

THIS WEEK

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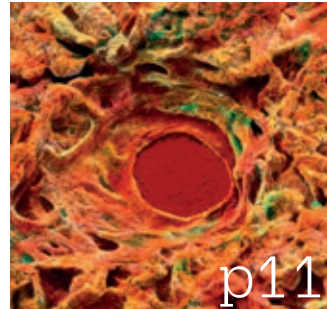
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Online highlights from thebmj.com

THIS WEEK IN 1915

A reader asks about poisonous gases in submarines and, more specifically, about the symptoms of carbon monoxide, petrol, and chlorine poisoning. In the case of petrol poisoning, he is told, attacks have become more frequent since the motor car's introduction. In minor cases the victim usually complains of a headache, soon followed by "mental confusion and giddiness, not unlike the early symptoms of ordinary alcoholic intoxication." In more serious cases, unconsciousness follows the giddiness. When consciousness returns, the victim is apt to exhibit "great irritability of temper and even to act somewhat violently if attempts are made to rouse him." What about treatment? The article concludes: "There is little to be done beyond placing the victim in the fresh air and allowing him to 'sleep it off.'"

• [BMJ 1915;1:768](#)



LATEST BLOGS

Making the glorification of anorexia a crime

France plans to criminalise pro-anorexia websites, but who are the "criminals" here and who are the "victims"? Jane Morris questions whether criminalising the glorification of anorexia will achieve anything.

<http://bmj.co/anorexia>

Patients must help design clinical trials

Among the most commonly cited reasons for failure of a clinical trial are recruitment and/or compliance of patients. But rather than complaining about high dropout rates, researchers need to design better trials, says Jon Stamford.

• <http://bmj.co/patientstrial>

Facing the NHS funding reality

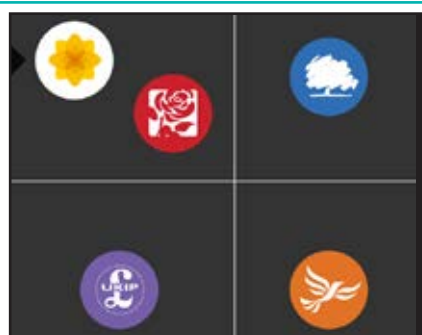
With the general election almost upon us, Richard Vize explores the chasm between the political parties' heroic promises for more and better care, and the state of the NHS's finances.

• <http://bmj.co/fundingreality>

Dr Uber

For many health systems, a common problem is being able to access a clinician at a time of perceived (but not necessarily appropriate) need. David Kerr looks at one potential solution being tested in the US, which returns to the days of doctors performing house calls, but this time with a thoroughly modern twist—the "uberization of medicine."

• <http://bmj.co/1Qz4VIF>



MANIFESTO INFOGRAPHIC

Our interactive manifesto tool shows the parties' positions on health. Where do they stand on NHS funding? On improving GP access? On public health, social care, and privatisation? Where do the parties overlap, and where do they stand diametrically opposed?

Find out here:

www.thebmj.com/infographics

RESPONSE OF THE WEEK

If these allegations [of fraud by Medicare's top billing doctor] turn out to be true, then the question is not "How can one doctor be so corrupt?" Instead, the questions are "Why did it take so long to uncover this?" and "How big is the iceberg of which this is only the tiniest tip?"

Healthcare corruption affects all healthcare economies and seems to be grossly under-recognised. It is pernicious and directly antithetical to good patient care.

David Berger, district medical officer, emergency medicine, Broome Hospital, Australia, in response to: "Top Medicare billing doctor is arrested for fraud."

• [BMJ 2015;350:h2091](#)

POPULAR ONLINE

Austerity, sanctions, and the rise of food banks in the UK

• [BMJ 2015;350:h1775](#)

Efficacy and safety of paracetamol for spinal pain and osteoarthritis

• [BMJ 2015;350:h1225](#)

Why have UK doctors been deterred from prescribing Avastin?

• [BMJ 2015;350:h1654](#)

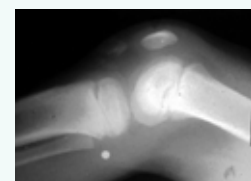
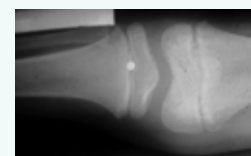
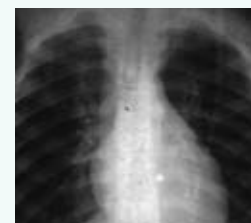


Bullet in heart removed from knee

Retired surgeon Michael King recounts the experience of operating on an 8 year old boy, who was rushed to surgery in Malawi 23 years ago. The child was shot with a BB gun, resulting in a pellet becoming lodged in his heart.

Read the whole story online.

• [BMJ 2015;350:h2234](#)

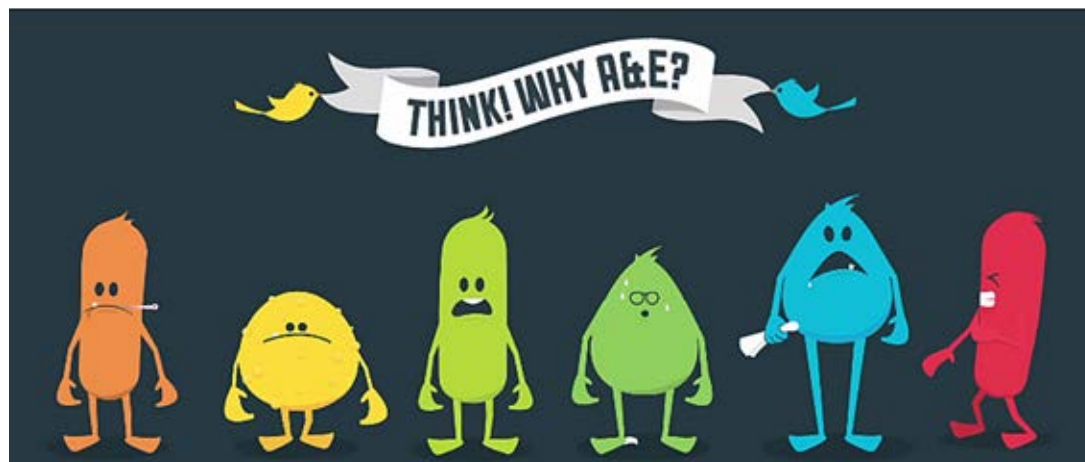


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The Editor, *The BMJ*
BMA House, Tavistock Square,
London WC1H 9JREmail: editor@bmj.com
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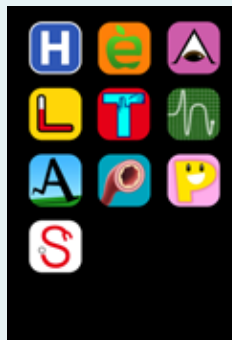
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(except the cover)**PICTURE OF THE WEEK**

These ailing cartoon characters are seeking to help ease the pressure on over-stretched emergency departments. They appear in an animated film launched by NHS Blackpool Clinical Commissioning Group (CCG), in partnership with Blackpool Teaching Hospitals NHS Foundation Trust and NHS Fylde and Wyre CCG, to urge the public to think carefully about when A&E is and isn't appropriate. The "Think! Why A&E?" campaign (<http://whyande.nhs.uk/>) features a remake of the classic YMCA song by the Village People, with the cartoon characters singing the words "Why A&E?" to the tune of the song's chorus. Amanda Doyle, chief clinical officer at NHS Blackpool CCG, said: "The message behind our campaign is clear: A&E is for emergencies and life threatening illnesses only. We aren't asking people to avoid A&E when it is necessary."

● HEAD TO HEAD, p 18

THEBMJ.COM POLL

Last week's poll asked:

**Can healthy
people benefit
from health apps?****YES 72% NO 28%****Total votes cast: 151**● **BMJ 2015;350:h1887**

This week's poll:

**In whose hands is the
NHS in England safest?****Conservative****Labour****Liberal Democrat****UKIP****Other**● bmj.co/election**VOTE NOW ON THEBMJ.COM**thebmj **podcasts****Talk medicine**Listen to what you want, when you
want, and how you wantthebmj.com/podcastsDownload any QR code reader on your smartphone
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EDITOR'S CHOICE

The essential NHS



Health is unlikely to top anyone's list of priorities when the parties sit down to negotiate coalition deals

It's less than a week now until the UK general election, so you won't be surprised to find *The BMJ* full of the NHS. For readers outside the UK there's lots of coverage of other issues on thebmj.com, though to many around the world as well as in the UK the NHS represents more than just healthcare: it stands as a globally unique and effective intervention for social justice. As Alan Maynard says (p 27), if he ruled the NHS he would find every way to demonstrate the remarkably good value that the UK's citizens get from their NHS. "Protection of this modest spending, ensuring that people don't have to pay out of their own pockets in times of ill health and enshrining the principle of collective responsibility for each other's healthcare, remains essential."

Others go further, with calls not only to protect current spending but to increase it. This is the bottom line of our letter to the new secretary of state for health, whoever he or she may be (p 7). And it is also Jan Filochowski's solution to the continuing crisis in the NHS (p 16). We cannot, he says, continue to respond to financial challenges by cutting costs. This merely reduces capacity. The NHS has coped with this progressive squeeze not by reducing demand, which requires a whole range of other societal measures, but by displacing it: emergency care patients occupying elective beds, patients needing social care occupying emergency beds, and so on across the system. The result is that care is less safe and costs more. This false economy could be replaced, Filochowski says, by creating enough capacity to enable patients to pass through every potential bottleneck without delay. "The solutions are there if

we want them, and cheaper than what we are doing now."

It would be good if the politicians were listening. Although the NHS is a major pre-election issue—just look at the wild and whimsical promises pouring in from all sides, says Margaret McCartney (p 27)—health is unlikely to top anyone's list of priorities when the parties sit down to negotiate coalition deals. This was the conclusion of our roundtable discussion after last week's health hustings (p 14). Our panellists agreed that there was a need for new money and new thinking and for the next health secretary to adopt a new, less interventionist role. But they were sceptical about claims that the Health and Social Care Act could be repealed without another major reorganisation or that repealing the act would reverse the marketisation of England's NHS.

If she had been on the panel Allyson Pollock would have had a great deal to say. She and Peter Roderick make a plea for the act to be repealed and replaced with a new NHS Bill (p 25). This, they say, is necessary to protect the NHS from being broken up and privatised. Meanwhile, new international trade agreements such as the Transatlantic Trade and Investment Partnership (TTIP) currently being negotiated will make further marketisation in healthcare more likely, say Lucy Reynolds and Martin McKee (p 26), and secrecy will mean that we don't know that it's happening. Amid the confusion of the election campaign, this at least seems clear: health should be excluded from TTIP.

Fiona Godlee, editor in chief, *The BMJ*
fgodlee@bmj.com

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