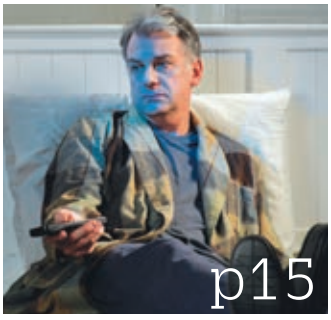
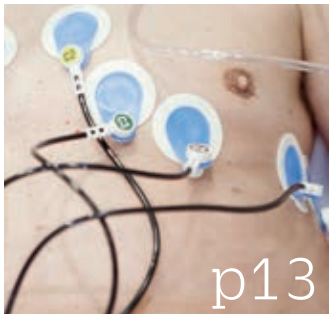
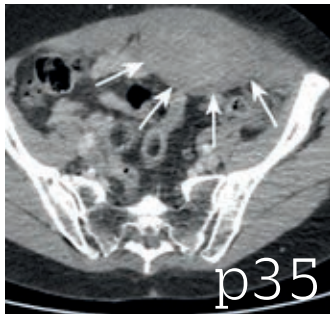
THIS WEEK

Articles in this print journal have already been published on thebmj.com and may have been shortened. Full versions with references are on thebmj.com







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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

Patients Included

Online highlights from thebmj.com

RESPONSE OF THE WEEK

Alcohol related deaths in the UK

While alcohol related poisoning is clearly associated with excessive consumption, there are a far greater number of alcohol related deaths. In the UK (in 2012) there were 8367 deaths recorded as alcohol related (mostly liver disease)—that's about 23 a day, or 1.5% of all recorded deaths. We are reminded that alcohol is a poison, albeit a slow one.

Robert Patton, lecturer in clinical psychology, University of Surrey, Guildford, UK, in response to "Six people in US die each day from alcohol poisoning, CDC reports"

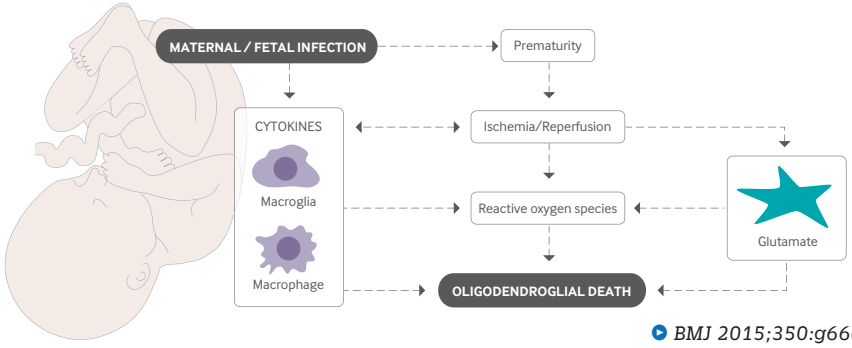
BMJ 2015;350:h105

LATEST STATE OF THE ART REVIEW

This week our State of the Art review is preterm birth and the role of neuroprotection. Preterm birth (delivery at <37 weeks' gestation) affects about 15 million babies worldwide, around 11% of all births. However, despite substantial efforts its incidence has little changed. In contrast the care of preterm neonates has continually improved so that nowadays survival of neonates born at 23 weeks' gestation is common.

Preterm neonates have about a 28% risk of having at least one long-term complication and an 8% risk of having multiple impairments. The most common sequelae are learning difficulties, cognitive problems, developmental delay, cerebral palsy, and visual impairment.

Perinatal neuroprotection aims to reduce these outcomes. This review will outline the neurologic sequelae related to prematurity and the pathophysiology of preterm birth and perinatal brain injury. It summarises the latest evidence about current methods to prevent brain injury with a focus on the rationale for the use of magnesium sulfate, and emerging treatments for neuroprotection.



BMJ 2015;350:g6661

CHARISTOONE/ALAMY

THE POLL

Last week's poll asked:

Should school rugby be made safer?

YES 92 **72%**

NO 35 **28%**

Total votes cast: 127

This week's poll asks:

Can private providers be trusted to run NHS hospitals after Hinchingbrooke?

BMJ 2015;350:h26

VOTE NOW ON THEBMJ.COM

MOST POPULAR

The Darwin Awards: sex differences in idiotic behaviour

BMJ 2014;349:g7094

When somebody loses weight, where does the fat go?

BMJ 2014;349:g7257

An exploration of the basis for patient complaints about the oldness of magazines in practice waiting rooms: cohort study

BMJ 2014;349:g7262

JEFF GILBERT/ALAMY

LATEST BLOGS

Food crime: why should doctors care?

Food crime is big business and examples of this crime, such as the horse meat scandal, are everywhere. Dr John Middleton and Professor Jim Parle tell us why it's time for doctors and public health agencies to sit up and take notice.

http://bmj.co/foodcrime

"Enjoy in struggling"

No matter how hard doctors work some people will still get sick. In medicine we are called to compassionately struggle with our patients, says physician William Cayley, so we should try to find the joy through that struggle.

http://bmj.co/enjoystruggle

The 12 days of constructing an Ebola management centre

MSF nurse Ali Criado-Perez describes the charity's efforts to get a new Ebola management centre up and running in Sierra Leone. She hopes that the centre will offer some more hope to the people there.

http://bmj.co/ebolamc12

The overdiagnosed party/ the false positives rave

Radiologist Saurabh Jha considers the possible outcomes of a new NHS pilot scheme, which allows patients who think they have symptoms of cancer to book medical imaging directly without seeing their GP.

http://bmj.co/nhsimaging

thebmj

24 January 2015 Vol 350

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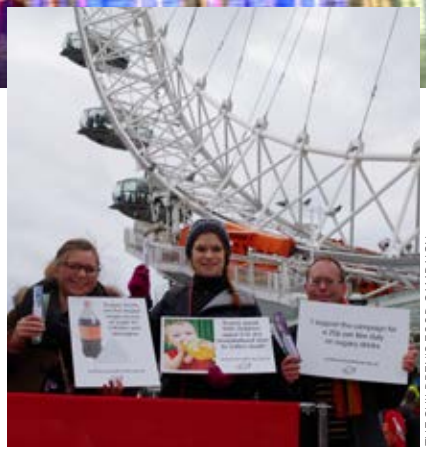

THE CHILDREN'S FOOD CAMPAIGN

PICTURE OF THE WEEK

The wheel thing: the London Eye is a blaze of red across the Thames as it is lit up in the brand colour of its latest sponsor, Coca-Cola. The Coca-Cola London Eye, as the iconic landmark has been renamed in honour of the deal with the multinational drinks company, reopened on 17 January after a refurbishment. Campaigners holding toothbrushes have protested against the sponsorship deal, arguing that as the London Eye is such a popular attraction for children in particular, it will encourage the increased consumption of sugary drinks among young people.

EDITOR'S CHOICE

Do you know what your patient is thinking?

We want to offer you the opportunity to find out what we patients might be thinking at those times when it's too difficult for us to tell you directly

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- Follow the editor, Fiona Godlee @fgodlee, and *The BMJ* at twitter.com/bmj_latest

The way GP surgery and hospital outpatient encounters are organised—limited time, the power relations in the room—means many things are left unsaid. As a patient this frustrates me; it's a missed opportunity. I have a long term condition and see healthcare professionals a lot. I've experienced a range of attitudes and types of care: from care that was so good it still makes me smile in gratitude 20 years later to dangerously bad care that reduced me to angry sobbing once I'd left the clinic.

The only similarity in all these encounters is that I couldn't tell any of those doctors what I thought. All he or she will have noticed is a moderately compliant patient nodding along. Quite possibly the "bad" doctor thought he was doing a great job; quite possibly the "good" one had no idea he had turned my life around. In fact, the only time I told a healthcare professional what I was thinking—a wonderful emergency department nurse whom I thanked for making me feel safe in a frightening and difficult situation—she was shocked because she thought she'd been skimping on care through lack of time. Even then, because I was ill, I couldn't manage to put into words exactly what she'd done that was so good. (It was at least in part to do with what she did when she wasn't with me: the calm and respectful way she spoke to the terrified patient with dementia in the next bed made me feel safe.)

Though patients and carers are becoming more involved in the ongoing education of healthcare staff, we rarely have the chance to set the agenda for what we would like you to learn. In our new patient led and patient authored series, What Your Patient is Thinking, we hope to redress this balance a little. The points made will range from practical hints and tips for meeting needs specific to certain conditions through to challenges to the medical status quo. What they will all do is offer practical things you can do differently tomorrow as a result of reading what we have to say. You may not agree with the authors' views; you may already be doing the things they suggest. But at the very least we want to offer you the opportunity to find out what we might be thinking at those times when it's too difficult for us to tell you directly.

The series, running monthly at first, is part of *The BMJ*'s patient partnership strategy (thebmj.com/campaign/patient-partnership). The first in the series may make some readers uncomfortable (p 31). Continuing professional development and continuing medical education points will be available to those doctors who want to take the formal opportunity to reflect on each piece. You can also send us a rapid response to give us your thoughts.

And finally, if you are a patient or carer reading this and you are inspired to write something in the new format, please read the guidelines for authors on thebmj.com and get in touch. If you aren't confident in writing, but have useful things to say, we still want to hear from you. Tell us about the good as well as the bad; reassure as well as challenge. Doctors who come across as poor may just be unaware of what they do wrong. Excellent doctors need to know what makes them excellent, so they can keep on doing right.

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Cite this as: *BMJ* 2015;350:h375