

THIS WEEK

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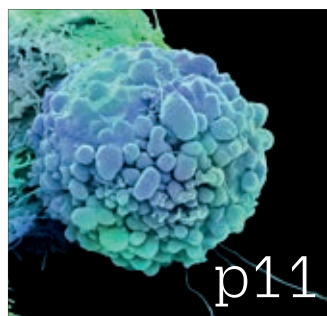
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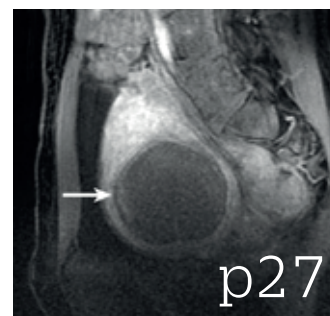
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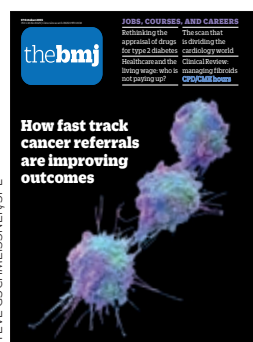
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BMJ CAREERS

News: Concern over government relationship with doctors

- A career in cardiology
- A career in interventional oncology [Followed by jobs and courses](http://thebmj.com)



Fast track cancer referral
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MSF

PICTURE OF THE WEEK

The safe burial of a patient that was infected with Lassa fever, in a special cemetery in Gondama village, Sierra Leone. The photograph, by Lam Yuk Fei for MSF, is part of an exhibition taking place at the World Extreme Medicine Expo in London from 26 to 29 October. For more information visit www.extrememedicineexpo.com

THEBMJ.COM POLLS

Last week's poll asked:
Do GPs need a new contract?

YES: 62% NO: 38%

Total votes: 116

► [BMJ 2015;351:h5331](https://doi.org/10.1136/bmj.2015.h5331)



This week's poll:
Do medical organisations have a duty to pay a living wage?

► [BMJ 2015;351:h5387](https://doi.org/10.1136/bmj.2015.h5387)

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POPULAR ONLINE



Coeliac disease and non-coeliac gluten sensitivity

• [BMJ 2015;351:h4347](#)

Should women abstain from alcohol throughout pregnancy?

• [BMJ 2015;351:h5232](#)

Increased mortality associated with weekend hospital admission: a case for expanded seven day services?

• [BMJ 2015;351:h4596](#)

Is home always the best and preferred place of death?

• [BMJ 2015;351:h4855](#)

RESPONSE OF THE WEEK

I concur wholly with Margaret McCartney's views [on appraisal]. The whole exercise is a box tickers' paradise, created by people who seem incapable of understanding the fundamental nature of medicine, that it is an art as much as a science and that reflection is core to its practice.



I must have spent a month this year doing my appraisals (at four institutions), senior staff reviews, CPD returns, PDP reviews, 360 reviews, and now revalidation. Audit (by three people!) of my CPD returns led to them being rejected. And my response—to reflect on the idiocy of the system, the lack of evidence to support the enterprise, and the opportunity costs—resulted in my being asked to tone my reflections down. I know of not one colleague over 50 years of age who supports this exercise in stupidity.

Richard J Coker, professor of public health, London School of Hygiene and Tropical Medicine, London, UK, in response to, "Margaret McCartney: The false god of appraisal"

• [BMJ 2015;351:h4982](#)

OVERHEARD ON TWITTER



@Trisha_the_doc

Excellent article from @bmj_latest on dying at home. Not always best & we should be careful using it as standard.

@najwynne

Great read @bmj_latest. Hospital deaths not going anywhere: aim should be quality compassionate #EoLC not just place

@JerryLonsdale1

Issues with the junior doctors is a recipe for disaster waiting to unfold



Twitter @bmj_latest

LATEST BLOGS

The aerial bombardment of an MSF hospital

Lajos Zoltan Jecs was in the MSF emergency trauma hospital in Kunduz, Afghanistan, when the facility was struck by a series of aerial bombing raids in the early hours of Saturday 3 October. He describes his horror and shock during the experience.

• <http://bmj.co/kunduz>



Memory—the view from the humanities

What do a neuroscientist, a literature professor, a futurologist, a science fiction writer, and a philosopher have to say about memory? Quite a lot, it turns out, even though they couldn't agree on what memory is, as Richard Smith found out after he attended a public discussion on the nature of memory.

• http://bmj.co/rs_memory

China's semantic trick with prisoner organs

Last year, China announced that it would cease using death row prisoners' organs for transplantation after January 2015. However, Kirk C Allison and colleagues explain how by redefining prisoners as regular citizens and seeking their consent, China continues to procure organs from executed prisoners, in violation of international ethical guidelines.

• http://bmj.co/china_organ_prisoners

Spending review—time to do the maths

The upcoming spending review will see the government make decisions that will be fundamental to the future of health and social care services in England. Saffron Cordery explains why the consequences will be severe if the government gets its sums wrong.

• http://bmj.co/time_maths

THIS WEEK IN 1915

An occasional correspondent in France writes about the difficulty of finding volunteers to nurse the sick and injured. The nursing positions discussed are not paid—at most, volunteers are "given their meals, washing, and in some instances, sleeping accommodation"—and as such the choice of nurses is limited to women not dependent on earning money for a living. These, for the most part young middle class, women are given a few weeks'



training in bandaging and the "principles of antiseptics" and let loose on the wards. They are expected to take their turn at night duty without relinquishing their daily duties. Daytime working hours are unmercifully long—sometimes as long as from 8 am to 9 or 10 o'clock at night. These factors may account for the difficulty experienced in obtaining an adequate number of recruits.

• Cite this as: *BMJ* 1915;2:580

EDITOR'S CHOICE

Put patients first and give the money back

One key to lowering costs (as well as reducing harms) is to do less of what doesn't work

John Townsend wants to say thank you before he dies. "All this bullshit about the NHS being rubbish is not true," he writes this week (p 32). "I've been treated so wonderfully that you wouldn't believe it." Although his cancer returned, his satisfaction with the promptness of his care suggests that his GP used the fast track referral pathway for suspected cancer. And we now have evidence that this pathway works. Henrik Møller and colleagues found better outcomes among patients whose doctors made more use of fast track referral (p 11). On this basis, failing to fast track patients with suspected cancer looks like poor practice.

How then would secondary care services cope if all GPs made full use of fast track referral, especially at the new lower referral thresholds recommended by NICE in its recent guidance (doi:10.1136/bmj.h3044)? Given the dire financial forecast for England's NHS (p 3), few can doubt that more money is urgently needed. Without it, care of patients will suffer, and the current crisis could be used to erode the public's faith in an NHS that is free at the point of care. But what of the longer term? Shouldn't healthcare learn to live within its means?

This was Don Berwick's theme at the joint BMJ and Institute for Healthcare Improvement's Asia Quality Forum last month (<http://internationalforumasia.bmj.com>). More money spent on healthcare means less money for other things that societies need to flourish: welfare, education, art, culture, sport, the environment. David Taylor-Robinson and colleagues press this point in their editorial on the effects on children's development of welfare cuts (p 8). There must be a point, said Berwick, at which healthcare cost, as a proportion of gross domestic product, levels

off and even contracts. His mantra is "put patients first and give the money back." The "triple aim" created by Berwick and colleagues at the Institute for Healthcare Improvement is for better care, improved population health, and lower cost.

One key to lowering costs (as well as reducing harms) is to do less of what doesn't work. The list of questionable or low value interventions is already long, thanks to various initiatives around the world: Choosing Wisely, Prudent Healthcare, and "slow medicine." This week we highlight two more interventions for the list: screening healthy people for coronary heart disease with coronary computed tomography (p 17) and treating subclinical hypothyroidism in pregnancy (p 33).

As for improving population health, there can be nothing more important, after tobacco control, than tackling the public health catastrophe caused by the adoption worldwide of rich countries' diet. The global prevalence of obesity and overweight is rising sharply, concluded the World Obesity Forum last week, largely as a result of consumption of sugary soft drinks and snacks aggressively promoted by multinational companies. What will governments do about this? In the UK a report commissioned from Public Health England is sitting on Jeremy Hunt's desk. Sarah Wollaston, chair of the health select committee, says she needs to see it (p 1). So do we all. PHE's chairman, Duncan Selbie, should assert his independence from government and release the report.

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