

## EDITORIALS

- 1171 Brazil's Family Health Programme**  
A cost effective success that higher income countries could learn from, say Matthew Harris and Andy Haines  
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- 1172 Referral from primary to secondary care**  
Older and more deprived patients remain at a disadvantage, says Moyez Jiwa  
» *Research, p 1206*
- 1173 Improving access to treatment for HIV in sub-Saharan Africa**  
Additional funding is important, but using it more efficiently is key, say Sergio Bautista-Arredondo and colleagues
- 1174 Implantable cardioverter defibrillators after acute myocardial infarction**  
Evidence suggests no overall survival benefit if inserted within 40 days, says Reginald Liew
- 1176 Employee ownership in the NHS**  
Mutual models may help to deliver higher levels of performance, say Chris Ham and Jo Ellins

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UK sets out to measure happiness
- 1183 Reporting scheme leads to cut in central line infection rates**  
Mutual organisation takes over ailing NHS hospital for 10 years
- 1184 UK women seek IVF treatment abroad**  
owing to lack of eggs  
Health atlas shows large variations in care
- 1185 Rate of late diagnosis of HIV remains high in UK, new data show**  
Stricter rules on prescribing will cut €1.3bn from Spain's deficit, new health minister says
- 1186 Dutch insurer refuses to support surgery at low volume hospitals**  
Drug companies may provide information directly to EU patients  
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- 1187 Germany restricts specialist care to high volume hospitals**

## SHORT CUTS

- 1188 What's new in the other general journals**

## FEATURES

- 1190 A revolution in primary healthcare**  
Brazil saw one of the fastest recorded falls in infant mortality after it established a national health service. But as the country's emergent middle class bails out of the public system, Tom Hennigan finds its poorest citizens are again at risk
- 1192 Going mobile in Delhi**  
For this year's *BMJ* Christmas appeal we are working with Save the Children to raise £30 000 to help children and mothers in some of the world's poorest regions. Money raised will be invested in projects such as the one described here by Ganapati Mudur
- 1193 Beyond the patient**  
Do family and hospital doctors have a duty to the health of their local community, or just to the individual patient in front of them? Jacqui Wise and Rebecca Coombes report on a discussion hosted last week by the *BMJ* and the King's Fund

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Although Brazil has made important progress towards removing inequality, Frederico C Guanais finds much is still to be done

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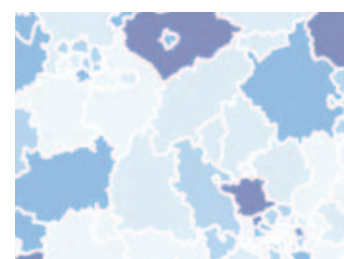
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Why rush to clamp the cord? p 1220

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**1205 Association between general and central adiposity in childhood, and change in these, with cardiovascular risk factors in adolescence: prospective cohort study**  
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**1206 Explaining variation in referral from primary to secondary care: cohort study**  
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### PRACTICE POINTER

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Helped eradicate smallpox

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Correction: Graham Edward Schofield

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Visualising what lies beneath, p 1222

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KIERAN DODDS/PANOS

## PICTURE OF THE WEEK

On 1 December the Scottish parliament voted on the End of Life Assistance Bill, a proposal that would give terminally ill people the right to choose when to die. Rudi Vogels, above, campaigned in favour of the bill.

## THE WEEK IN NUMBERS

**19 ml/year** Adjusted decline in forced expiratory volume in one second with a community based intervention for chronic obstructive pulmonary disease (Research, p 1203)

**65–70 years** Average age of onset of oesophageal cancer (Clinical Review, p 1207)

**7 times** Increase in long term sickness absence for back pain between the 1950s and 1990s in Great Britain (Practice, p 1213)

**6-12 hours** Period of time in which rapid development of severe pain, swelling, tenderness, and overlying erythema usually peaks in cases of gout (Practice, p 1216)

## QUOTE OF THE WEEK

**“The UK has one of the best systems of specialty training for general practice in the world . . . yet this does not translate into specialty status at the European level, apparently because of a lack of political will on the part of successive UK governments”**

Iona Heath, general practitioner, London, on what we can learn from the Ubani case (Observations, p 1194)

## QUESTION OF THE WEEK

Last week's poll asked, “Is the coalition government turning the clock back on advances in public health?”

**78%** said yes (total 270 votes cast)

This week's poll asks, “Should health systems stop supporting low volume units?”

► **bmj.com** Cast your vote



## EDITOR'S CHOICE

## Lessons from around the world

**Brazil's Family Health Programme is probably the most impressive example worldwide of a rapidly scaled up primary care system**

It's hard to resist the pull of American healthcare. Despite its poor outcomes and high costs, we tend automatically to look to the United States for new ways of delivering care. Flawed though it is, US healthcare fascinates with its flashes of excellence. I doubt this will change soon, but we shouldn't be blinded—there is much we can learn from elsewhere. The *BMJ*'s occasional series "Looking to Europe" has so far covered France (*BMJ* 2008;336:254), Germany (*BMJ* 2008;337:a1997), Spain (*BMJ* 2009;338:b1170), the Netherlands (*BMJ* 2009;339:b3397), and Sweden (*BMJ* 2009;339:b4566), and a forthcoming article will look at Turkey's successful healthcare reforms. Now it's time to look further afield.

Andy Haines has long championed Brazil's public health successes (*BMJ* 1993;306:503-6). This week, with Matthew Harris (p 1171), he itemises them again—remarkable reductions in infant mortality and hospital admissions for diabetes and stroke, and great leaps in antenatal care and vaccination coverage, exceeding even the ambitions of the Millennium Development Goals. All of this since its Unified Health System was set up in response to the constitution of 1988. The Family Health Programme followed in the 1990s; staffed by doctors, nurses, and community health workers, it is "probably the most impressive example worldwide of a rapidly scaled up, cost effective, comprehensive primary care system." On Brazil's behalf they complain that its successes have not had the recognition they deserve.

Haines and Matthews don't underestimate the challenges ahead. Nor, while celebrating Brazil's undoubted achievements, do Tom Hennigan (p 1190) or Frederico Guanaís (p 1198). Although health outcomes have improved, large disparities persist,

while support for the public system is falling among the emerging middle class. Here too are lessons for the rest of us.

Meanwhile colleagues around the world face difficulties that doctors working in industrialised countries can scarcely imagine. What can we learn from them? Our clinical review this week—on oesophageal cancer—comes from Sweden (p 1207). But it is accompanied by a commentary on managing this condition in a resource poor setting, Malawi (p 1212). Alexander Thumbs and Eric Borstein describe the suffering of patients who present late and must travel long distances for rudimentary investigation and without hope of a cure. But some are benefiting from self expanding metal stents provided through a charity funded trial. If readers find this sort of commentary interesting and useful, we will commission more of them.

Finally, a reminder that we may also need to unlearn things. Early clamping of the umbilical cord has become established practice. And despite research and editorials saying that it is better to delay clamping, the practice continues. Recently James Neilson made a renewed call for it to stop (*BMJ* 2010;340:c1720). This week David Hutchon writes that clamping the functioning umbilical cord before natural vasospasm has done its work is an unproved intervention that may harm the baby (p 1220). Unhelpfully, NICE guidelines still advise early cord clamping as part of the active management of the third stage of labour. It would be good to hear why.

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Career Focus, jobs, and courses appear after p 1224

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