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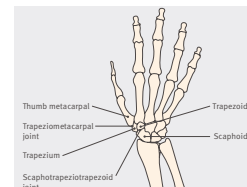
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ISABEAU WALKER

## PICTURE OF THE WEEK

This six year old girl has undergone reconstruction of her left pulmonary artery at the Children's Heart Hospital in Ethiopia. Her healthcare worker is holding a pulse oximeter. Lifebox, our Christmas charity, aims to get a pulse oximeter into every operating theatre in the world and has commissioned this £160 oximeter to donate to theatres in poor and middle income countries. Atul Gawande launches our appeal, and we urge our readers to give generously.

● FEATURE, p 1143

## THE WEEK IN NUMBERS

**\$174** Cost of routine CD4 cell count and clinical monitoring costs per disability adjusted life year (DALY) in Uganda (Research, p 1135)

**10%** Proportion of 15-16 year old girls in United Kingdom who have self harmed in the past year (Practice, p 1167)

## MOST READ THIS WEEK ON BMJ.COM

Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies

Effect of delayed versus early umbilical cord clamping on neonatal outcomes and iron status at 4 months

Dietary fibre, whole grains, and risk of colorectal cancer

Non-alcoholic fatty liver disease and mortality among US adults

Management of deep vein thrombosis and prevention of post-thrombotic syndrome

## QUOTE OF THE WEEK

**“Men's health promotion is usually unsophisticated, involving posters in the toilets at football games, or encouraging female partners to bully men into seeing doctors”**

Des Spence, general practitioner, Glasgow, on men's health (Last Words, p 1175)

● EDITORIAL, p 1125, ANALYSIS, p 1144

## QUESTION OF THE WEEK

Last week we asked, “Has the closure of psychiatric beds gone too far?”

**85%** voted yes (total 631 votes cast)

This week's poll asks, “Should women be able to request a caesarean section?”

● [bmj.com](http://bmj.com)

See *BMJ* 2011;343:d7565 and cast your vote

## EDITOR'S CHOICE

## Men's sheds, women's vaccines

**The campaign has just succeeded: the NHS is switching to Gardasil (which protects against both HPV types 16 and 18 and genital warts)**

Des Spence unwittingly sets the scene in his column on “the gender agenda” (p 1175). In a swift paragraph he summarises much of the burden of a big report on men's health in the European Union: men die younger and don't consult doctors much. He then goes on to argue that much of women's higher use of healthcare results from iatrogenic harm, cynically promoted by medical corporations: “Although women live longer, women's health is being eroded every day by modern healthcare. The equality agenda is superficial and simplistic.”

The big report on men's health in the EU, summarised in this week's Analysis article by Alan White and colleagues, is far from superficial or simplistic (p 1144). The authors rehearse the familiar problems of earlier deaths, unhealthy lifestyles, and low uptake of services. But they show that the health gap between men and women varies widely (being worse in eastern Europe and among men in poorer social conditions), which suggests that the differences are not immutable. The authors want action in schools to challenge harmful gender stereotypes and describe initiatives in workplaces that help men access health services. In his accompanying editorial Gregory Malcher also commends work as a place for health services that men are likely to use—and the usefulness of “men's sheds,” community based places for men to learn health literacy alongside practical skills (p 1125).

Another editorial reminds us that the same concepts of “masculinity” that damage men's health also damage women's (p 1130). Janice Du Mont and Deborah White cite the billion women worldwide who have been beaten, coerced into sex, or otherwise abused in their lifetime. Taking their cue from a book by two American journalists, they argue for a moral and political campaign to end such

oppression: “the focus should not be solely on women as victims... but also on cultures of masculinity through which the unjust balance of power is generated.”

On a much smaller scale, Phil Hammond outlines how such campaigns can work in his account of trying to get the NHS to use a different human papillomavirus vaccine (p 1153). The campaign has just succeeded: the NHS is switching to Gardasil (which protects against both HPV types 16 and 18 and genital warts) from Cervarix (which doesn't cover genital warts) (doi:10.1136/bmj.d7694). Hammond describes the telling facts (63% of sexual health professionals with teenage daughters had paid privately for the multipurpose vaccine instead of accepting the free single purpose one) and the emerging evidence (Australia, which adopted Gardasil from the outset, has seen a dramatic fall in genital warts). So he's pleased about the NHS's change of policy—and now wants the vaccine extended to young homosexual men.

Finally, we have a campaign of our own to support. This year's *BMJ* Christmas appeal is for the charity Lifebox, which aims to make surgery safer by getting a pulse oximeter in every operating theatre in the world (p 1143). Atul Gawande, chairman of the Lifebox foundation, explains how the charity grew out of his work on the WHO surgical safety checklist; how it commissioned a cheap reliable oximeter costing £160; and how it is distributing it (in some cases along with training) to developing countries.

**Jane Smith, deputy editor, *BMJ***  
jsmith@bmj.com

Cite this as: *BMJ* 2011;343:d7810

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Every week we strive to give our readers a satisfying mixture of research, education, news, and views. However, with such a diverse audience, which spans not only every branch of medicine but the whole world as well, it is all too easy to fall short for at least some of our constituent groups.

With that in mind we are looking to recruit a reader panel that will help shape

our editorial plans by giving us regular feedback on the relevance, usefulness, and interest of the content we publish. The feedback will be collected via an online survey tool, which will be designed to be quick and simple to complete.

We anticipate that the panel will operate for at least six months and would hope that volunteers will be able to contribute most weeks. For those who stay

the course there will be a small thank you, but we would prefer that you put your name forward because you want to help make the *BMJ* even better rather than to make your fortune.

At this stage we are seeking volunteers, so if you are interested please email the publisher, Phil Johnson, at: [pjohnson@bmj.com](mailto:pjohnson@bmj.com) with the information shown right.

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public health  
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**Town/City:** London  
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Research/Public health/Policy/  
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