PROFESSOR NICK FOX

These coronal MRI brain sections from patients with frontotemporal dementia show the diverse profiles of focal cerebral atrophy produced by this spectrum of diseases

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NICE targets dementia practice, p 3

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New bird flu virus was recently identified in Eastern China, p 9

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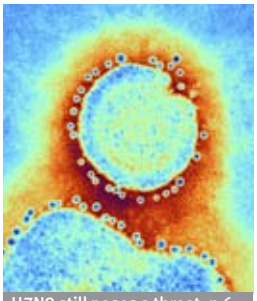

H7N9 still poses a threat, p 6

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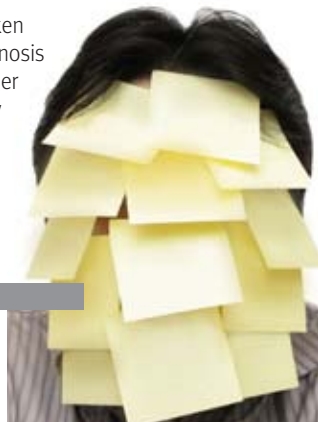

What's in a label? p 20

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BMJ

10 August 2013 Vol 347

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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

A still from the video Dumb Ways to Die, showing a range of cartoon characters who have met grisly ends by, for example, setting fire to their hair, keeping a rattle snake as a pet, or trespassing on railway tracks. Dumb Ways to Die started life as a public service announcement (PSA) on Metro Trains in Melbourne, Australia, designed to promote rail safety. It has been credited with leading to a 30% drop in "near miss" accidents between November 2011 and January 2013. The campaign has since gone viral, spawning three "black comedy" YouTube videos watched more than 55.7 million times in eight months, and an iPad game. Arlene Paredes of the *International Business Times* describes Dumb Ways to Die as "arguably one of the cutest PSAs ever made." See www.youtube.com/watch?v=IJNR2EpS0jw

RESPONSE OF THE WEEK

Quality improvement methodology is a way of getting teams to take responsibility for initiatives by developing implementation from within the team. At the same time, there are continuous cycles of monitoring the impact of change, so that adjustments can be made to ensure that care steadily improves. It is worth considering if this approach would have altered the poor practice of the Liverpool care pathway. If quality of care had been assessed by feedback from, for example, family diaries or use of a local version of the Voices questionnaire of bereaved relatives, perhaps some of the more serious incidents of poor practice would have been avoided.

Whatever replaces the LCP will not be evidence based as an intervention, as there will not have been enough time to gather the evidence. We must make sure that implementation is done in a robust way that involves teams finding their own solutions and that continuous monitoring takes place to assess both benefit and harm.

Julian C Abel, palliative care specialist, Weston Area Health Trust, UK, in response to "The Liverpool care pathway: a cautionary tale" (*BMJ* 2013;346:f75)

MOST SHARED

It's time to ban obesity in NHS employees
Doubts about the BMA's policy on bicycle helmets
Patient information leaflets: "a stupid system"
Junior doctor's conviction for involuntary manslaughter raises concern over medical training
Best care for the dying patient

BMJ.COM POLL

Last week's poll asked: "Should Europe have a universal hepatitis B vaccination programme?"

83% voted yes (total 531 votes cast)

BMJ 2013;347:f4057

This week's poll asks:

"Do you find patient information leaflets a useful resource in your day to day clinical practice?"

BMJ 2013;347:f4748

Vote now on bmj.com

EDITOR'S CHOICE

When diagnosis is not enough

What if making a diagnosis can itself harm rather than benefit patients?

In an ideal world, diseases would be easy to diagnose, treatments would be 100% effective and harmless, patients would recover fully, and that would be the end of that. Unfortunately, the real world doesn't deliver such simplicity on a plate, and doctors are constantly battling with far more complex variations of the diagnosis, treatment, and recovery cycle. This week the *BMJ* covers a range of permutations, from diseases that can be reliably diagnosed but are impossible to treat (p 9) to those that are difficult to diagnose and treat (p 28), and even those where the diagnosis itself can do more harm than good (p 20).

Qi and colleagues present the first report of probable person to person transmission of the novel avian influenza A (H7N9) virus. Both patients had confirmed H7N9 infection and died of multi-organ failure. Since the recent emergence of the virus in China, the main concern has been whether it could spread between people and cause the next pandemic. In their editorial (p 6), James W Rudge and Richard Coker acknowledge that human to human transmission is probable, but "does this imply that H7N9 has come one step closer towards adapting fully to humans? Probably not." However, they caution that we must remain vigilant as "the threat posed by H7N9 has by no means passed."

Thankfully, H7N9 infection is rare, and can be rapidly and reliably diagnosed. More commonly doctors are faced with scenarios where the diagnosis is anything but clear. In their Clinical Review, Jason Warren and colleagues unpick the tricky diagnosis of frontotemporal dementia. Although the condition is less common than Alzheimer's disease, it is a major cause of young onset dementia—usually in the sixth decade of life, but it can start as early as the third. Presenting features include progressive aphasia, or a change in behaviour or personality, which is often misdiagnosed as psychiatric illness. Brain imaging (ideally magnetic resonance imaging) can confirm the diagnosis and exclude other conditions, such as brain tumours. Management is supportive, as no treatment has yet been shown to alter progression of the disease.

And then we come to the most perplexing challenge of all. What if making a diagnosis can itself harm rather than benefit patients? In a Head to Head debate (p 20), Felicity Callard and Pat Bracken argue that the "ways in which psychiatric diagnosis can disempower people with mental illness outweigh the ways in which diagnosis may have enabled them." But Anthony David and Norman Sartorius retort that diagnosis "allows problems to be quantified and tracked over time and space" and "is the starting point to research into causes, consequences, and solutions..." "At the very least," they say, "diagnosis enables patients to see that they are not alone."

On a lighter, more grammatical, note, I do hope my writing skills live up to the standards of James Owen Drife, whose column "The fight for good writing" (p 39) reminds us how to write proper(ly). "Even professional editors have irritating little quirks," he says. That's told me where to put my ifs, buts, and maybes.

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Cite this as: *BMJ* 2013;347:f4970