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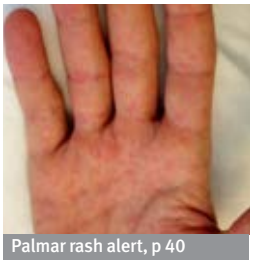
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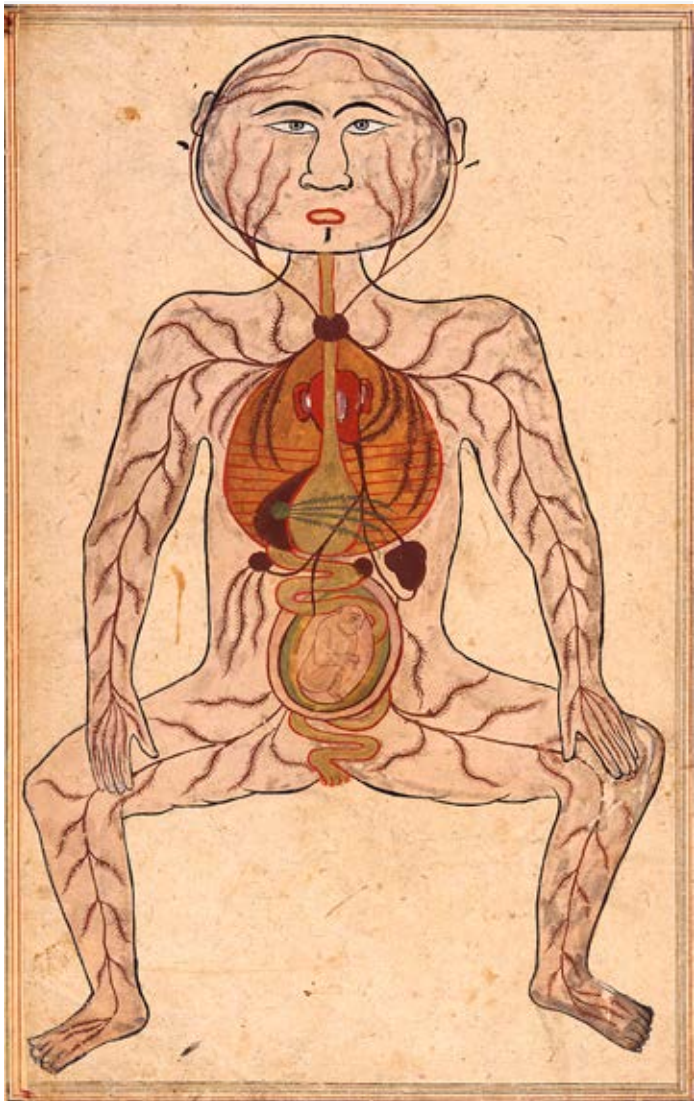

ROYAL COLLEGE OF PHYSICIANS

PICTURE OF THE WEEK

The Royal College of Physicians' exhibition, The mirror of health: discovering medicine in the Golden Age of Islam, presents newly researched material from the college's collection of Islamic medical manuscripts and objects. The exhibition, which draws on advances from the 9th to the 17th century, runs until 25 October. Pictured, above, is an illustration of female reproduction, from *Mansur's Anatomy*, 1656.

BMJ.COM POLL

Last week's poll asked: "Would older people benefit from having a named general practitioner?"

87% voted yes (total **721 votes cast**)
BMJ 2013;347:f5545

This week's poll asks:

"Should it be compulsory for healthcare workers to be vaccinated against flu?"

BMJ 2013;347:f5639

Vote now on bmj.com

RESPONSE OF THE WEEK

"As I have advancing metastatic disease, there have been no opportunities for good news—just different shades of bad news. What I have noticed is that communication skills bear no relationship to seniority or experience—indeed some of the younger doctors have been absolute naturals, whereas those who should know better can fall well short. In my experience this has usually been evident before a word has been said, so that the discomfort is clearly visible and therefore palpably present in advance of the consultation. We should not forget the importance of the greeting and the strategic significance of a walk down the corridor when dealing with our patients. But most of all, we need to consider how we would wish to be addressed in similar circumstances."

Jim N Hardy, retired GP, London, UK, in response to "Communication in difficult situations: what would a friend say?" (*BMJ* 2013;347:f5037)

MOST READ

Fruit consumption and risk of type 2 diabetes: results from three prospective longitudinal cohort studies

Why we can't trust clinical guidelines

Performance of English stop smoking services in first 10 years: analysis of service monitoring data

Dyspepsia

Personality disorder

EDITOR'S CHOICE

Austerity, suicide, and screening

Governments can, if they choose, ameliorate the serious damage to mental health from unemployment

The *BMJ* tries not to get into party politics. But parties have policies, and when those policies become government policies, and where there is evidence that a policy is harming health, we must speak as we find.

The policy in this case is austerity, and new evidence of its associated harm is published in the *BMJ* this week. Building on previous smaller studies, Chang and colleagues have examined data from 54 countries for any link between the 2008 global economic crisis and increased rates of suicide (p 13). By comparing the number of suicides reported in 2009 with the number expected based on trends before the crisis (2000-07), they identified over 4000 "excess suicides." Increased suicides were most apparent in Europe and the United States and in men rather than women. The authors looked for and found a specific "dose-response" relation between suicide and unemployment, especially in countries where unemployment levels before the crisis were low.

In a linked editorial, Keith Hawton and Camilla Haw take this further (p 9). Other evidence, most notably a study published four years ago in the *Lancet* (2009;374:315-23), shows that countries that have adopted austerity measures have seen the biggest rises in suicide and other health problems and that active programmes to keep people in work or meaningful activity can reduce or counter these harms.

So governments can, if they choose, ameliorate the serious damage to mental health from unemployment, the brunt of which in almost all countries examined by Chang and colleagues was borne by young men. In a second editorial, Jan Scott and colleagues highlight the hidden burden of mental illness in young men who are not employed or in education or training (p 8). Too often healthcare systems fail to identify those at risk before they are hit by the "double whammy" of economic inactivity and severe mental disorder.

If this is an important example of underdiagnosis, there is no shortage of examples of overdiagnosis. At the Preventing Overdiagnosis conference in Dartmouth, US, last week (www.preventingoverdiagnosis.net), clinicians and academics who had been ploughing a sometimes lonely furrow within their own specialty found themselves in like minded company and able to compare notes (http://bit.ly/1a0oX26).

Barnett Kramer, a long-time commentator on the risks of overdiagnosis from cancer screening, was there, and in an editorial this week he and colleagues focus on the damage done by indiscriminate use of the term "cancer" for lesions that may not progress (p 7). And just published on bmj.com (2013;347:f5334), a new study finds that randomised trials of cancer screening are poor at reporting harms. Only 7% of 57 trials identified mentioned the risks of overdiagnosis and only 4% recorded false positive results.

Such concerns will be familiar to those of you who have followed the *BMJ*'s Too Much Medicine campaign (www.bmj.com/too-much-medicine) and our recent series on overdiagnosis, which this week turns to screening for pre-dementia (p 15). Another government policy which, based on this paper, might be summarised as daft and damaging.

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