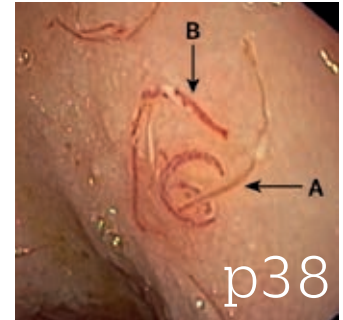


THIS WEEK

Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened



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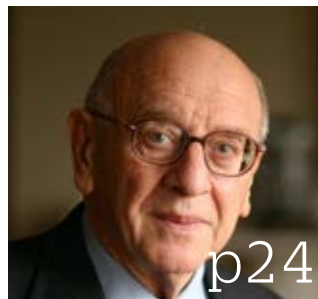




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The BMJ website is fully responsive, which means that its pages automatically fit the different screen sizes of desktop and laptop computers, tablet devices, and smartphones.

The new design is also less cluttered, which should mean that browsing is easier and pages load faster, with more prominent links to *The BMJ's* campaigns, investigations, and advice for authors.



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MORGANA WINGARD/MSF

PICTURE OF THE WEEK

A Médecins Sans Frontières healthcare worker donning full personal protective equipment before entering the patients' area at the independent humanitarian organisation's ELWA3 Ebola management centre in Monrovia, Liberia. A mirror reminds doctors to check their suits for any openings. The charity brings volunteer doctors to more than 60 countries, many ravaged by armed conflict, epidemics such as Ebola virus disease, or natural disasters, which is why we've chosen it for our Christmas appeal 2014. Please give generously.

► **FEATURE, p 17**

RESPONSE OF THE WEEK

Part of how the public have come to believe blood pressure is very important is that doctors check it so often. They assume that doctors do 'important' things to them. Until a few years ago I didn't even have a decent pair of scales in my consulting room, but I realised that patients might take action on weight if I signalled its importance by just weighing them myself. I have been amazed how this very simple change has affected my practice, particularly if patients know I will re-weigh them at our next meeting.

I propose we all start weighing patients ourselves. If we rather than healthcare assistants do it, patients will get the idea it's an important thing medically—which it is. We could even do waist measurements too. Possibly we could do fewer blood pressure assessments to make time for this.

From patients' perspective concern over weight has one great advantage over blood pressure—it's in their control. How much better that we worry them about something that is important and they can take action on.

David Unwin, GP partner and trainer, Southport, UK, in response to, "Nutrition matters" (*BMJ* 2014;349:g7255)

THEBMJ.COM POLL

Last week's poll asked:
Should advertisements for e-cigarettes be shown on TV?

News ► *BMJ* 2014;349:g7100

87% voted no (total 311 votes cast)

This week's poll asks:

How would the extra £2bn for the NHS be best spent?

- Social care
- Primary care
- Mental health
- Secondary care

News ► *BMJ* 2014;349:g7432

► **Vote now on thebmj.com**

MOST READ

- Milk intake and risk of mortality and fractures in women and men
- How should we define health?
- Carpal tunnel syndrome
- Role of fear in overdiagnosis and overtreatment
- An open letter to Simon Stevens, NHS chief executive, and Alistair Burns, national clinical lead for dementia

EDITOR'S CHOICE

The debate over milk and mortality

When researchers conclude that a ubiquitous and much championed component of the western diet may be associated with ill effects, it's not surprising that people sit up and listen



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Last week I suggested that nutrition was more important in medicine than some of us had thought (*BMJ* 2014;349:g7255). This week we publish letters in response to our most widely read paper of the year so far, on milk consumption and mortality (p 18). The paper, by Michaelsson and colleagues, reported analyses from two large prospective Swedish cohorts and raised the possibility that milk could increase the risk of hip fracture in women and cardiovascular and overall mortality in both sexes (*BMJ* 2014;349:g6015).

When researchers conclude that a ubiquitous and much championed component of the western diet may be associated with ill effects, it's not surprising that people sit up and listen, nor that the debate on thebmj.com has been lively and varied. Our respondents challenge the authors for not taking into account confounding by vitamin D status or the effects of pasteurisation and modern milk production (pp 18-19). They question whether fermented and unfermented milk products are really so different and ask what is behind the apparent sex difference in fracture risk.

The authors give a measured and comprehensive response (p 19). Although in their paper they proposed a mechanism to explain their findings (involving lactose metabolism and genetic lactase persistence), they also advised caution in drawing conclusions from their data. Given that milk consumption is increasing worldwide and that most dietary recommendations rely on observational evidence, vigorous debate and a degree of scepticism about current guidance seem a reasonable approach.

Elsewhere we announce our new more stringent policy on financial conflicts of interest among

authors of our educational articles (p 10). This has been several years in the making. Now, after much discussion among the journal's editors and external advisers, we have decided that we will no longer commission editorials, clinical reviews, and practice articles from authors with financial ties to industry. We will phase the policy in, beginning with editorials, clinical reviews, and most practice series. We plan to extend it to the rest of our education section—state of the art reviews and diagnostic and therapeutic series—by the end of 2016.

Despite our own and other people's concerns that we would find this impossible to implement, our initial experience has been positive. We are grateful to our authors for engaging with the process, and this week's cluster of education articles is a good start, with the authors of two of the three articles having no links to commercial companies (pp 26, 31, 33). As we say in our editorial, we are willing to miss out on articles on a few topics in exchange for publishing more articles from authors without financial ties to industry. We will report back on how we get on, and we welcome your views.

Finally, this week we launch our Christmas appeal (p 17). We have chosen to support Médecins Sans Frontières, as we did six years ago, having again been struck by its effectiveness, neutrality, independence, and collaborative ethos. Please give generously, as you have in the past. You can donate by using the form in this week's issue or online at msf.org.uk/thebmj.

Fiona Godlee, editor in chief, *The BMJ*
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