



● ANALYSIS, p 18

## NEWS

- 1 Judge allows two compulsory caesareans in a week  
More innovative drugs originate outside the industry than is claimed
- 2 People travelling abroad for treatment need more information  
GP who persuaded his wife to try heroin is suspended from register for nine months
- 3 Six hospitals are named as “outliers”  
No one knows who is accountable for England’s midwife shortage
- 4 Tory MP asks how government will recoup £10m in NHS “pay-offs”  
Monkeying around  
Global cancer prevalence is growing at “alarming pace,” says WHO
- 5 Higher sugar intake is linked to raised risk of cardiovascular mortality  
Peers vote for amendment to legislate against smoking in cars with children



Compulsory caesareans, p 1

## RESEARCH

### RESEARCH PAPERS

- 11 Undetermined impact of patient decision support interventions on healthcare costs and savings: systematic review  
Thom Walsh et al  
● EDITORIALS, p 10
- 12 Endovascular or open repair strategy for ruptured abdominal aortic aneurysm: 30 day outcomes from IMPROVE randomised trial  
IMPROVE trial investigators  
● EDITORIALS, p 8
- 13 Safety of benzodiazepines and opioids in very severe respiratory disease: national prospective study  
Magnus P Ekström et al
- 14 Failure rate of cemented and uncemented total hip replacements: register study of combined Nordic database of four nations  
Keijo T Mäkelä et al  
● EDITORIALS, p 9

## COMMENT

### BMJ CONFIDENTIAL

- 6 Iona Heath  
Former president of the RCGP and *BMJ* columnist replies to the *BMJ*'s questions about work, life, and less serious matters



### EDITORIALS

- 7 Mobile phones and driving  
Charles Pless and Barry Pless
- 8 Surgery for ruptured abdominal aortic aneurysm  
Martin Björck  
● RESEARCH, p 12
- 9 Selecting the right hip replacement  
David F Hamilton and Colin R Howie  
● SECTION, p 14
- 10 Treatment decision aids are unlikely to cut healthcare costs  
Steven J Katz  
● RESEARCH, p 11



## FEATURES

- 15 Scotland's battle over alcohol pricing  
This week the alcohol industry heads back to court in its latest attempt to overturn the introduction of minimum pricing in Scotland. Jonathan Gornall investigates how it has tried to influence opinion



Minimum pricing knocked back, p 15

## ANALYSIS

- 18 Why can't all drugs be vegetarian?  
Many patients avoid eating animal products for various reasons, but how many doctors consider this when prescribing a drug? Even if they do, Kate Tatham and Kinesh Patel find it is hard to determine whether drugs meet the patient's dietary requirements

Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://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](http://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.

 **recycle**  
When you have finished with this magazine please recycle it.  
The *BMJ* is printed on 100% recycled paper (except the cover)



John Batten obituary, p 26

## COMMENT

## LETTERS

- 21 Sharing medical record data; Postgraduate medical training; doctors' competing interests
- 22 Sodium in drug formulations

## OBSERVATIONS

## BODY POLITIC

- 23 Too much information? Nigel Hawkes

## REALITY CHECK

- 24 Privacy is theft—sharing is caring  
Ray Moynihan

## PERSONAL VIEW

- 25 Allowing patients to choose the ethnicity of attending doctors is institutional racism  
Nadeem Moghal



Institutional racism?, p 25

## OBITUARIES

- 26 John Batten  
Physician who made a great contribution to the care of adults with cystic fibrosis
- 27 Úna Rachel Finnegan; Rachel Majumdar; Norman Albert Grand Jaques; Mollie McBride; Brian Pigott; Ian Robertson

## LAST WORDS

- 37 We are all businesspeople now Des Spence  
*BMJ* blog of the week: How to fast track hospital closures—use clause 118 David Wrigley

## EDUCATION

## CLINICAL REVIEW

- 28 Managing wheeze in preschool children  
Andrew Bush et al



Lower respiratory tract illnesses, p 28

## PRACTICE

## THERAPEUTICS

- 32 Statins for the primary prevention of cardiovascular disease Shah Ebrahim et al

## ENDGAMES

- 36 Quiz page for doctors in training

## MINERVA

- 38 American spelling, and other stories

Time for a break?  
Refresh yourself.

**BMJ** Masterclasses

[masterclasses.bmj.com](http://masterclasses.bmj.com)



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

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](http://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/](http://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.

©BMJ Publishing Group Ltd 2014 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

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



DINGEMAN RIJKEN

## PICTURE OF THE WEEK

The least upsetting image from [www.ulwaluko.co.za](http://www.ulwaluko.co.za), a website set up by Dr Dingeman Rijken in response to the “catastrophic consequences of the crude traditional methods” of circumcision in the Eastern Cape province of South Africa. Last winter 68 initiates were admitted to Dr Rijken’s wards, eight of them amputees. Rijken lambasts the “incompetence and indifference of the traditional leaders,” who in turn have demanded that South Africa’s Film and Publication Board shut down his website. It features a gallery of infected, gangrenous, and amputated penises.

## RESPONSE OF THE WEEK

There was a cartoon I once saw (and I repeatedly say I will get it redrawn and hang it in my consulting room).

Two old boys are sitting in a nursing home, surrounded by the usual joyful sights.

“Just think,” says one, “if we hadn’t given up smoking and drinking we’d have missed all this.”

Ben Mills, GP, Burton on Trent, UK, in response to, “Middle aged medicine” (*BMJ* 2013;348:g395)

## MOST READ

The survival time of chocolates on hospital wards  
2013 was a horrible year for nursing—nurses are “burnt out,” says chief  
Under the influence  
The burden of air pollution on years of life lost in Beijing, China, 2004-08  
Bad medicine: gabapentin and pregabalin

## BMJ.COM POLL

Last week’s poll asked:  
“Are we overusing IVF?”

**61%** voted yes (total 533 votes cast)

▶ *BMJ* 2014;348:g252

This week’s poll asks:

“Have you witnessed institutional racism in your hospital or practice?”

▶ *BMJ* 2014;348:g265

▶ [Vote now on bmj.com](http://www.bmj.com)



## EDITOR'S CHOICE

## State of the art

**Our State of the Art reviews will cover a breadth of topics relevant to all *BMJ* readers, with enough depth and novelty for specialists, academic clinicians, and researchers**



**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

I'll start with an ending. Des Spence, who has both delighted and upset our readers over many years with his writing from the frontline of primary care, is stopping his weekly *BMJ* column next month. An unstoppable force is corporatising UK general practice, Des concludes this week (p 37), and he needs to “concentrate on what I trained to do—building a doctoring business.” His job long ago in a Glasgow pub, where he used to break up fights, may well stand him in good stead. We wish Des well and can assure him that we'll keep up the fight against bad medicine.

Now for some good medicine. Andrew Bush and colleagues (p 28) review recent developments in managing wheeze in preschool children. First, they unpick the evidence on differentiation by phenotype. A child might have episodic viral wheeze, multiple trigger wheeze, or asthma with airway obstruction and eosinophilic inflammation, each of which should be managed differently. Drawing on recent high quality evidence, the authors point out serious concerns about misuse and overuse of inhaled corticosteroids in young children: these drugs should not be used by preschool children with no wheeze between viral colds. For preschoolers who may or may not have more prolonged symptoms there is a dearth of evidence on treatment. So the authors recommend a therapeutic trial of inhaled corticosteroids or montelukast in its standard dose, letting it run for no more than two months. Even better, make that an n of 1 trial and write it up. Let's fill that evidence gap.

I'll end with a beginning: the launch of a major new *BMJ* series. In the first of our State of the Art reviews on [bmj.com](http://bmj.com), Steven Cohen and Jianren Mao examine the mechanisms leading to neuropathic pain (*BMJ* 2014:348.f7656). Around a third of people

in the United States and Europe experience chronic pain. In about a fifth of them that pain is largely neuropathic, resulting from injury or dysfunction of the somatosensory system. For complex reasons neuropathic pain is more likely than nociceptive pain to be accompanied by a wide range of symptoms that reduce quality of life—and to be altered by emotional and social factors. No wonder, then, that drugs that reduce neuropathic pain in animal studies don't always work for human patients, say Cohen and Mao. To develop better treatments we need animal models that account for comorbidities such as depression, more nuanced behavioural assessment tools, deeper understanding of how changes on brain imaging relate to behaviours and responses to treatment, and a range of biomarkers and genomic tools to differentiate pain types and formulate individualised treatments.

One of the reviewers for this article said, “The authors have done a very good job in steering an effective course between oversimplification and overcomplication.” That's just what we're aiming for with these State of the Art reviews. They will cover a breadth of topics relevant to all *BMJ* readers, with enough depth and novelty for specialists, academic clinicians, and researchers. And meanwhile our traditional clinical reviews will continue to cover good medicine every week.

**Trish Groves, head of research, *BMJ***  
[tgroves@bmj.com](mailto:tgroves@bmj.com)

**Twitter**

- ▶ Follow Trish Groves at [twitter.com/trished](https://twitter.com/trished); the *BMJ* editor, Fiona Godlee, at [twitter.com/fgodlee](https://twitter.com/fgodlee); and the *BMJ* at [twitter.com/bmj\\_latest](https://twitter.com/bmj_latest)

Cite this as: *BMJ* 2014;348:g1388

# When was your last update?

## BMJ Masterclasses

[masterclasses.bmj.com](http://masterclasses.bmj.com)

