ST BARTHOLOMEW'S HOSPITAL/SPL

PRACTICE, p 30

NEWS

1 Reliance of 111 on non-clinical staff has put undue pressure on A&E

Drug industry asks patient groups to deflect calls for full trial data

2 Drive to boost health checks in England sparks renewed debate over evidence

Future gaps in workforce pose an impending crisis for the NHS, report warns

3 Systematic review finds no benefits in population screening for dementia

Avastin is as effective as Lucentis in treating wet age related macular degeneration, study finds

4 Thoughts on quitting rise with plain packaging

Plans for minimum price of alcohol in England and Wales are dropped

Care Quality Commission sets out new inspection regime for hospitals in England

5 Mortality rates after emergency surgery vary widely between hospitals, study shows

Dependence of high deficit hospitals on bailouts is unsustainable, report says

6 GPs must test new approaches to primary care, report says

Trade talks won't affect countries' health policies, say EU officials

Screening for dementia found to be of limited benefit, p 3

RESEARCH

RESEARCH NEWS

11 All you need to read in the other general journals

RESEARCH PAPERS

12 Fertility treatment and risk of childhood and adolescent mental disorders: register based cohort study
Bjørn Bay et al

13 Renal outcomes associated with invasive versus conservative management of acute coronary syndrome: propensity matched cohort study
Matthew T James et al

14 Effectiveness of pertussis vaccines for adolescents and adults: case-control study
Roger Baxter et al

15 Practices and impact of primary outcome adjustment in randomized controlled trials: meta-epidemiologic study
Nazmus Saquib et al

COMMENT

EDITORIALS

Tall orders for post-2015 development goals, p 9

7 The next step in controlling HBV in China
Yuanyong Xu et al

8 Best care for the dying patient
John E Ellershaw, Mayur Lakhani

9 What will follow the millennium development goals?
Charles Kenny, Amanda Glassman

10 Force feeding of mentally competent detainees at Guantánamo Bay
Eleanor Chrispin, Vivienne Nathanson

FEATURES

16 Patient safety without the blame game
Rather than relying on naming and shaming, as many countries have done, Denmark responded to the problem of patient safety by establishing a reporting system without sanctions. Vibeke Lyngklip Svansoe explains its effects

ANALYSIS

18 In search of social equipoise
A failure to acknowledge uncertainty about the effectiveness of social interventions is a major barrier to evidence based public policy making. M Petticrew and colleagues argue that we need to develop and apply the concept of social equipoise

Negotiating uncertainty in social interventions, p 18

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)


Newborns in trials, p 22

COMMENT

LETTERS

21 Adverse effects of oseltamivir
Acne vulgaris

22 How not to reduce uncertainties
Banning junk food in hospitals

OBSERVATIONS

OPEN DATA

23 When will we know what oseltamivir does?
Trish Groves

PALLIATIVE CARE

24 The birth and death of the Liverpool care pathway
Krishna Chinthapalli

PERSONAL VIEW


CQC needs to avoid overbearing regulation, p 25

25 Why would the Care Quality Commission emulate Ofsted's culture of fear?
Billy Boland

OBITUARIES

26 Donald Gwynvor Craig; Eric Harry Miles Foxen; Kenneth Willoughby Heaton; Monica Kathleen McAllen; Thomas Matthew Maguire; Dilip Kumar Mukerji

LAST WORDS

35 Bad medicine: motherhood Des Spence
How to learn scepticism Colin Brewer

EDUCATION

CLINICAL REVIEW

27 An introduction to patient decision aids
Drug and Therapeutics Bulletin

PRACTICE

GUIDELINES

30 Diagnosis and management of varicose veins in the legs: summary of NICE guidance
Grace Marsden et al

A PATIENT'S JOURNEY

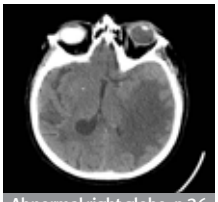
31 Spinal injury
Martin Davies et al

ENDGAMES

34 Quiz page for doctors in training

MINERVA

36 Cognitive reserves for later life, and other stories


Abnormal right globe, p 36

BMJ

27 July 2013 Vol 347

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

BMJ Group

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

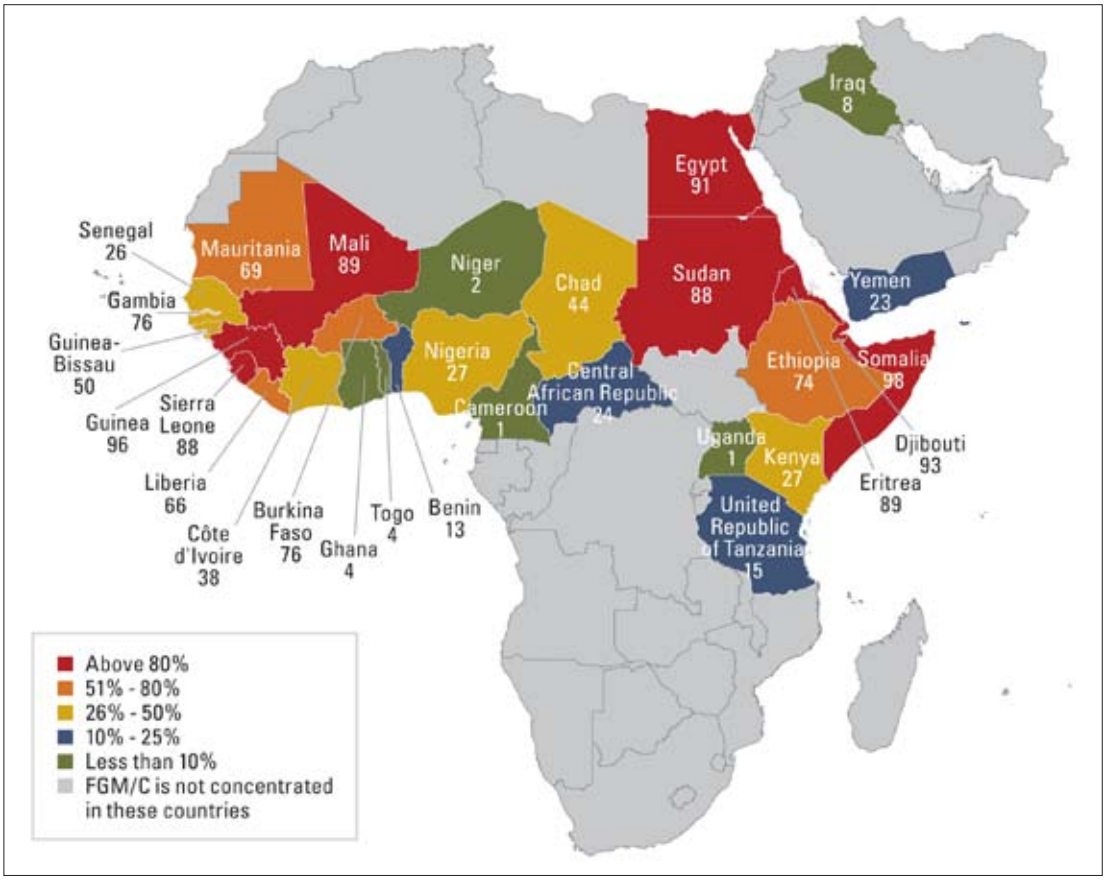
The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) 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.

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



UNICEF

PICTURE OF THE WEEK

This map from Unicef's report on female genital mutilation/cutting (FGM/C) shows the proportion of girls and women aged 15-49 who have undergone the practice in the 29 countries where it is concentrated. In half of the countries with available data, the majority of girls were cut before the age of 5.

RESPONSE OF THE WEEK

"The creation of a medical ideas bank is a clever way of both acknowledging and permitting creativity in medicine. One of the logical consequences of expecting a highly educated workforce to follow guidelines and check lists meticulously is a tendency to produce the unreflective and desiccated practice characteristic of those on the factory floor. This one suspects is deeply unsatisfying for the clinician long term.

The medical ideas bank can capitalise on the creative knowledge emergent at the bedside and link to those who can assist the potential clinician innovator to assess and transform their idea into practice. From a broader health resource perspective, the public may then start to get the most `bang' for the funds invested in medical education. Surely this would be a win for both clinicians and patients."

Sarah Winch, senior lecturer health care ethics, University of Queensland, Australia, in response to "We should harness the power of our colleagues' fresh ideas" (*BMJ* 2013;346:f4538)

MOST SHARED

Too much medicine; too little care

A&E doctor is suspended for nine months after series of incidents that alarmed colleagues

Hundreds of doctors to be investigated for questionable prescribing practices

England's national programme for IT

BMJ briefing: meet the new masters of public health

BMJ.COM POLL

Last week's poll asked:
"Does adding routine antibiotics to animal feed pose a serious risk to human health?"

90% voted yes (total 654 votes cast)

BMJ 2013;347:f4214

This week's poll asks:

"Is the UK government right to scrap the Liverpool care pathway?" *BMJ* 2013;347:f4669

Vote now on bmj.com

EDITOR'S CHOICE

Last rites

The scrapping of the LCP in the UK is a serious failure not of ideas but of implementation

The Liverpool care pathway was developed in the UK in the late 1990s. Since then it has been adopted at national level by 20 other countries, reflecting growing efforts around the world to improve care for patients dying in hospital. But last week the pathway was given its own last rites by the UK government, in response to an independent review (*BMJ* 2013;347:f4568).

In this week's journal, Krishna Chinthapalli tells the story of the LCP from its origins in the hospice movement to its UK demise. He asks where doctors, especially trainees, can now turn for necessary reminders to consider all aspects of a dying patient's care, and for specific guidance on symptom management (p 24). In an editorial, the pathway's architect, John Ellershaw, reiterates the underlying principles of good end of life care, calling for these to be applied wherever a person is dying: hospital, hospice, or home (p 8).

Given the determined and at times sensationalist media campaign against the pathway (*BMJ* 2012;345:e7316), and the undisputed reports of appalling care experienced by patients dying under the LCP banner, the Neuberger review had no choice but to recommend that the pathway be phased out. Stories of patients being denied food and water, being left untended with inadequate pain and symptom relief, and being placed on the pathway without proper communication, had left the LCP as a brand too tarnished to be saved.

But the review made clear that, when properly implemented, the pathway improves care for patients at the end of life. What the LCP needed, it said, was better training for all staff, more support and supervision for trainees especially at night and at weekends, and better communication with patients, their families, and the public about death and dying as a normal part of life. The review also called for more research, since although the pathway represents current best practice, there is little good evidence to help us decide which approaches are really best under which circumstances.

The scrapping of the LCP in the UK is a serious failure not of ideas but of implementation. At fault was a lack of training, staffing, support, common sense, and even humanity. But the principles of the LCP remain sound and the need for their widespread application has never been greater.

In their editorial, Ellershaw and Mayur Lakhani list the 10 key elements of good care for the dying patient, covering good communication, spiritual care, and anticipatory prescribing for symptom relief. Perhaps the most important is the very first: recognition that the patient is dying. All else flows from this, yet it remains something that doctors seem most challenged and troubled by.

Fiona Godlee, editor, *BMJ*
fgodlee@bmj.com

Cite this as: *BMJ* 2013;347:f4714

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