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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.

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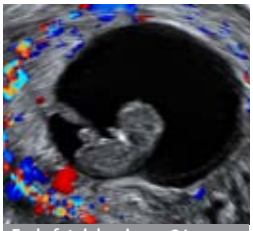
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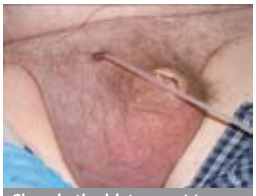
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PICTURE OF THE WEEK

A manikin representing the state of the French health service is paraded by healthcare professionals in a demonstration in Paris last Saturday. Around 8000 doctors and other medical staff were protesting against the effect on healthcare of the government's austerity measures. See bmj.com for more articles on the effect of austerity measures in Europe (to be published in a forthcoming print issue):

- Editorial: Austerity policies in Europe—bad for health (*BMJ* 2013;346:f3716)
- Analysis: Will austerity cuts dismantle the Spanish healthcare system? (*BMJ* 2013;346:f2362)
- Review: Warning: austerity can seriously damage your health (*BMJ* 2013;346:f3659)
- Feature: Has austerity brought Europe to the brink of a health disaster? (*BMJ* 2013;346:f3773)

RESPONSE OF THE WEEK

The continuing scandal of unaffordable PFI hospitals is alarming. Peterborough/Stamford is not the first trust to go bust and neither will it be the last. It seems unbelievable that no one in NHS Central understands the meaning of unaffordable debt, and just as amazing that PFI debt is not being renegotiated country-wide. It is possible. Local authorities can secure large loans at low interest rates.

Currently the "preferred" options for financially challenged trusts are merger, takeover, or closure (or a combination of these) dressed up as rationalisation for clinical gain. Staff know that the result is longer waits in fewer A&E departments and intolerable pressure on acute beds. Patients know that mergers mean greater travel distances. Take PFI debt away and a large number of these schemes would be unnecessary.

Andrew N Bamji, consultant rheumatologist, Orpington, UK, in response to "PFI scheme is blamed for financial collapse of Peterborough and Stamford trust" (*BMJ* 2013;346:f3735)

MOST SHARED

Bicycle helmets and the law
Statins and the risk of developing diabetes
Am I missing something in the essay on the science of obesity?
Restricting dietary carbohydrate versus increasing physical activity in tackling obesity
P values or confidence intervals?

BMJ.COM POLL

Last week's poll asked: "Will access to individual surgeons' performance data improve patient care?"

51% voted no (total 642 votes cast)

BMJ 2013;346:f3795

This week's poll asks:

"Should electronic cigarettes be as freely available as tobacco cigarettes?"

Head to Head:
Yes *BMJ* 2013;346:f3845
No *BMJ* 2013;346:f3840

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EDITOR'S CHOICE

In praise of informed scepticism

Although the rules on conflict of interest may be tightening, the current standards of care across much of medicine originate with similarly biased guideline panels

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Earlier this year, guidelines from three respected US professional societies advised doctors to give alteplase to patients with acute stroke. The recommendation was based on what the guidelines' authors considered grade A evidence. Yet as Jeanne Lenzer reports (p 20), surveys show that many if not most emergency physicians are sceptical of the benefits and concerned about the harms of alteplase. The published evidence shows reductions in disability but not in mortality, with only two of the 12 randomised trials showing benefit and five having been terminated early because of lack of benefit, higher mortality, and significant increases in brain haemorrhage.

So how did this grade A recommendation occur? Lenzer has found that, as with other clinical practice guidelines before them, these were written by authors almost all of whom had direct or indirect ties with the drug's manufacturer. It is hard not to feel a certain fatigue as I relay this information. Hasn't this been identified before as a major problem with the credibility of guidelines, not least in a thorough and well publicised report by the US Institute of Medicine in 2011? The institute recommended that no authors of guidelines should have financial conflicts of interest, or where this was unavoidable, authors with conflicts should be in the minority.

Lenzer has found that for one of the guidelines recommending alteplase, seven of eight panel members had ties with industry: three had direct relationships with companies that market alteplase, while four had links with an educational foundation wholly funded by industry, whose president and founder was an outspoken advocate for alteplase on acute stroke. The remaining author had resigned from the panel six years earlier.

Meanwhile, emergency physicians find themselves in a difficult position. The guidelines represent the standard of care against which they will be judged in any claims of malpractice. And although the rules on conflict of interest may be tightening, the current standards of care across much of medicine originate with similarly biased guideline panels. Doctors will have to wait for new guidance that they and their patients can trust. Earlier this year, longstanding guidance recommending high dose steroids in acute spinal injury was reversed because of lack of evidence of benefit and clear evidence of harm. In that case too, as Lenzer reports, the initial guidance was tainted with financial conflicts of interest, and physicians were sceptical based on their own clinical experience with the treatment.

So let us put our faith in informed scepticism. And with that in mind, take a look at the unusual proposal launched in this week's *BMJ*, to restore invisible and abandoned trials (RIAT) (p 24). Peter Doshi and colleagues have compiled a dossier of trials that have never been published or have been misreported but for which the data are in the public domain through legal proceedings or freedom of information requests. The list of these trials, on bmj.com, makes fascinating reading. The RIAT authors are calling for volunteer authors to reanalyse the data, and as we say in the linked editorial (p 7), the *BMJ* and *PLoS Medicine* are the first of what we hope will be a long list of journals keen to publish the results.

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Cite this as: *BMJ* 2013;346:f3980