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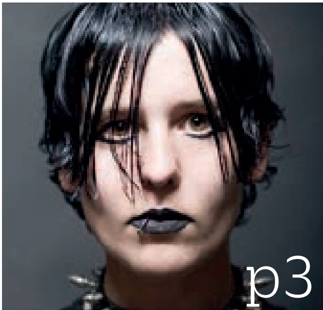
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STEVE RAZETTI

PICTURE OF THE WEEK

A GP trainee in Cumbria takes part in a social media campaign aimed at boosting recruitment in the area. The photograph, designed to showcase Cumbria's beauty, is one of a series, all taken in the vicinity of local GP training practices, which were promoted through Twitter using the hashtag #GreatBritishConsultations.

THEBMJ.COM POLLS

Last week's poll asked:

Would judicial consent for assisted dying protect vulnerable people?

YES 35% NO 65%

Total votes cast: 2318

BMJ 2015;351:h4437

This week's poll:

Should personal health budgets be spent on services such as hydrotherapy, shiatsu, and Indian head massage?

BMJ 2015;351:h4691

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RESPONSE OF THE WEEK

The debate about e-cigarettes is clearly important—does the potential benefit for individual smoking cessation outweigh a risk of "normalising" the smoking habit? Unfortunately *The BMJ* issue of 22-29 August dramatically illustrates the confusion—the report on page 1 that Public Health England found no evidence that e-cigarettes act as a route into smoking is followed on page 4 by news of a Los Angeles study showing a three-fold increase in tobacco use in teenagers who had experimented with e-cigarettes. Were *The BMJ* editorial team aware of this conflict of evidence?

Duncan Macintyre, retired respiratory physician, Eaglesham, UK, in response to, "Stop smoking services must become 'e-cigarette' friendly, says Public Health England"

BMJ 2015;351:h4518

POPULAR ONLINE

Consumption of spicy foods and total and cause specific mortality: population based cohort study

BMJ 2015;351:h3942

A patient request for some "deprescribing"

BMJ 2015;351:h4023

Light to moderate intake of alcohol, drinking patterns, and risk of cancer: results from two prospective US cohort studies

BMJ 2015;351:h4238

THIS WEEK IN 1915

This week's journal is a special edition for those "who require information as to the course which must be followed in order to become a legally qualified practitioner of medicine, and those who having already obtained this position, are doubtful as to what particular part in medicine they should choose as a career." We learn that "no one should think of entering the profession of medicine who is unprepared to spend . . . about £1000," that the average pay was around £200 a year, and that women are entering the profession in increasing numbers, and are even eligible for appointments in some general hospitals. Medical men (and presumably women) should also possess a strong sense of esprit de corps and, to that end, join the British Medical Association as soon as they have entered their names on the Medical Register.

GETTY IMAGES

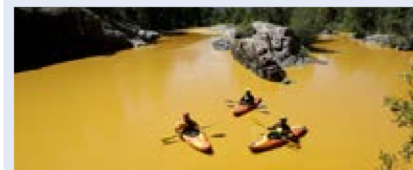
Cite this as *BMJ* 1915;2:299

LATEST BLOGS

Thoughts on becoming a guideline grandmother

The third version of the *Good Publication Practice* guidelines (GPP) were published recently. Liz Wager, one of the founders and authors of the original GPP, charts the history of the guidelines. She explains how they came about and the difficult process of getting the first version published.

http://bmj.co/GPP



Environmental health incidents caused by industrial activity

Lara Gautier discusses three recent environmental health incidents caused by industrial activity around the world. She calls on governments wordwide to hold industry to account and enforce a system of international regulations to ensure that human health will not continue to be damaged by industrial incidents.

http://bmj.co/environment

COI bingo

After reading the latest news story on a commercial industry's partnership with academic scientists, Daniel Goldberg grew tired of seeing the same poor rationalisations for the permissibility of such an arrangement and decided to create a COI "bingo chart." He explains his frustration at the lack of awareness of the evidence on motivated bias among doctors and scientists.

http://bmj.co/coibingo

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EDITOR'S CHOICE

It's time to apologise

Whatever the cause of a medical mishap, apologies are likely to become more frequent and more necessary

Jeremy Corbyn says he'll apologise for the Iraq war if he is the next leader of the Labour Party. Along with the wearily awaited Chilcot report to explain and apportion blame, this could offer some degree of closure and some lessons to be learnt.

Apologising when things go wrong for patients should be a simple matter. For UK doctors, the need to be open and honest with patients is enshrined in guidance from the General Medical Council. But it's not always clear when to apologise or how to do so without necessarily admitting or apportioning blame. Sadly, as Nigel Hawkes explains, the UK's new statutory duty of candour doesn't entirely resolve these questions (p 14). After explaining the law, he concludes: "the position now—paradoxical, some may think—is that doctors should apologise promptly after a safety incident, whether the mistake is theirs or not, but cannot be compelled to apologise if the incident goes to a [fitness to practise] panel and they are found to be at fault." More comfortingly, he reminds us that apologies are not always for making a mistake but for the fact that medicine is an imperfect art.

Whatever the cause of a medical mishap, apologies are likely to become more frequent and more necessary. The NHS is already getting almost 4000 written complaints a week (*BMJ* 2015;351:h4639) and the financial squeeze has more pain in store. As Kieran Walshe and Judith Smith report, last year's deficit of £820m looks likely to be trebled this year, and after 100 days in office this government's only plan seems to be to squeeze harder (p 7). Walshe and Smith say this won't work. The NHS needs to radically reconfigure. Opportunities lie in two emerging ideas: devolution of financial control to local level and the new models of care being tried at NHS England's vanguard sites and other locally led initiatives. Neither will save money in the short term, they say, but both offer a chance to reshape services and make them more affordable in the longer term.

It has become customary, in these pages and elsewhere, to take a swipe at the Health and Social Care Act when bemoaning the state of the NHS. I sometimes wonder if this is a cheap trick. Walshe and Smith are in no such doubt. The NHS has survived financial constraints in the past, they say, but the Lansley reforms have left it unable to respond either to the day to day pressures or to the new opportunities. Much of the organisational architecture and management capacity that dealt with pressures in the past was "foolishly stripped out" by the act, leaving no clear leadership at the regional level. And the act is now a major barrier to change, they say. "Devolution and the vanguard models of care cut right across the logic of competition and choice embedded in the legislation." Sooner or later, they say, the legislation will have to be substantially rewritten. We are all still waiting for an apology.

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