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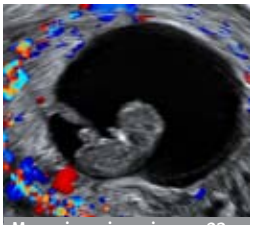

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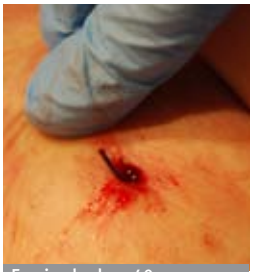

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PICTURE OF THE WEEK

More than 2000 abortion rights advocates filled the Capitol building in Austin, Texas, on 12 July to protest against the passing of one of the most restrictive abortion bills in the United States. Six protesters were dragged out of the Senate chamber by state troopers for earlier trying to disrupt the debate. The Republican majority passed the bill unchanged, with all but one Democrat voting against it.

SEE NEWS: Texas governor promises to sign abortion law that will close most clinics (*BMJ* 2013;347:f4584)

RESPONSE OF THE WEEK

While the impetus (scientific discovery and transparency) for this movement is noble, perhaps if the research community become more cognizant of the human toll of unpublished and abandoned studies we could eliminate a lot of this. Using the grandparent rule ("Would you want yours to participate?"), clinical researchers might give pause to consider whether frivolous or financially motivated studies are truly in the best interest of subjects.

Even simple procedures such as phlebotomy are not without risk, and we all know the potential outcomes related to exposure to xenobiotics. If the data generated will ultimately be filtered by corporate interests, we must ask ourselves if it is really worth it.

Thomas M McCloskey, clinical pharmacist, St Mary's Hospital and Regional Medical Center, Grand Junction, USA, in response to "Restoring invisible and abandoned trials: a call for people to publish the findings"
BMJ 2013;346:f2865

MOST SHARED

BMJ.COM POLL

Last week's poll asked:
"Are clinical trial data shared sufficiently today?"

91% voted no (total 473 votes cast)

This week's poll asks:

"Does adding routine antibiotics to animal feed pose a serious risk to human health?"

BMJ 2013;347:f4214

Vote now on bmj.com

EDITOR'S CHOICE

Time to divide the spoils?

Recent headlines have portrayed an NHS akin to a war zone and so weary of its 65 year service that the game is finally up

You could be forgiven for thinking that it is open season on the NHS. Over the past few months, the media image has been of a service sick to its core, almost unrivalled in its incompetence and cruelty. From Mid Staffs to Morecambe Bay, from the "crisis" in emergency departments to the Liverpool care pathway, some egregious failings have certainly been on display.

The *BMJ* would have been remiss if it had not sought to document and interpret these. In their editorial (p 7), J Nicholl and S Mason seek to get beyond the "corridors of shame" headlines to the real reasons for sharp rises in numbers waiting longer than four hours at emergency departments. While the lay press has scapegoated general practitioners, out of hours services, NHS 111 services, and immigrants, Nicholl and Mason suggest some less emotive causes. These include the seasonal norovirus and flu epidemics, and acute hospital trusts taking their eyes off the ball after the four hour standard was removed as a target in 2011.

Three of the reviews commissioned in the wake of recent NHS failings see publication this week. Nigel Hawkes reports on the Neuberger review, which found that the Liverpool care pathway was well intentioned but poorly implemented and should be scrapped in favour of personal care plans (p 2). Zosia Kmietowicz covers the Keogh report into the 14 hospital trusts purported to have the worst death rates in England, and health secretary Jeremy Hunt's decision to put 11 of the hospitals into special measures (p 1).

And Jacqui Wise reports on the Cavendish review—an offshoot of the Francis inquiry into failings at Mid Staffordshire NHS Foundation Trust—which calls for all healthcare assistants to receive basic training before they can work unsupervised (doi:10.1136/bmj.f4489).

Meanwhile, recent headlines from some quarters of the lay media have portrayed an NHS akin to a war zone and so weary of its 65 year service that the game is finally up. Which is, of course, what the enemies of the service would like people to think: time to divide the spoils and sell to the highest bidder.

As *BMJ* reporter Gareth Iacobucci reveals this week, the forces of privatisation are already at work (p 4). In the second part of his latest investigation, he describes how a growing number of hospitals are introducing a new category of private patient: the "self funded" patient. Tariffs for self funded patients are based on estimates of what it costs the NHS to treat them. The rates are considerably lower than those traditionally charged to private patients, but, as King's Fund economist John Appleby comments, the difference between the two categories is immaterial. "Does this start to muddy the provision of public-private healthcare within the NHS?" Appleby asks. Will it have any negative effect on the NHS? If this treatment option continues to expand, where will it leave waiting lists for regular NHS patients?

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