EDITORIALS
59  Do patients’ preferences matter?  Yes, but to what extent is unclear, says Klim McPherson  » Research, pp 81, 85
60  Promotion of exercise in primary care  Concerted efforts can improve patients’ health, say Steve Iliffe, Tahir Masud, Dawn Skelton, and Denise Kendrick  » Research, p 88
61  Warm-up programmes in sport  Can reduce injury, and should be recommended at all levels of participation, say John H M Brooks and Samuel J Erith  » Research, p 95
62  Obama’s victory  What are the implications for global health, ask Bernd Rechel and Martin McKee
64  Changes to the regulation of drug prices in the UK  Now the prices paid should reflect a medicine’s clinical value, says Joe Collier

LETTERS
65  Managing melanoma; Amputation by text; Reporting stab wounds; Case of Baby P
66  Metastatic spinal compression; Trading laws and health foods

NEWS
67  Government launches initiative to cut obesity  NICE lifts cost limit on drugs to improve access to end of life treatments
68  Doctors demand better second line treatment for TB  Agencies call for health workers in Gaza to be respected  Controversy sparked in Switzerland after doctor who used unproven, unlicensed therapy is cleared of non-treatment conviction
69  Virginity pledge ineffective against teen sex despite government funding, US study finds
70  Call for doctor to be released from custody  The pharmaceutical industry is stepping in to fill the therapeutics education void
71  Website that rates GP performance will aid communication

SHORT CUTS
72  What’s new in the other general journals

OBSERVATIONS
73  The blame game  Iona Heath

FEATURES
74  Google watches over flu  Google continues to refine its new infectious disease surveillance system during the current influenza season. But not everyone is yet convinced that it will add much to data already available, as Geoff Watts reports

HEAD TO HEAD
76  Should smoking in outside public spaces be banned?  After success in stopping smoking in public buildings, campaigns are turning outdoors. George Thomson and colleagues argue that a ban will help to stop children becoming smokers but Simon Chapman believes that it infringes personal freedom

ANALYSIS
78  Devolution and divergence in UK health policies  Scott Greer explores how political variation in the UK has led to differences between the health systems of its four nations since devolution

RESEARCH, CLINICAL REVIEW, AND PRACTICE
See next page

OBITUARIES
111  Paul Abbey; David James Charley; Phillip Aduacquah Hagan; Philip Allan King-Lewis; William Giles Manson; Donald McColl

VIEWS AND REVIEWS
PERSONAL VIEW
112  It sticks in our throats too  Sean Ainsworth, Wendy Jones

BETWEEN THE LINES
113  All in the mind?  Theodore Dalrymple

MEDICAL CLASSICS
113  The Magic Mountain  Thomas Rütten

COLUMNISTS
114  Falling through the ICE  Des Spence  “I’ll bet you a fiver it’s not”  Kinesh Patel

ENDGAMES
115  Case report; Quiz; Picture quiz; Statistical question

MINERVA
116  Chewing gum to stimulate gut motility and reduce postoperative ileus after colon resection, and other stories

FILLERS
80  BMJ/MSF Christmas appeal
99  Ideas, concerns, and expectations
106  Watch out for infection control
110  What types of article does the BMJ consider?
Minimal access surgery compared with medical management for chronic gastro-oesophageal reflux disease: UK collaborative randomised trial

In this trial that included some patients allocated by preference, follow-up reflux symptoms and general quality of life at one year were better in patients who had laparoscopic fundoplication compared with those managed medically.

Adrian M Grant, Samantha M Wileman, Craig R Ramsay, N Ashley Mowat, Zygmunt H Krukowski, Robert C Heading, Mark R Thursz, Marion K Campbell, and the REFLUX Trial Group

Commentary: Randomised trials of surgical and non-surgical treatment: a role model for the future

Jane M Blazeby, C Paul Barham, Jenny L Donovan

Patients’ preferences within randomised trials: systematic review and patient level meta-analysis

This analysis of 17 trials showed that patients’ preferences can modify treatment outcomes, although these effects were not all in the expected direction.

Preference Collaborative Review Group

Exercise on prescription for women aged 40-74 recruited through primary care: two year randomised controlled trial

In more than 1000 underactive women 30 minutes’ moderate exercise at least five days a week, prescribed in primary care with follow-up and telephone support, successfully increased physical activity and improved some variables of quality of life over two years.

Beverley A Lawton, Sally B Rose, C Raina Elley, Anthony C Dowell, Anna Fenton, Simon A Moyes

Renal screening in children after exposure to low dose melamine, p 92

Warm-up programme to prevent injuries in young female footballers, p 95

Management of low back pain, p 100

Obesity and pregnancy, p 107

Renal screening in children after exposure to low dose melamine in Hong Kong: cross sectional study

In more than 3000 children tested during Hong Kong’s emergency screening programme, set up after the tainted milk scandal in China, there were no severe adverse renal outcomes, and the authors question whether screening was warranted.

Hugh S Lam, Pak C Ng, Winnie C W Chu, William Wong, Dorothy F Y Chan, Stella S Ho, Ka T Wong, Anil T Ahuja, Chi K Li

Comprehensive warm-up programme to prevent injuries in young female footballers: cluster randomised controlled trial

In more than 1800 female players aged 13-17 a structured warm-up programme did not reduce lower extremity injuries—the primary outcome—but secondary outcomes were significantly reduced including the rate of severe injuries, overuse injuries, and injuries overall.

Torbjørn Soligard, Grethe Myklebust, Kathrin Steffen, Ingar Holme, Holly Silvers, Mario Bizzini, Astrid Junge, Jiri Dvorak, Roald Bahr, Thor Einar Andersen

Management of low back pain

Steven P Cohen, Charles E Argoff, Eugene J Carragee

Pregnancy plus: Obesity and pregnancy

This article explores the increased risks of obesity in pregnancy and suggests strategies to minimise them.

Naomi E Stotland
$1bn Amount by which Barack Obama would like to increase funding for the President’s Emergency Plan for AIDS Relief over the next five years (Editorial, p 62)

6 Number of medical staff killed in the Gaza Strip since 27 December (News, p 68)

0.68 Overall risk of injury in female footballers participating in a structured warm-up programme compared with controls (Research, p 95)

30% Proportion of adults without low back pain who have evidence of a protruded disc on magnetic resonance imaging (Clinical review, p 100)
If you are busy in this first full week of the new year and have time to read only two pages, then make it the Letters. In a short space they illustrate well the range of issues that preoccupy doctors—and our pages: core clinical skills, the use of technology, doctors’ duties to society, improving the way services are delivered, and despair at non-evidence based practices.

Thus Stephen Hayes urges the importance of teaching primary care doctors the key clinical skill of detecting melanomas (p 65). In doing so he bemoans the lack of teaching in dermatology received by most British undergraduates these days. That lament is echoed in Rebecca Coombes’s news feature on Pfizer teaching pharmacology and therapeutics to undergraduates because medical schools now neglect such subjects (p 70).

Minoo Irani also makes a plea for going back to basics. Commenting on the case of Baby P, who was killed by his mother and the men who lived with her, he says that training for professionals in child protection has moved away from physical abuse: “A whole generation of child protection professionals may not be aware of the unwritten rule that a serious unexplained injury... in any child can be a precursor to catastrophic injury” (p 65). Iona Heath also discusses Baby P in her Observations column (p 73), angry that the search for blame “does nothing to acknowledge the fundamental difficulties professionals face... when working with parents who are teetering on the knife edge between mad and bad.”

On technology, the editors of Wikisurgery describe in their letter the development of sets of operation scripts freely available on the internet—with “10 or more times the information in an operative textbook” (p 65). Geoff Watts also describes clever technology in his feature on how Google is mining searches to see if they can provide a surveillance system for flu (p 74). The US Centers for Disease Control and Prevention is interested, but Douglas Fleming, who has been running the general practice research database sentinel scheme for 40 years, is sceptical.

Back to letters, where Michael Keegan of the General Medical Council dampens the debate about whether doctors should be asked to report knife injuries to the police by pointing out that GMC and Department of Health guidance says that they already should be doing so (p 65). And Pamela Levack and colleagues give an excellent example of improving care in malignant cord compression (p 66). They describe Tayside’s cord compression referral system, which in the first hundred patients referred reduced the median time from referral to diagnosis to one day (compared with 66 days in Scottish audit data).

Finally, no such success for Leslie Rose and John Garrow, whose letter describes their failure to get trading standards officers to investigate claims made by manufacturers of non-evidence based “remedies” (p 66). The manufacturers refused to provide evidence because of commercial sensitivity—and the trading standards officers accepted that; a bit like the Swiss appeal court that quashed a doctor’s conviction for treating patients with an unlicensed drug because he honestly believed that the unlicensed drug was more effective than (an evidence based) standard treatment (p 68).

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

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To receive Editor’s Choice by email each week, visit bmj.com/cgi/customalert
Basic preventive measures against radon in new homes are likely to be a highly cost effective public health intervention and may make a modest but worthwhile contribution to reducing the annual number of deaths from lung cancer in the UK, alongside existing policies to reduce smoking, says a team of researchers from Oxford. Universal coverage of basic anti-radon measures may offer the best public health returns, says an accompanying editorial.

Find out more about this and other papers at bmj.com/channels/research.dtl

LATEST BLOGS
Our guest bloggers have started 2009 with renewed energy and enthusiasm. Richard Smith wonders whether poetry can define health, Liz Wager is enthused by lists, and Vidhya Alakeson speculates about Barack Obama’s health policy. Jeremy Laurance, health editor of the UK’s Independent newspaper, nominates his top medical development of 2008: “One development trumps all these, though it has received little notice—the World Health Organization’s surgical checklist launched in Britain and throughout the world last June. It is important not only for what it is designed to achieve—safer operations—but also for what it signifies—a new focus on the quality of health care. For the first 60 years of the NHS, one issue has dominated all others—waiting lists. We have asked only whether the health service is doing enough and why it is not doing more. Now, we are starting to ask whether it is doing it right and how to help it do what it does better. Access—that is, waiting lists—is no longer the problem. Quality is the new battle cry.”

Paediatrician Tony Waterston and his coauthors comment on the situation in Gaza: “On humanitarian grounds, we appeal to the Israeli government to cease the bombing forthwith and allow the immediate transfer of sick patients to receive appropriate medical care, and also allow free access of medical supplies to Gaza.”

To find out more about these and other blogs, visit http://blogs.bmj.com/bmj/

LATEST RESEARCH
Lung cancer deaths from indoor radon and the cost effectiveness and potential of policies to reduce them

Basic preventive measures against radon in new homes are likely to be a highly cost effective public health intervention and may make a modest but worthwhile contribution to reducing the annual number of deaths from lung cancer in the UK, alongside existing policies to reduce smoking, says a team of researchers from Oxford. Universal coverage of basic anti-radon measures may offer the best public health returns, says an accompanying editorial.

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Everything you know is wrong

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Electroconvulsive therapy
New format for BMJ research articles in print
Is golf bad for your hearing?
Should the contraceptive pill be available without prescription? No

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WHAT’S NEW ON BMJ.COM
This week we’ve loaded more than 30 000 articles dating back to 1982 onto bmj.com. These are all freely available but if you’re not already a subscriber you will need to register to access them.

Last week’s poll asks: “Should the contraceptive pill be available without prescription?”
You replied:
YES 659 votes (54%)
NO 566 votes (46%)

This week’s poll asks: “Should drug companies teach therapeutics to medical undergraduates?”
Let us know where you stand on this issue www.bmj.com/#poll

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