviting drug companies to monitor the safety of their own products provides them with the strongest possible incentive for failing to do so. And in the Analysis section, Tom Treasure and Martin Utley question the benefits of surgical removal of pulmonary metastases. The evidence that this invasive procedure improves survival is weak, they say. They call for randomised trials rather than the dubious case series on which current practice is based (p 12). One such innovative trial is now under way thanks to a previous *BMJ* paper from these authors.

Also this week, the *BMJ* speaks up for the Liverpool care pathway, which is under attack from the *Daily Mail* and others. We are emboldened to do so by a survey we undertook among palliative care doctors in the UK. As summarised by Krishna Chinthapalli, 91% of respondents thought that the pathway represented best practice for care of the dying patient (p 18). And when asked if they would want to be put on the pathway themselves if they were terminally ill, 90% said yes. This vote of confidence fits with views expressed at a conference in Edinburgh last week (p 2). Helping patients to die with dignity should be done with the same care and openness as anticipating and managing the birth of a child.

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Cite this as: *BMJ* 2013;346:f1328

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