THIS WEEK

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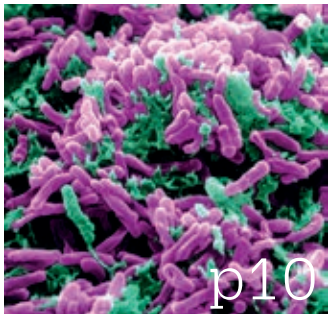

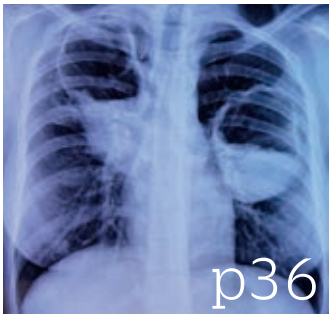

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PICTURE OF THE WEEK

This week, The BMA launched a major new campaign ahead of May's UK general election. The "No More Games" campaign (https://nomoregames.org.uk) is calling on politicians to stop using the NHS to score points and instead focus on investing in services and having an "open and honest public debate" about the future of the health service. The campaign was launched at BMA House in central London–which played host to a giant toy tower reminiscent of the board game Jenga. The sculpture was designed to represent the NHS, and will feature on a new poster to be displayed at thousands of sites across the United Kingdom. It was designed by Russell Beck, whose other creations include a 10 m high "cigarette" displayed in London's Trafalgar Square.

NEWS, p 3

THEBMJ.COM POLL

Last week's poll asked:

Should industry funding of nutrition research be banned?

YES 55%
NO 45%

Total votes cast: 228

This week's poll (UK):

Can you take party politics out of the NHS?

BMJ 2015;350:h903

This week's poll (US, India and International):

Would giving patients access to test results lead to worry and confusion?

BMJ 2015;350:h673

Online highlights from thebmj.com

FROM THE ARCHIVE: 20 FEBRUARY 1915

A Board of Education circular reminds school medical officers of their duties under the Elementary Education (Defective Epileptic Children) Act, 1914. One of the most important and valuable suggestions in the circular is the need for cooperation between local education and local control authorities on the kinds of kind of instruction best suited to the requirements of "defectives over 16." The article adds: "Unless this is steadily borne in mind there is a danger of money being wasted on instruction which will be of little practical benefit in later life."

BMJ 1915;1:339

PREIMPLEMENTATION GENETIC TESTING

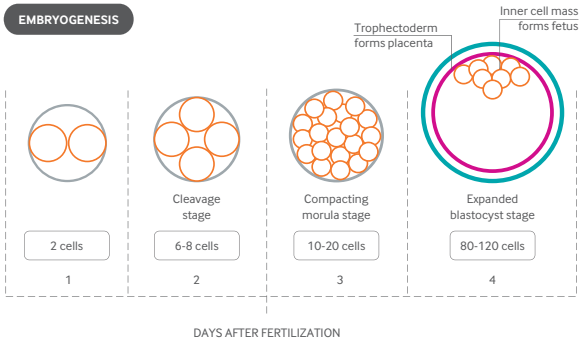
This week our State of the Art review is clinical applications of preimplantation genetic testing. Preimplantation genetic testing is used to evaluate a known genetic disorder present within parents, a process termed preimplantation genetic diagnosis. Alternatively, it can be used to determine whether aneuploidy exists within an embryo obtained from parents believed to be genetically normal, a process termed preimplantation genetic screening

Currently preimplantation genetic testing can be performed only within the context of an in vitro fertilization cycle, but other potential applications and use of this technology have increased in recent years.

Experts agree that preimplantation genetic diagnosis is clinically appropriate for many known genetic disorders. However, applications such as preimplantation genetic screening are controversial.

This article reviews the efficacy of preimplantation genetic diagnosis and screening, defines which patients are appropriate candidates, and summarizes the best technologies available to perform such interventions.

BMJ 2015;350:g7611



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FACEBOOK COMMENTS

Patricia Pooley: GOOD ARTICLE.....collaboration between patients and doctors is key. One of my docs asked how I had found the research leading to a key diagnosis he had overlooked. I grinned and said "Well.....I only have one patient and she's pretty important to me so, I spend a great deal of time reading on her behalf." He then used this information a week later to save a different patient's life....sent a note to thank me for our COLLABORATION. Nice....the revolution is in the midst of its evolution....

BMJ 2015;350:h148

Leah Binder: This is a very powerful piece every hospital CEO should read. And the fact it's published in the prestigious medical journal *BMJ* is itself a milestone in the movement to view patients as qualified experts. As usual, Dave, you inspire!

BMJ 2015;350:h148

MOST READ

All cause mortality and the case for age specific alcohol consumption guidelines

BMJ 2015;350:h384

Alcohol's evaporating health benefits

BMJ 2015;350:h407

The Darwin Awards: sex differences in idiotic behaviour

BMJ 2014;349:g7094

LATEST BLOGS

Is the friends and family test a true feedback tool of NHS services?

Mohammed Bahgat and colleagues argue that this test is an unfair feedback tool. It depends on patients' recollection of an experience, which all too often fall prey to many cognitive traps.

http://bmj.co/docsdeathrow

Doctor Google

Apparently one in 20 searches on Google are for health related topics. David Kerr discusses the search engine giant's new plan to capitalise on this interest, by displaying medical information directly on its search results page.

http://bmj.co/drgoogle

Personality traits—a neglected area of research in medical education

Neel Sharma notes the ever increasing changes to medical education, with delivery through technology and learning through teamwork related tasks becoming more common. But are certain personalities more likely to be a success (or a failure) with this kind of learning?

http://bmj.co/learningpersonality

Doctors and death row

Should doctors ever take part in executions? Marika Davies recounts the fraught history of this practice since the first lethal injection was carried out in 1982 in Texas, and explores how it's opened up a moral maze for the medical profession.

http://bmj.co/docsdeathrow

RESPONSE OF THE WEEK

Bill Havard was my registrar when I was a house physician at the North Middlesex Hospital, and I was fortunate to have such a great teacher and fine physician as my mentor. He taught calmness in a crisis and, despite his formidable intelligence and memory, would never prescribe an emergency medication without checking the dose in the *BNF* first. "It is at times like this that you cannot afford to make a mistake," he said.

John Ind, GP, London, UK, in response to, "Cyril William Holmes Havard"

BMJ 2014;349:g7665

EDITOR'S CHOICE

Communication: good, bad, and painful

Telling patients "this may hurt" can lead to a "nocebo" effect, where negative expectations might enhance a negative response

Thoughtful and effective communication in medicine, as in life, can be difficult. Even everyday encounters with patients can present opportunities to reflect, learn, and adapt.

I have always thought that warning patients about the pain they may feel during a procedure was an important part of informed consent, but I realise that despite my best intentions for communication that is good and patient centred, there may be potential for harm. In a personal view Baruch Krauss explains how expectations are partly responsible for shaping the response to a stimulus (p 24). Krauss encourages practitioners to adopt language that is less leading when explaining procedures to patients. Telling patients "this may hurt" can lead to a "nocebo" effect, where negative expectations might enhance a negative response. On the other hand "you may feel something now" allows for a spectrum of responses.

In his latest Ethics Man column Daniel Sokol describes the conflicts that can arise when balancing cultural sensitivity with ethical and legal duties (p 22). Doctors treating patients from cultures that differ greatly from their own may fall into difficulty, illustrated by the obstetric trainee who faced the first UK prosecution for female genital mutilation (*BMJ* 2015;350:h703). He was acquitted, with the jury needing less than half an hour of deliberation to find him not guilty. The Crown Prosecution Service's decision to press charges was an unwise one, says Margaret McCartney (p 23), particularly when it has yet to prosecute anyone for taking girls abroad from the UK to undergo genital mutilation.

Our Head to Head this week asks whether patients can use test results effectively if they have direct access (p 18). Brian Zikmund-Fisher thinks we need to get creative with how we communicate results if patients are to be able to use them meaningfully. He suggests using visual cues to better frame test results so that patients can interpret results and place them in context and use them to guide self monitoring or inform decision making. Arguing the other side, Maurice O'Kane and Danielle Freedman point to the high levels of satisfaction among patients who have had direct access to test results.

Our new What Your Patient Is Thinking series of Education articles debuted last month to an overwhelming response (*BMJ* 2015;350:g6845). In the second article of the series Sarah Chapman describes the challenges of medical consultations for people with hearing loss (p 32) and encourages readers to ask the empowering six word question, "How can I help you hear?" As Chapman describes, "It's a respectful, empathetic, and practical opening question, inviting specific instructions that you can follow, knowing that you are doing the right things to enable a helpful dialogue. I'm immediately made to feel that you're on my side, that we're partners in this business of managing my health, and I'm able to tell you what I need you to do."

Six words that can convey all this: that is the art of good communication.

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Cite this as: *BMJ* 2015;350:h960

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