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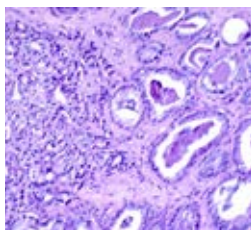


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PICTURE OF THE WEEK

The ABC Syringe changes colour when removed from its sterile pack, thereby deterring reuse. It won its designer, David Swann, of the University of Huddersfield's School of Art and Design, this year's World Design Impact Prize. The syringe is included in the Designs of the Year exhibition, which runs until 25 August 2014 at the Design Museum, London

RESPONSE OF THE WEEK

I have noticed a recent trend towards “DNAR-ing” patients, or asking if a patient has been “DNAR-ed.” Can it be much longer before this repellant phrase makes its way into medical notes? The expression harks back to a medic-centred, patriarchal attitude towards patients that we have striven to banish in modern medicine.

Even more unsettlingly, these neologisms enable us to talk about the patient in code, and therefore conduct highly sensitive conversations with our co-workers over the patient's head, often at the bedside. Thus a gentleman with possible lung cancer, who is not deemed a candidate for resuscitation attempts, may witness his trusted doctor blithely informing his colleague: “We're querying bronchogenic CA, so not for 2222, ok?”, unaware that they are discussing his possible death sentence.

This arrogant and deliberate use of medical jargon, used to allow us to discuss our patient's lives right in front of them, has no place in our practice and should be challenged whenever encountered.

Ben L Lovell, acute medicine specialty registrar, Royal Free Hospital, London, UK, in response to “Let's stop consenting patients” (*BMJ* 2014;348:g2192)

MOST READ

The survival time of chocolates on hospital wards: covert observational study
 Fibromyalgia
 Change in mental health after smoking cessation: systematic review and meta-analysis
 Bad medicine: gabapentin and pregabalin
 Qualitative research methodologies: ethnography

BMJ.COM POLL

“Is GSK's move to employ doctors as medical educators more transparent than paying external speakers?”

53% voted yes
 (total 423 votes cast)

▶ *BMJ* 2014;348:g2241

This week's poll asks:

“Has cognitive behavioural therapy for psychosis been oversold?”

▶ *BMJ* 2014;348:g2295

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EDITOR'S CHOICE

A guilty secret

When confronted with criticism, doctors tend to be defensive, uninterested, or mistrustful of patient data

It's now routine practice in most developed countries to ask patients about their experiences of healthcare, and patients and staff would reasonably expect this information to be used to improve care. Recent news that some patient reviews were in fact entered by NHS staff will do little to boost confidence in the process (doi: 10.1136/bmj.g2279). Angela Coulter and colleagues add their own rather depressing account of the current situation (p 15). Around the world we are busy, it seems, collecting data of all sorts on patients' experiences, but the quality and types of data vary widely, making it hard to analyse and harder still to reap reliable conclusions. As a result, nothing changes.

As a group, doctors don't come out of this very well. The evidence cited in Coulter and colleagues' article suggests that, when confronted with criticism, we tend to be defensive, uninterested, or mistrustful of the data. The authors leave us in no doubt that this is a bad thing. "It is unethical to ask patients to comment on their experiences if these comments are going to be ignored," they say. They worry that we are failing to exploit the large databases of national survey results and the growing collections of narrative accounts from patients. Their article describes a strategic approach to improving patients' experience. This will be one of many aspects of quality improvement for discussion in Paris at next month's International Forum on Quality and Safety in Healthcare, co-hosted by the *BMJ* and the Institute for Healthcare Improvement (<http://internationalforum.bmj.com/home>).

Wikipedia used to be a guilty secret for many of us. As doctors and academics we may have used it but wouldn't tend to admit this in public. Things have changed. Most people I ask now freely admit to using Wikipedia,

often going to it first as a starting point, even for clinical questions. But a paper this week indicates that some of us are taking this too far, now using Wikipedia not only for background information but citing it as a reference in journal articles. Dylan Bould and colleagues found more than 1400 health science articles that cited Wikipedia (p 12).

Lane Rasberry is "Wikipedian in residence" at Consumer Reports. In his linked editorial he explains why this is bad practice (p 10). Wikipedia is a tertiary information source. It makes great efforts to ensure that its content is referenced to primary and secondary sources. Journals should be cautious about publishing papers that cite Wikipedia, he says. Of the 2049 citations to Wikipedia identified by Bould and colleagues, 13 (0.6%) were in four *BMJ* articles, including nine in one research paper about "how citation distortions create unfounded authority" (doi:10.1136/bmj.b2680). Rather ironic. Anyway, this is not good, and we will stop.

And now it's farewell to Des Spence. After eight years as the *BMJ*'s weekly columnist he has decided to "throw in the towel." His columns have been, as he says in his final one this week, a blast of "dissent against the prevailing wisdom" (p 39). He has offended many but inspired far more with his unflinching and informed critique of medicine's many wrongheaded ways. He has been the conscience of the profession and the spirit of the *BMJ*. We hope one day he will be back "to slug it out for a couple more rounds." But in the meantime we and many readers are grateful that he has remained, like Paul Simon, still crazy after all these years. Thanks, Des.

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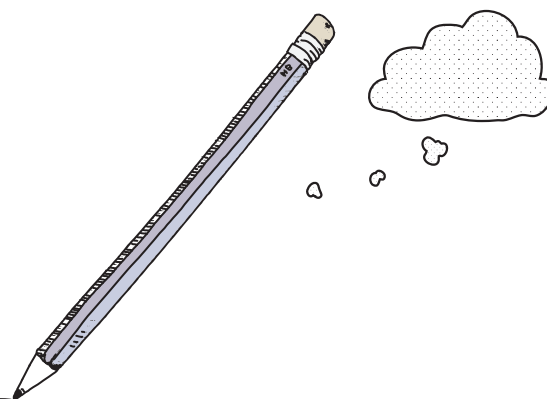
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