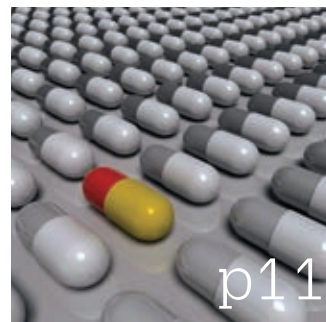


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The new design is also less cluttered, which should mean that browsing is easier and pages load more quickly, with more prominent links to *The BMJ's* campaigns, investigations, and advice for authors.



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PICTURE OF THE WEEK

This week, *The Times* reported that senior Tories have admitted that reorganising the NHS was the biggest mistake they have made in government. Meanwhile, a poll for *The Guardian* found that the NHS is the single most important issue for voters (24%). Immigration (20%) and jobs, prices, and wages (17%) are the second and third most important issues.

RESPONSE OF THE WEEK

Keeping an open mind about all aspects of the current Ebola problem—and being prepared to think outside the box—is vital. This might include giving further and ongoing thought to how this current manifestation of the Ebola organism might now be being transmitted from human to human. All relevant possibilities, however unpalatable, must be faced up to, checked out, and eliminated or confirmed.

Now is the time to put our resources, effort, and intellect into nipping this in the bud, not tomorrow, next week, or next year.

Stephen T Green, consultant physician in infectious diseases and tropical medicine, and honorary professor, Sheffield Hallam University, Sheffield, UK

THEBMJ.COM POLL

Last week's poll asked:

Is the private sector a good thing for the NHS?

70% voted no
(total 248 votes cast)

Head to Head ▶ *BMJ* 2014;349:g5865

This week's poll asks:

Is the UK adopting a proportionate response to the Ebola outbreak?

News ▶ *BMJ* 2014;349:g6199

▶ [Vote now on thebmj.com](#)

MOST READ

- Management and prevention of exacerbations of COPD
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- Vitamin B12 deficiency
- Should we take patients to hospital in cardiac arrest?
- Suicides associated with the 2008-10 economic recession in England: time trend analysis



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EDITOR'S CHOICE

Ebola: will self interest spur us to act?

What we now need are well trained and well equipped boots on the ground

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More than 3800 people are now reported to have died in the Ebola epidemic in west Africa (p 3), and the US Centers for Disease Control estimated that as many as 1.4 million people may be infected by the end of January. Fatality rates are around 50%. Health infrastructure in the three worst affected countries is now close to total collapse. The limited ranks of trained healthcare workers have been decimated by death, disease, exhaustion, and fear.

The head of the charity Médecins Sans Frontières, Joanne Liu, describes the desperate situation in an interview this week (p 16): "Local doctors have been extremely brave, but we are running out of staff." And she herself is "running out of words to convey the sense of urgency." She acknowledges that the capacity of rich nations to respond to distant crises has been stretched like never before in recent months.

What we now need are well trained and well equipped boots on the ground. Countries with historical links to the region, mainly the US and UK, are sending (or promising) troops to set up treatment centres. This week Andy Johnston and Mark Bailey describe Operation Gritrock, which has just sent British army medics to Sierra Leone to set up a treatment centre for health workers (p 18). But the response of other countries, Liu says, has been slower and hands off. "Everyone is looking for excuses not to deploy because they are so scared," she says.

Perhaps the only real hope for spurring capable countries into action is enlightened self interest. So the fact that the UN Security Council has declared the outbreak a threat to international peace and security should help. So too should the now real threat of spread of the disease beyond west Africa. But so far screening at airports is almost the only result (p 3).

This may reassure travellers and citizens, but David Mabey and colleagues (p 7) say it is false reassurance and a waste of money. Previous experience from the SARS epidemic should have told us this, they say. Airport screening for SARS in Canada cost £9m and identified not a single case.

Mabey and colleagues have done the sums for Ebola. With an incubation period of 21 days, and assuming that people who travel may hide symptoms, screening to prevent people boarding flights is likely to fail, and screening on entry to a country will have "no meaningful effect on the risk of importing Ebola." Far better and cheaper, they say, is to provide clear information to those who may be at risk on how and where to seek care. In a letter this week Sunday Oluwafemi Oyeyemi and colleagues confirm the need for clear and accurate information (p 19). Their review of information shared on Twitter within affected countries shows a high prevalence of misleading information, some of which, such as the advice to drink salty water, is known to have killed people.

Liu and MSF have been the voice of absolute humanitarian ideals. Many health professionals and military personnel will rise to that same level of moral courage. For the rest, enlightened self interest is not so bad and is better than nothing. But let's spend our resources on the right things. Not airport checks but building new treatment centres in west Africa at a rate that outstrips the epidemic. This would not only help the people in affected countries but reduce the risk of the Ebola virus spreading elsewhere.

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