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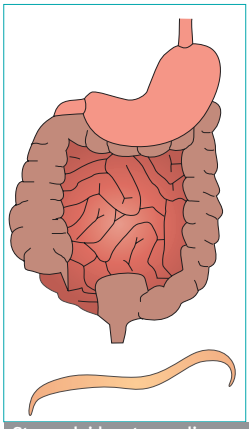
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PICTURE OF THE WEEK

The Broken Heart by Gillian Gray, Megan Swim and Harris Morrison, of the University of Edinburgh, is this year's Image of the Year in the British Heart Foundation's "Reflections of Research" competition. The image was captured using optical projection tomography—a special imaging technique that gives unprecedented insights into the structure of the heart, and how it can become damaged or "broken." The annual competition aims to find the most striking and unusual images of the heart and blood vessels, created during research funded by the BHF.

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RESPONSE OF THE WEEK

"Perhaps a return to a former way of organising the GP clinic should be considered. In this the appointment system is abandoned and any patient wishing to see the doctor attends the surgery between 8 am and 10 am, after which the door is closed. Latecomers are directed to attend the evening surgery, which is conducted along similar lines. Patients are seen by the doctor in roughly the order in which they arrived with priority for common sense exceptions. The doctors work until the queue is cleared. Patients with what they consider urgent problems would be seen and not given an appointment a week ahead.

This is, in effect, what now happens in A&E and seems to be accepted. It will have the effect of discouraging certain attenders and will do away with the wasted time of failed appointments. The NHS is funded by the State and cannot afford to be other than a no-frills service."

Julian A C Neely, retired general surgeon, Horsham, UK, in response to "GPs must be encouraged to test out new approaches to primary care, report says" (*BMJ* 2013;347:f4612)

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BMJ.COM POLL

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"Is the UK government right to scrap the Liverpool care pathway?"

77% voted no (total 703 votes cast)

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

BMJ 2013;347:f4057

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EDITOR'S CHOICE

First do no harm

Do benefits outweigh harms, do false negatives lead to inappropriate reassurance, or do false positives lead to over-investigation and over-intervention?

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Most countries in the world have heeded the World Health Organization's call to include hepatitis B vaccine in childhood immunisation programmes. But six countries in Northern Europe, including the United Kingdom, have not. Why are they holding out? Hepatitis B infects two billion people worldwide, causing hundreds of millions of chronic infections and early deaths from liver disease. About 14 million people in Europe are chronically infected.

Such high numbers help Pierre Van Damme and colleagues make a good case for the remaining six European countries to fall into line (p 14). The alternative approaches—targeting people at high risk and preventing perinatal transmission—are hard to implement, they say. But Tuija Leino and colleagues argue persuasively against universal vaccination in these non-endemic countries. They explain that the main aim of hepatitis B prevention is to stop people becoming carriers. Most infections in low endemicity countries occur in young adults, among whom rates of lifelong virus carriage are less than 5%. Immigration is the main source of new carriers in these countries, and childhood vaccination would have minimal impact on the prevalence of carriers, they say. Better to focus efforts on effective programmes for antenatal hepatitis B screening. Last week's editorial on hepatitis B in China summarised the current best options for interrupting mother to child transmission in infected women (*BMJ* 2013;347:f4503).

The tendency to favour universal prevention programmes is questioned elsewhere in the journal this week. The UK government recently announced that all adults aged 40-75 will be offered regular free health checks. On the face of it, this sounds like a good and generous plan. But Felicity Goodyear-Smith asks: "do benefits outweigh harms, do false negatives lead to inappropriate reassurance, or do false positives lead to over-investigation and over-intervention?" (p 5). Screening always comes with social and financial costs, she says. With primary care services already heavily stretched, this latest government initiative doesn't sound like good medicine or good value for money.

Nor does the new catch all definition of chronic kidney disease. Continuing our series on overdiagnosis, Ray Moynihan and colleagues explain that the large numbers of people now labelled as having chronic kidney disease (14% of all adults), combined with the low rate of total kidney failure, suggests that many of those diagnosed will never develop symptoms (p 19). The authors recommend clinical scepticism about the current definition and call for caution in labelling patients, especially older people.

What then of plain packaging for cigarettes? Here's an intervention that seems poised to improve public health. As Crawford Moodie and colleagues recount, Australia's experiment continues apace and the growing body of research is consistent in finding that plain packaging would reduce the appeal of tobacco products, particularly among children (p 25). Research also suggests that it would make health warnings more effective and make it harder for manufacturers to mislead smokers about the risks. So what's stopping other governments from following Australia's lead? Not an absence of good evidence but a lack of political will.

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