



ZEPHYR/SPL

CLINICAL REVIEW, p 29

## NEWS

- 1 People with learning disabilities are dying 16 years earlier than their counterparts, inquiry finds  
MPs highlight risks of selling off UK's state owned plasma supply company
- 2 FDA is to assess data linking type 2 diabetes drugs with pancreatitis  
Doctors and politicians call for tighter rules on commissioners' conflicts
- 3 Doctors pledge action against inequalities  
BMA campaign will track NHS changes
- 4 Combining two multiple sclerosis treatments has no benefit, study finds  
Plan to improve sexual health in England lacks "teeth," say campaigners  
MPs hear trials are bureaucratic and opaque
- 5 Three quarters of babies consume too much energy, finds UK survey
- 6 Retired GP admits helping three patients to end their lives  
Tribunal service was wrong not to let doctor quit medical register  
Widow of man who fought for right to die can continue his case



Adults and children with disabilities die too early, p 1

## RESEARCH

## RESEARCH NEWS

- 11 All you need to read in the other general journals

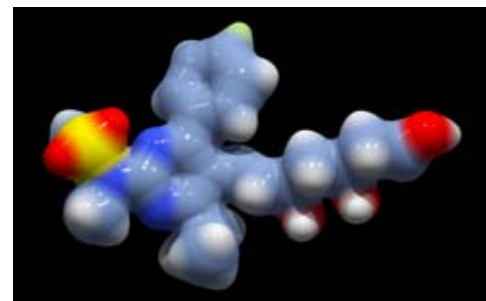
## RESEARCH PAPERS

- 12 Hydroxyethyl starch 130/0.38-0.45 versus crystalloid or albumin in patients with sepsis: systematic review with meta-analysis and trial sequential analysis  
Nicolai Haase et al  
EDITORIAL, p 10
- 13 Use of caffeinated substances and risk of crashes in long distance drivers of commercial vehicles: case-control study  
Lisa N Sharwood et al
- 14 Use of high potency statins and rates of admission for acute kidney injury: multicenter, retrospective observational analysis of administrative databases  
Colin R Dormuth et al  
EDITORIAL, p 9
- 15 Accuracy of the "traffic light" clinical decision rule for serious bacterial infections in young children with fever: a retrospective cohort study  
Sukanya De et al

## COMMENT

## EDITORIALS

- 7 Crunch time for the government on alcohol pricing in England  
Gabriel Scally
- 8 Getting serious about obesity  
David Stuckler and Sanjay Bas
- 9 Statins in acute kidney injury: friend or foe?  
Robert G Fassett and Jeff S Coombes  
RESEARCH, p 14



Higher potency statins raise risk of acute kidney disease, p 9

- 10 Is it the end of the road for synthetic starches in critical illness?  
John R Prowle and Rupert M Pearse  
RESEARCH, p 12, FEATURES, p 16

## FEATURES

- 16 Boldt: the great pretender  
The withdrawal of almost 90 fraudulent studies by a German anaesthetist is one of the biggest medical research scandals of recent time. Jacqui Wise examines what happened and what lessons have been learnt



Spotlight on fraud, p 16

## ANALYSIS

- 19 Will prescriptions for cultural change improve the NHS?  
The recent Francis report diagnoses serious cultural deficiencies in the NHS and recommends fundamental cultural change. Huw Davies and Russell Mannion examine what research tells us about the likelihood of success



The NHS: a mosaic of multiple cultures and subcultures, p 19

Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://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](http://bmj.com).

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2013; 346:f286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.



Marcia Wilkinson obituary, p 27

## COMMENT

### LETTERS

- 22 Too much medicine campaign; Dual blockade of renin-angiotensin
- 23 Pulmonary embolism

### OBSERVATIONS

#### HEALTH AND SOCIAL CARE ACT

- 24 England's healthcare now lies in the hands of lawyers  
Martin McKee
- 25 Act now against new NHS competition regulations  
Jacky Davis et al

### PERSONAL VIEW

- 26 New disorder risks mislabelling many as mentally ill  
Allen Frances

DSM-5 mislabelling, p 26

### OBITUARIES

- 27 Marcia Wilkinson  
Headache specialist who led the world's first centre for patients with acute migraine
- 28 Raouf Chatharoo; John Barnes Foster; George Allan Gray; Ralph Kerr-Gilbert ; Trevor Richard Walker Hampton; Huw LLoyd Morris; Khin Zaw

### LAST WORDS

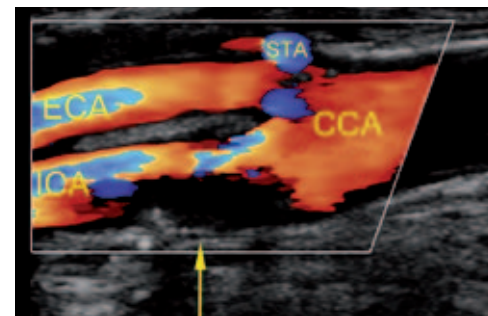
- 39 Doctor in the house Des Spence  
A curious case of childhood obesity Liam Farrell



## EDUCATION

### CLINICAL REVIEW

- 29 Diagnosis and management of carotid atherosclerosis  
Ankur Thapar et al



Benefits of ultrasonography in analysing atheroma, p 29

### PRACTICE

#### RATIONAL IMAGING

- 34 Suspected left sided diverticulitis  
N de Korte et al

#### A PATIENT'S JOURNEY

- 36 Psychotic depression  
Rebecca Lawrence and Stephen M Lawrie

### ENDGAMES

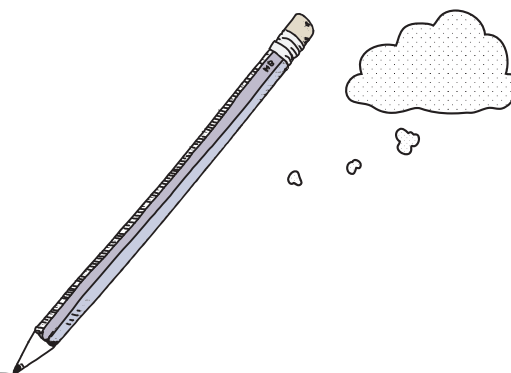
- 38 Quiz page for doctors in training

### MINERVA

- 40 Blood pressure monitoring for conscious women undergoing elective caesarean section, and other stories

## Author submissions Get published

Have you ever thought about submitting your work to one of the most respected general medical journals in the world? Think no longer—here's your chance. Find out how you can get your research published in the *BMJ* today.



Visit  
[bmj.com/authors](http://bmj.com/authors)

BMJ

The Editor, *BMJ*  
 BMA House, Tavistock Square,  
 London WC1H 9JR  
 Email: [editor@bmj.com](mailto:editor@bmj.com)  
 Tel: +44 (0)20 7387 4410  
 Fax: +44 (0)20 7383 6418  
**BMA MEMBERS' INQUIRIES**  
 Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)  
 Tel: +44 (0)20 7383 6642  
**BMJ CAREERS ADVERTISING**  
 Email: [sales@bmjcareers.com](mailto:sales@bmjcareers.com)  
 Tel: +44 (0)20 7383 6531  
**DISPLAY ADVERTISING**  
 Email: [sales@bmjgroup.com](mailto:sales@bmjgroup.com)  
 Tel: +44 (0)20 7383 6386  
**REPRINTS**  
 UK/Rest of world  
 Email: [ngurneyrandall@bmjgroup.com](mailto:ngurneyrandall@bmjgroup.com)  
 Tel: +44 (0)20 8445 5825  
 USA  
 Email: [mfogler@medicalreprints.com](mailto:mfogler@medicalreprints.com)  
 Tel: +1 (856) 489 4446  
**SUBSCRIPTIONS**  
 BMA Members  
 Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)  
 Tel: +44 (0)20 7383 6642  
 Non-BMA Members  
 Email: [support@bmjgroup.com](mailto:support@bmjgroup.com)  
 Tel: +44 (0)20 7383 6270  
**OTHER RESOURCES**  
 For all other contacts:  
[resources.bmj.com/bmj/contact-us](http://resources.bmj.com/bmj/contact-us)  
 For advice to authors:  
[resources.bmj.com/bmj/authors](http://resources.bmj.com/bmj/authors)  
 To submit an article:  
[submit.bmj.com](http://submit.bmj.com)

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

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2012  
 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

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



REUTERS

## PICTURE OF THE WEEK

Archaeologists working on a 14th century burial ground found in Farringdon, London, during excavations for the Crossrail project. Records suggest that a cemetery was hastily established in 1348 and used to bury up to 50 000 people who died within three years during the Black Death. Thirteen skeletons have been uncovered and taken to the Museum of London where it is hoped they will help map the DNA signature of the plague bacterium.

## RESPONSE OF THE WEEK

Patients can 'shop around' in today's NHS and if unhappy with one doctor's treatment (or perceived lack of it) can eventually find one who will give them what they perceive they need, eg, antibiotics. On a one to one basis I do not find that warning patients about the dangers of antibiotic resistance and the ticking time bomb is very effective. Thus more public health campaigns and media coverage are essential so that, at least on a national basis, antibiotics are used more prudently.

Charlotte Mendes da Costa, general practitioner, London, UK, in response to "The true cost of antimicrobial resistance"  
 (BMJ 2013;346:f1493)

## CORRECTION:

Owing to an oversight during the final stages of the editorial production of the Graphic of the Week in the "This Week" section of the print issue, we mixed up the abbreviation MSSA with MRSA (BMJ 2013;346, print publication 16 March). In the "Gram positive" list, the first value (9.7%) is wrongly identified as relating to MRSA (meticillin resistant *Staphylococcus aureus*)—in fact, it relates to MSSA (meticillin sensitive *Staphylococcus aureus*). The sixth value (1.6%) is correctly identified as relating to meticillin resistant *Staphylococcus aureus* (MRSA).  
 Cite this as: BMJ 2013;346:f1797

## MOST SHARED

Getting serious about obesity  
 Drug company gifts to medical students: the hidden curriculum  
 Winding back the harms of too much medicine  
 Is paracetamol hepatotoxic at normal doses?

## BMJ.COM POLL

Last week's poll asked: "Are the dangers of antibiotic resistance exaggerated?"

**80.8%** voted no  
 (total 1 125 votes cast)

► BMJ 2012;346:f1493

This week's poll asks:

"Is it acceptable for people to take cognitive enhancing drugs to improve performance?"

► Vote now on [bmj.com](http://bmj.com)



## EDITOR'S CHOICE

## Sleepwalking into the market

**How much do those of you who are doctors working in England's NHS really understand what is happening?**

► To receive Editor's Choice by email each week, visit [www.bmj.com/newaccount](http://www.bmj.com/newaccount)

## Twitter

► Follow the editor, Fiona Godlee, at [twitter.com/fgodlee](https://twitter.com/fgodlee), and the *BMJ* at [twitter.com/bmj\\_latest](https://twitter.com/bmj_latest)



**Sign up today using your smartphone**

—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your smartphone over the QR code
- You will then be forwarded to the email sign up page

Next week on 1 April, England's National Health Service takes what may be an irrevocable step. Sixty five years after the legislation that established a publicly funded, publicly provided, and publicly accountable health service, new regulations come into force that will gradually open up the NHS in England to increasing competition by private providers. Will this overwhelmingly improve the service to patients and the public, as some people claim? Or will it lead gradually but inexorably to the dismantling of the NHS for profit, as others fear, and as Lucy Reynolds claims on [bmj.com](http://bmj.com) (doi:10.1136/bmj.f1848)? The truth may of course be somewhere in between, but should we take the risk?

Understanding what has led us to this point is important, and I urge you to read Reynolds's account. It won't be the first you have read but it may be the clearest. She argues that the seeds for privatisation were sown decades ago with the introduction of the internal market and the purchaser-provider split; that NHS provision has been systematically undermined and, with the help of the private finance initiative, set up to fail financially; that the profitable parts will be hived off under cover of the trusted NHS logo; and that this is not about party politics but about making money from healthcare.

When the regulations requiring commissioning groups to put all contracts out to competitive tender were announced, very quietly, in February, they raised immediate concerns. The outcry was captured in a 1000-signatory letter to the *Daily Telegraph* and prompted the president of the Academy of Medical

Royal Colleges, Terence Stephenson, to intervene. The coalition government has now made some hasty revisions. But as Martin McKee explains (p 24), although some words have changed, the essence of the regulations has not. The rules are now less clear but just as onerous, he says, effectively handing the future of England's healthcare to competition lawyers. In an open letter to medical leaders (p 25), Jacky Davis and colleagues agree. They say that the revised regulations still break a public promise made by the former secretary of state Andrew Lansley that commissioners would have the right to choose whether to commission services.

Recent MORI polls show the public to be largely unaware of any major change to their health service. Despite the scandal of poor care in Mid Staffordshire, they remain intensely loyal to the NHS both as an idea and a reality. But we must expect a generational shift. Those who can remember the harsh days before the NHS make up a dwindling proportion of the population.

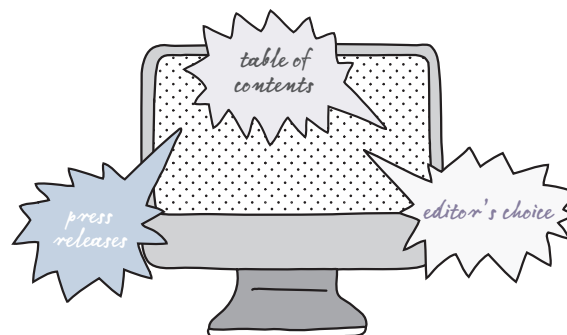
How much do those of you who are doctors working in England's NHS really understand what is happening? How many people care if this unique experiment, this publicly funded and provided healthcare free at the point of delivery, changes gradually but inexorably to something that looks more like the US system? If you think we may be sleepwalking into disaster, now is the time to speak up.

**Fiona Godlee, editor, *BMJ***  
[fgodlee@bmj.com](mailto:fgodlee@bmj.com)

Cite this as: *BMJ* 2013;346:f1850

## Email alerts

Busy? Little time to source information of direct relevance to you? Explore the range of email alerts from the *BMJ*'s table of contents, editor's choice, press releases, and others related to your medical specialty. You choose and get the alert delivered straight to your inbox.



Visit

[bmj.com/email-alerts](http://bmj.com/email-alerts)

**BMJ**