

ANALYSIS, p 20

## NEWS

- NHS 111 led to more ambulance dispatches, finds study of pilot areas  
NHS medical director proposes two tier emergency service
- UK government is still considering standard packaging of tobacco  
NHS “pays twice” for patients at walk-in centres who are registered elsewhere, study finds
- Slim cigarettes are “cool,” “classy,” and much less harmful, say teenagers  
Study finds academics who backed flu drugs in media reports to have closer ties to industry
- NHS won’t know number of managers made redundant and rehired  
Women who have had bariatric surgery have raised risk of preterm babies  
Trial will test whether shopping vouchers encourage breast feeding
- US lawyers investigate trial that secured drug licence  
Surgeon jailed for manslaughter after delaying operation on man with perforated bowel



Bariatric surgery increases risk of preterm babies, p 4

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- Comparative effectiveness of renin-angiotensin system blockers and other antihypertensive drugs in patients with diabetes: systematic review and bayesian network meta-analysis  
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- Effectiveness of telemonitoring integrated into existing clinical services on hospital admission for exacerbation of chronic obstructive pulmonary disease: researcher blind, multicentre, randomised controlled trial  
Hilary Pinnock et al  
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- Palm oil taxes and cardiovascular disease mortality in India: economic-epidemiologic model  
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- Tamsulosin treatment for benign prostatic hyperplasia and risk of severe hypotension in men aged 40-85 years in the United States: risk window analyses using between and within patient methodology  
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## COMMENT

### BMJ CONFIDENTIAL

- John Burn  
In its series asking the movers and shakers of the medical world about work, life, and less serious matters, the *BMJ* spoke to the clinical geneticist who founded Newcastle upon Tyne’s Centre for Life



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John P A Ioannidis
- Telemonitoring for patients with chronic obstructive pulmonary disease  
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- India has a problem with palm oil  
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- Severe hypotension associated with  $\alpha$  blocker tamsulosin  
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### FEATURES

- Putting GlaxoSmithKline to the test over paroxetine  
Blockbuster antidepressant paroxetine is no stranger to headlines. The drug is now back centre stage as requests for clinical data from one of its trials are testing its manufacturer’s commitment to full transparency. Peter Doshi reports



GSK is questioned over transparency of paroxetine trial, p 15

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- Should flu vaccination be mandatory for healthcare workers?  
Amy Behrman believes that mandatory vaccination is needed to protect vulnerable patients, but Will Offley argues that evidence on effectiveness is not sufficient to over-ride healthcare workers’ right to choose

### ANALYSIS

- Population ageing: the timebomb that isn’t?  
Jeroen Spijker and John MacInnes argue that current measures of population ageing are misleading and that the numbers of dependent older people in the UK and other countries have actually been falling in recent years



Leading figure in cancer research, p 27

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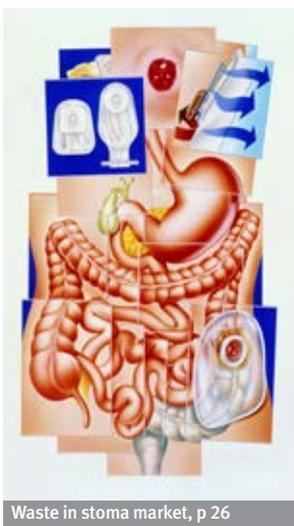
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## CHRISTMAS COMPETITION

We invite readers to write a haiku describing the findings of *BMJ* research papers. See [bmj.com](http://bmj.com) for a list of the articles and details of how to enter. The competition closes on 30 November.



Write a haiku for Christmas

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## PICTURE OF THE WEEK

An estimated 10 000 people are believed to have been killed and 800 000 left homeless after Typhoon Haiyan hit the Philippines last weekend. The United Nations has said that damaged roads and bridges and uncleared debris are hampering the delivery of much needed food, water, drugs, clothing, and plastic sheets. Pregnant Emily Ortega, 21, managed to swim to safety when the evacuation centre she had been staying in flooded. Military doctors were on hand to deliver her baby, Bea Joy, on 11 November.

## RESPONSE OF THE WEEK

I've never seen it in print and may, I suppose, have invented it myself, but an aphorism which rides well with Sokol's, 'Do no net harm,' is 'When in doubt, do nowt'. Alas, it comes with a health warning: as with embracing patients' choice, you feel no better when things go wrong.

Dudley D Mathews, retired obstetrician and gynaecologist, Sheerness, UK, in response to "First do no harm" revisited" (*BMJ* 2013;347:f6426)

## MOST READ

Saturated fat is not the major issue  
 Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies  
 Aircraft noise and cardiovascular disease near Heathrow airport in London: small area study  
 How should we define health?  
 Comparative effectiveness of exercise and drug interventions on mortality outcomes: metaepidemiological study

## BMJ.COM POLL

Last week's poll asked: "Should athletes be allowed to use performance enhancing drugs?"

**85%** voted no  
 (total 1127 votes cast)

▶ *BMJ* 2013;347:f6150

This week's poll asks:

"Should trans fats be banned?"

▶ *BMJ* 2013;347:f6523

▶ *BMJ* 2013;347:f6749

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## EDITOR'S CHOICE

## We need to separate “old” and “age”

**Doomsday warnings of an ever growing elderly dependent population, with fewer and fewer people for them to depend on, are based on a flawed measure**

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Gloomy predictions about the social and economic impact of an ageing population are part of our accepted world view. They are used to pour cold water on aspirations for universal healthcare and to justify raising the statutory retirement age. But have we got the predictions wrong? Is the future rosier than we have been led to believe?

Jeroen Spijker and John MacInnes think so. In their Analysis this week (p 20) they say that doomsday warnings of an ever growing elderly dependent population, with fewer and fewer people for them to depend on, are based on a flawed measure. The “old age dependency ratio” uses the statutory retirement age as a cut-off. It then divides adults into those above this age (dependent) and those below (the working population). By this measure, most countries are nursing a demographic timebomb, triggered in the past by increased birth rates and reduced infant mortality, and fuelled more recently by increased life expectancy.

But this measure doesn't take account of improvements in older people's economic, social, and physical circumstances. Rising life expectancy makes older people “younger,” healthier, and fitter, the authors say. In aggregate terms, compared with 100 years ago, the current population is older in terms of years lived but younger in terms of years left. They also point out that, because of unemployment, there are currently more dependants of working age than there are older people who do not work.

Their alternative measure uses “remaining life expectancy,” which they say is a better indicator of the onset of dependency. The “real elderly dependency ratio” tracks the proportion of people with a remaining life expectancy of 15 years or less and divides this by the number of people actually in employment.

Even a conservative projection, keeping unemployment stable, delivers a rather less depressing version of the

future for almost all countries. (Japan is the exception because of its relatively low birth rates and immigration.)

Why does this matter? Predicting the future is a fool's game. But policy makers have to base their decisions on something. If this view of the world is credible, and if it encourages or at least reduces the discouragement of those pushing for universal healthcare, I'm all for it.

Which brings me to the subject of older doctors. For those of you who are retired or planning to retire, how easy is it for you to continue in a part time medical or academic capacity if you would like to do so? Anecdotal reports reaching the *BMJ* suggest that this has never been easy and is getting harder. Requirements for reappraisal and other barriers are discouraging some from considering part time work after retirement, we are being told. Faced, as many countries are, with a shortage of doctors in key specialisms such as primary care and emergency medicine (<http://bit.ly/1brB5v9>), why are we not making it easier for older doctors to continue to contribute?

We know that some important clinical skills decline with age, especially those that depend on manual dexterity, but others don't or may improve, such as diagnostic skills and clinical judgment (<http://bit.ly/14fRaih>). Patients' needs and safety must dictate what happens, but provided older doctors keep up to date, is there any reason not to do everything we can to hold on to them? Could we not do more to make use of 40 years' investment in their training and development.

We'd like to hear from you on this. Should older doctors be encouraged to continue in some capacity? And if so, what are the barriers to continuing to work in medicine and teaching after retirement, and what should we be doing to lower them?

**Fiona Godlee, editor, *BMJ* [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

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