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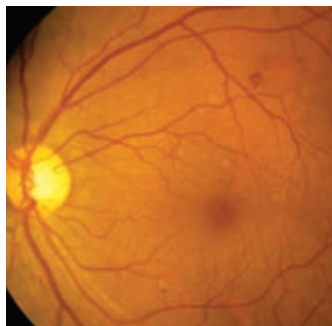
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Most patients with advanced cancer could not make informed decisions because their oncologists told them little or nothing about survival benefits

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Blood pressure cuffs with interchangeable bladders should be checked for correct sizing

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Health related quality of life after combined hormone replacement therapy: randomised controlled trial

BMJ, doi: 10.1136/bmj.a1190

Amanda J Welton, Madge R Vickers, Joseph Kim, Deborah Ford, Beverley A Lawton, Alastair H MacLennan, Sarah K Meredith, Jeannett Martin, Tom W Meade, for the WISDOM team

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The Editor, BMJ

BMA House, Tavistock Square,
London WC1H 9JR

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PICTURE OF THE WEEK

Tim Brabants celebrates winning gold in the kayak single 1000m men's final at the Beijing 2008 Olympics on 22 August. He went on to win a bronze medal in the 500m. Working as an accident and emergency doctor at Jersey's general hospital until 2006, Dr Brabants kept his fitness levels up by using a rowing machine, sometimes after a night shift. "I think having to organise my time and focus on sport has helped me get through my medical training," Dr Brabants told the *Daily Telegraph*. "I have often asked myself which was the greater adrenalin rush, the start of the Olympic final, or getting ready for medical finals. It's actually quite a close call."

KIRSTY WIGGLES WORTH/AP/PA PHOTOS

THE WEEK IN NUMBERS

<50 years Life expectancy of children in several African countries compared with >80 years in Japan or Sweden and 63 years in India (News p 477)

\$80m to \$60m Drop in education funding made by Pfizer in 2008 (Feature p 487)

26/37 Number of consultations between oncologists and patients with advanced non-small cell lung cancer in which discussion of survival benefits of palliative chemotherapy was vague or non-existent (Research p 492)

5.9 mmol/l Average plasma cholesterol concentration in the UK suggested by a recent DoH survey (Clinical Review p 503)

THE WEEK IN QUOTES

"It just can't be that everybody else around the world is wrong about access to innovative cancer care and the NHS right in rationing it so severely" (News p 480)

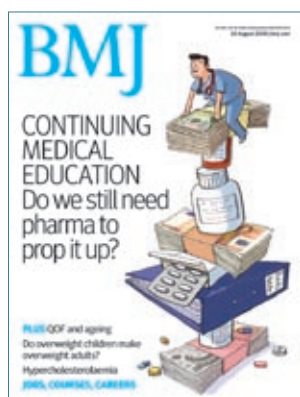
"Young Japanese women tended to be thinner despite a higher body mass index in childhood" (Research p 500)

"Ethnographers commonly triangulate (that is, compare and contrast) interview and observation methods to enhance the quality of their work; this technique is important as what people say about their behaviour can contrast with their actual actions" (Practice p 512)

"Statistics could prove anything, even the truth" (Medical Classics p 521)

EDITOR'S CHOICE

Big subjects: education and obesity



MALCOLM WILLET

Editorial p 469
Features pp 484, 486, 487
Analysis, p 490

We might look back on the 2000s and see them as the time when medical education really did begin to lose its dependence on drug company funding. A cluster of articles in this week's issue suggests a groundswell of change from around the world.

In the United States the Macy report, published earlier this year, recommends that organisations providing accredited continuing medical education should stop receiving funds from drug and device companies. Suzanne Fletcher, who chaired the committee that wrote the report, acknowledges that this process will probably take several years and "will also take professional leadership" (p 486). Although the recommendation was made on ethical grounds, she points out that much industry funded education is based on lectures—which "we have known for a long time are not the best way to learn." Instead, the report recommends practice based learning and improvement.

In Italy Alfredo Pisacane offers practical experience in doing what Macy suggests (p 490). In the past five years he has organised educational events at a university hospital with no drug company funding. He has done so by running small group, team based education sessions based on an assessment of needs and aimed at improving practice. These take place locally, cost little to run (because no travel or accommodation is needed), and can be funded by health authorities, sometimes supplemented by a modest contribution from the participants (€50).

Pfizer also seems to be following the wind: it is reducing its expenditure on medical education and channelling more of it into educational programmes run by academic institutions, societies, and hospitals. Mark Gould discusses the implications of this move for continuing medical education in

the United Kingdom—where about half of such education is funded by industry (p 487). He quotes a UK industry spokesman who points out that the UK pharmaceutical industry has, unlike the US, had a code of practice on funding education for over 50 years, but even he concedes that in future industry is likely to contribute to a pool of funding for postgraduate centres, with no say over subjects or speakers.

In Australia too individuals are trying to abandon industry funding. Ray Moynihan tells the story of a group of psychiatrists in South Australia who tried to remove such funding from the Royal Australian and New Zealand College of Psychiatrists' 2009 congress (p 484). They failed, but the issue is clearly now on the college's agenda. As Robert F Woollard concludes in his editorial on the Macy report (p 469), its recommendations are important because "the current unsystematic and casual approach to much of continuing education fails to meet the standards . . . that society expects of professionals."

Elsewhere in this issue are two articles to counter our moral panic about obesity. Firstly, a Japanese study suggests that overweight children do not necessarily grow up to be overweight adults (p 500)—though Tom Lobstein cautions that Japanese children are not fat by Western standards (p 472). Secondly, Theodore Dalrymple reminds us of Falstaff's plea for difference in *Henry IV, Part I* (p 521): "Banish plump Jack and banish all the world." He says, "A world deprived of foolishness, of gaiety, of non-conformity . . . would be dreary indeed."

Jane Smith, deputy editor, [BMJ/jmsmith@bmj.com](mailto:bjmsmith@bmj.com)

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