



MICHELLE DEL GUERCIO/SPL

- EDITORIALS, p 7
- RESEARCH, p 12

NEWS

- 1 GPs vote against taking back out of hours care
WHO to probe claims that access to novel coronavirus was restricted

Saudi criticises coronavirus patent, p 1
- 2 Hunt announces plan to make GPs accountable for out of hours care
Doctors' leader calls on Hunt to stop using GPs as scapegoats
Implementation of NHS 111 has harmed patients, admits safety chief
A&E crisis is not a result of GPs' arrangements
- 3 Study finds critical care patients suffer long term health and financial problems
- 4 Having your elective operation later in the week "increases the risk of dying"
Woman with bipolar disorder can abort her baby
- 5 MP says choice of oseltamivir in flu pandemic was worrying
Study links iodine deficiency in pregnancy with lower IQ in kids
- 6 Spend more on treating hepatitis C, say campaigners
Nicholson to step down as chief executive of NHS England by March 2014

RESEARCH

RESEARCH NEWS

- 11 All you need to read in the other general journals
- RESEARCH PAPERS
- 12 Cancer risk in 680 000 people exposed to computed tomography scans in childhood or adolescence: data linkage study of 11 million Australians
John D Mathews et al
● EDITORIAL, p 7
- 13 Diagnostic accuracy of conventional or age adjusted D-dimer cut-off values in older patients with suspected venous thromboembolism: systematic review and meta-analysis
Henrike J Schouten et al
- 14 Day of week of procedure and 30 day mortality for elective surgery: retrospective analysis of hospital episode statistics
P Aylin et al
● EDITORIAL, p 8
- 15 Derivation and validation of QStroke score for predicting risk of ischaemic stroke in primary care and comparison with other risk scores: a prospective open cohort study
Julia Hippisley-Cox et al

COMMENT

EDITORIALS

- 7 CT radiation risks coming into clearer focus
Aaron Sodickson
● RESEARCH, p 12
- 8 Should we rethink the scheduling of elective surgery at the weekend?
Janice L Kwan and Chaim M Bell
● RESEARCH, p 14
- 9 Corporate involvement in public health policy is being obscured
Jeff Collin and Sarah Hill
- 10 Managing the health of prisoners
Alex Gatherer
● ANALYSIS, p 19



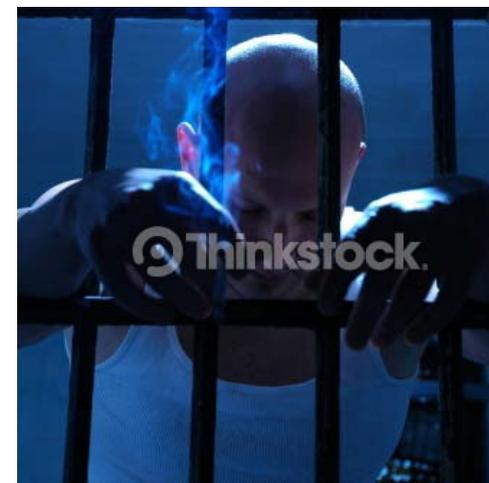
Worse outcomes, p 8

FEATURES

- 16 
The long road to ensuring patient safety in NHS hospitals
As part of a series on compensation for clinical errors, Clare Dyer looks at efforts, past and present, to monitor and prevent mistakes that harm patients
Hope in Berwick?, p 16

ANALYSIS

- 19 Promoting health in prison
Prisons contain some of society's most disadvantaged people. In the last of his series Stephen Ginn looks at how prison provides opportunities to improve their health and asks whether earlier intervention could keep them out of prison in the first place
EDITORIAL, p 10



Tough on criminals' health, p 19

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.

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.

100% recycled

The *BMJ* is printed on 100% recycled paper (except the cover)



Soviet TB doctor dies, p 28

COMMENT

LETTERS

- 22 Telehealth and telecare; Drug combination for obesity; Calcium and cardiovascular risk
- 23 Sharing data from clinical trials; Monitoring the safety of devices; Adulteration of the food chain

OBSERVATIONS

ON THE CONTRARY

- 24 Slip an extra locust on the barbie?
Tony Delamothe

YANKEE DOODLING

- 25 Big Tobacco lights up e-cigarettes
Douglas Kamerow

MEDICINE AND THE MEDIA

- 26 Profits from pregnancy
Margaret McCartney

PERSONAL VIEW

- 27 Integrated care is crucial to prevent abuse of patients
Billy Boland



Joined up care, p 27

OBITUARIES

- 28 Mikhail Izrailevich Perelman
Thoracic surgeon and specialist in pulmonary tuberculosis who operated on Soviet leaders and criticised WHO's TB programme
- 29 N Balakumar; John Barnes; Brian Cameron Campbell; Michael Dean; Donald John Carr Horwood; Pradeep Natarajan; John Andrew Pickering

LAST WORDS

- 39 Bad medicine: epilepsy Des Spence
Is clinical examination dead? Kinesh Patel

EDUCATION

CLINICAL REVIEW

- 30 Diagnosis and management of recurrent urinary tract infections in non-pregnant women
Kalpana Gupta and Barbara W Trautner

PRACTICE

GUIDELINES

- 34 Recognition, assessment and treatment of social anxiety disorder: summary of NICE guidance
Stephen Pilling et al

EASILY MISSED?

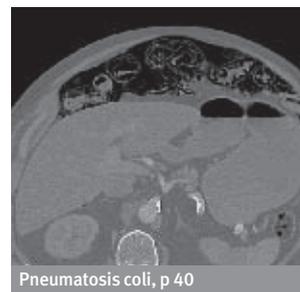
- 36 Acute leg ischaemia
Stephen Brearley

ENDGAMES

- 38 Quiz page for doctors in training

MINERVA

- 40 Lupus, and other stories



Pneumatosis coli, p 40

Too much
information and
not enough time?

BMJ Masterclasses

masterclasses.bmj.com



The Editor, *BMJ*BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com

Tel: +44 (0)20 7387 4410

Fax: +44 (0)20 7383 6418

BMA MEMBERS' ENQUIRIES

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6955

BMJ CAREERS ADVERTISING

Email: sales@bmjcareers.com

Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING

Email: sales@bmjgroup.com

Tel: +44 (0)20 7383 6386

REPRINTS

UK/Rest of world

Email: ngurneyrandall@bmjgroup.com

Tel: +44 (0)20 8445 5825

USA

Email: mfogler@medicalreprints.com

Tel: +1 (856) 489 4446

SUBSCRIPTIONS

BMA Members

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6955

Non-BMA Members

Email: support@bmjgroup.com

Tel: +44 (0)20 7111 1105

OTHER RESOURCES

For all other contacts:

resources.bmj.com/bmj/contact-us

For advice to authors:

resources.bmj.com/bmj/authors

To submit an article:

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) and the code on good publication practice produced by the Committee on Publication Ethics (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 2013 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



PICTURE OF THE WEEK

Members of AutistiX, a rock band from north London, all of whom have autism. Currently touring Spain, the band is about to release its first EP, *Butterflies and Demons*. Apparently, their disability protects them from stage fright.

RESPONSE OF THE WEEK

There are two interrelated obstacles to continuity in primary care. The article usefully highlights one—the tension between access and continuity—the other is money.

Continuity requires some slack in the system . . . So, to improve continuity I need to increase the amount of time I spend being paid to do nothing, occupying an expensive consulting room.

Highlighting the importance of continuity in the care of people with multiple problems is a good start. Next we need evidence about how different ways of providing continuity compare as regards both cost and effectiveness, and a debate about what effects we value.

Louisa Polak, general practitioner and PhD student, Colchester, UK, in response to “Better management of patients with multimorbidity”

(*BMJ* 2013;346:f2510)

MOST SHARED

Seeing double: the low carb diet
Implementation of self management support for long term conditions in routine primary care settings: cluster randomised controlled trial
Statins and the risk of developing diabetes
Are MOOCs the future of medical education?
Am I missing something in the essay on the science of obesity?

BMJ.COM POLL

Our previous poll asked:
“Should governments introduce plain packets for cigarettes?”

72% voted yes
(total 1002 votes cast) *BMJ* 2013;346:f3069

Our latest poll asks:
“Should we sequence everyone’s genome?”

Head to Head:

Yes *BMJ* 2013;346:f3133

No *BMJ* 2013;346:f3132

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

EDITOR'S CHOICE

The inside story on prison health

While some people clearly need to be in prison, and society understandably demands a custodial sentence for certain crimes, in most cases couldn't the money be better spent?

► To receive Editor's Choice by email each week, visit www.bmj.com/newaccount

Twitter

► Follow the editor, Fiona Godlee, at twitter.com/fgodlee, and the *BMJ* at 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

The rate of imprisonment in England, Wales, and Scotland—at around 154 per 100 000 people—is one of the highest in western Europe. While dwarfed by that of the United States, the so called “land of the free,” where roughly one in 100 people is behind bars, the number of prisoners in England and Wales has nearly doubled in the past 20 years, even though recorded crime has fallen. In the final article of his five part series on prison health (p 19), Stephen Ginn asks whether prison is the right place for many offenders and whether earlier assistance in the community might prevent a prison sentence.

As Ginn writes, many of those held in British prisons “come from the most economically deprived and socially disadvantaged groups within society.” He adds: “Many prisoners have chaotic lifestyles and complex health and social problems. They may also have limited health aspirations and low expectations of health services, which may not have the flexibility to respond effectively to their needs.”

Prisons, meanwhile, are vulnerable to infectious disease because of overcrowding, poor ventilation, shared facilities, and a high turnover of prisoners, staff, and visitors. They have higher rates of tuberculosis, hepatitis B, and HIV infection than in the outside population, and very high levels of illegal drug use. Ginn says: “Prisons are not principally in the business of promoting health and some people argue that there is an inherent contradiction between the aims of care and control.” While prison has a role in meeting the health needs of marginalised people—for example, in 2009-10, 60067 prisoners received clinical treatment for drug addiction in English and Welsh prisons—it is “ultimately not the best place to tackle poor health,” writes Ginn.

Moreover, the average cost of a prison place in England and Wales is about £40 000 (€47 000; \$60 000), and in 2012, UK total prison spend was £4.1bn. While some people clearly need to be in prison, and society understandably demands a custodial sentence for certain—particularly violent—crimes, in most cases couldn't the money be better spent? Ginn says that community based drug treatment, for example, was found to be particularly effective at saving costs “as offenders receiving treatment were 43% less likely to reoffend after release.” If crime were a disease (and indeed some in the public health community have seen it that way), wouldn't the smart money be more on crime prevention rather than the so called cure?

Ginn points out that around 80% of prisoners in England and Wales smoke, which is four times the proportion of the general public. While there are no plans for British prisons to become smoke free, the switch to e-cigarettes, the topic of Douglas Kamerow's Observations column this week (p 25), might at least improve the environment for non-smoking prisoners. However, as Kamerow writes, e-cigarettes are worrying the public health community. They appear to help maintain the smoking habit and reduce incentives to quit, and now Big Tobacco is moving into the e-cigarette market. “Now that the vapour is fully out of the cartridge, we're not going to be able to get it back in,” says Kamerow. “We need to make the best of a bad situation before it gets worse.”

Trevor Jackson, deputy editor, *BMJ*

tjackson@bmj.com

Cite this as: *BMJ* 2013;346:f3471

Polls

Yes? No? Vote. Result

Every week throws new health related questions at us. Our online polls ask you for your opinion.



Cast your vote at
bmj.com

BMJ