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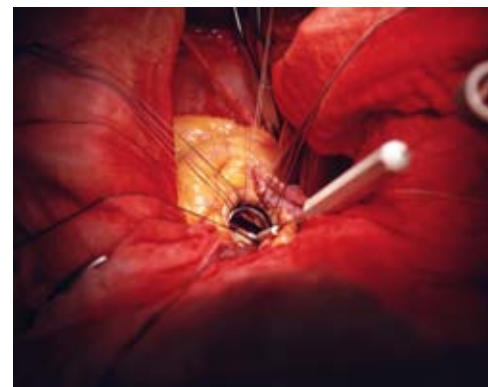
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PICTURE OF THE WEEK

The artist Susan Aldworth stands beside her work *Elisabeth* (2012), one of a series of lifesize portraits of three people who lead successful lives with epilepsy. Produced as part of a commission for Guy's and St Thomas' Hospital, the works are on show at the National Portrait Gallery in London until 1 September 2013.

RESPONSE OF THE WEEK

As a former paediatrician in training, I worked on wards where children were admitted overnight. There was always an adult staying overnight with them. In certain ways the elder population is equally vulnerable. Many are confused, have dementia, poor hearing, etc. This situation makes them vulnerable adults.

My grandmother was recently admitted to a hospital in New Delhi with pneumonia and confusion. All the family members took turns to stay overnight with her and, believe me, this ensured she was never left alone in a potentially dangerous situation.

I do not want to deviate from the main issue of staffing levels and compassion but I strongly believe this is an easily implementable measure. We look after our relatives at home when they are unwell. Why can we not contribute when they are admitted to a hospital?

Rajat Srivastava, GP, Wellingborough, UK, in response to "An unsafe ward" (*BMJ* 2013;346:f1243)

MOST SHARED

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 (239 views)
Case can proceed against doctor who discussed patient's details on train, say judges
Drug company gifts to medical students: the hidden curriculum

BMJ.COM POLL

Last week's poll asked: "Should the NHS work at weekends as it does in the week?"

64.2% voted yes (total 1278 votes cast)

Head to Head

► Yes: *BMJ* 2013;346:f621

► No: *BMJ* 2013;346:f622

This week's poll asks:

"Should GPs be fined for rises in avoidable emergency admissions?"

Head to Head

► Yes: *BMJ* 2013;346:f1389

► No: *BMJ* 2013;346:f1391

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EDITOR'S CHOICE

Promise of transparency? Hold the applause

Data redaction and other problems may make analysis and interpretation of study reports on GSK's zanamivir (Relenza) impossible

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Calling for greater transparency in healthcare is easy. The *BMJ* does it a lot, though I hope we also show willing in opening the journal to scrutiny. We're certainly happy to applaud those who promise to be more transparent. But we won't applaud their promises for long. The real plaudits are reserved for those who act on their words.

One such group is the Society for Cardiothoracic Surgery in Great Britain and Ireland. Since 2005 it has published mortality rates for cardiothoracic surgery from all NHS hospitals and for about 80% of individual surgeons. Now those who have led the way are sharing their experience with those who must follow. Ten other specialties have recently been told by the NHS Commissioning Board that their surgical and other outcomes will be published by this summer. The challenges these groups will face are immense.

As Ben Bridgewater and colleagues explain, the cardiothoracic surgeons' success has relied heavily on keeping the society's members on board at every stage (p 19). Issues to be agreed include which outcome measures to use, how to adjust for case mix, how to deal with missing data, how to decide whether variations in outcomes are acceptable, and how to feed back results. It's not only the mortality data that must be open to external scrutiny, they say, but also the processes by which the data are collected, analysed, and acted on.

Promising greater transparency of clinical trial data has rightly garnered GlaxoSmithKline a first round of applause. The question is whether the company will deserve longer term reputational rewards. As Rebecca Coombes reports in her interview with its chief executive, Andrew Witty, GSK's announcement

in October that it will make anonymised patient level data available to researchers is now being put to the test (p 16). The Cochrane Collaboration immediately revived its three year old request for the data on GSK's antiviral drug zanamivir (Relenza). After some to-ing and fro-ing GSK has now sent 30 clinical study reports. But to the Cochrane reviewers' dismay, data redaction and other problems may make analysis and interpretation impossible. The *BMJ* understands that GSK has responded to Cochrane's concerns, but the final outcome is still uncertain. In a rapid response posted this week, Peter Gotszche is pessimistic (<http://bit.ly/WLLJZH>). Let's hold our applause for the moment.

As for the manufacturer of oseltamivir (Tamiflu), it is doing itself and the public no favours. In press releases last week Roche seemed to be trying to gain some of GSK's reputational bounce. But as one of the Cochrane reviewers points out in a rapid response (<http://bit.ly/WLQfHz>), the panel that Roche said will review the data is not independent, being run by the pharma funded European Scientific Working Group on Influenza; and despite repeated requests for the data over several years Roche has yet to provide even a single full study report.

If delay is Roche's game plan, other companies will be watching with interest. How much reputational damage will shareholders be willing to sustain to avoid revealing unfavourable clinical trial results?

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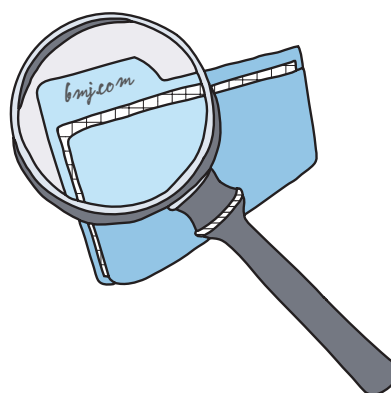
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