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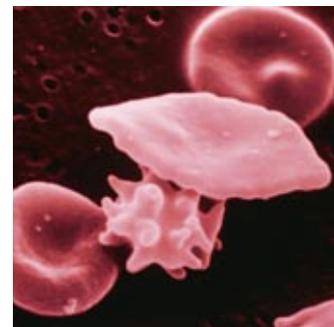
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In one London medical school Asian clinical medical students were negatively stereotyped by clinical teachers and students as overdependent on book learning and quiet in class

JKatherine Woolf, Judith Cave, Trisha Greenhalgh, Jane Dacre

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615 Commentary: An “ethnic minority” medical student

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616 Exposure to antipsychotics and risk of stroke: self controlled case series study

In UK primary care antipsychotic drug use was associated with an increased risk of stroke, and the risk was raised further by use of atypical drugs and by having dementia

Ian J Douglas, Liam Smeeth

>> Editorial p 586

618 Effect on birth outcomes of a formalised approach to care in hospital labour assessment units: international, randomised controlled trial

In 5000 women having first babies in North America and the UK, those randomised to special care during labour for their emotional state, positioning, and pain coping were more satisfied but otherwise had no different outcomes from controls

Ellen D Hodnett, Robyn Stremler, Andrew R Willan, Julie A Weston, Nancy K Lowe, Kathleen R Simpson, William D Fraser, Amiram Gafni, the SELAN (Structured Early Labour Assessment and Care by Nurses) Trial Group

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Both systems were associated with possible efficiency gains, particularly in ordering of outpatient pathology tests and requests for repeat plain x ray film examination

Simon Collin, Barnaby C Reeves, Jane Hendy, Naomi Fulop,

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Theories such as interactionism, phenomenology, and critical theory can be used to help design a research question, guide the selection of relevant data, interpret the data, and propose explanations of causes or influences

Scott Reeves, Mathieu Albert, Ayelet Kuper, Brian David Hodges

RESEARCH PUBLISHED ONLINE

Paracetamol plus ibuprofen for the treatment of fever in children (PITCH): randomised controlled trial

BMJ, doi: 10.1136/bmj.a1302

Alastair D Hay, Céire Costelloe, Niamh M Redmond, Alan A Montgomery, Margaret Fletcher, Sandra Hollinghurst, Tim J Peters

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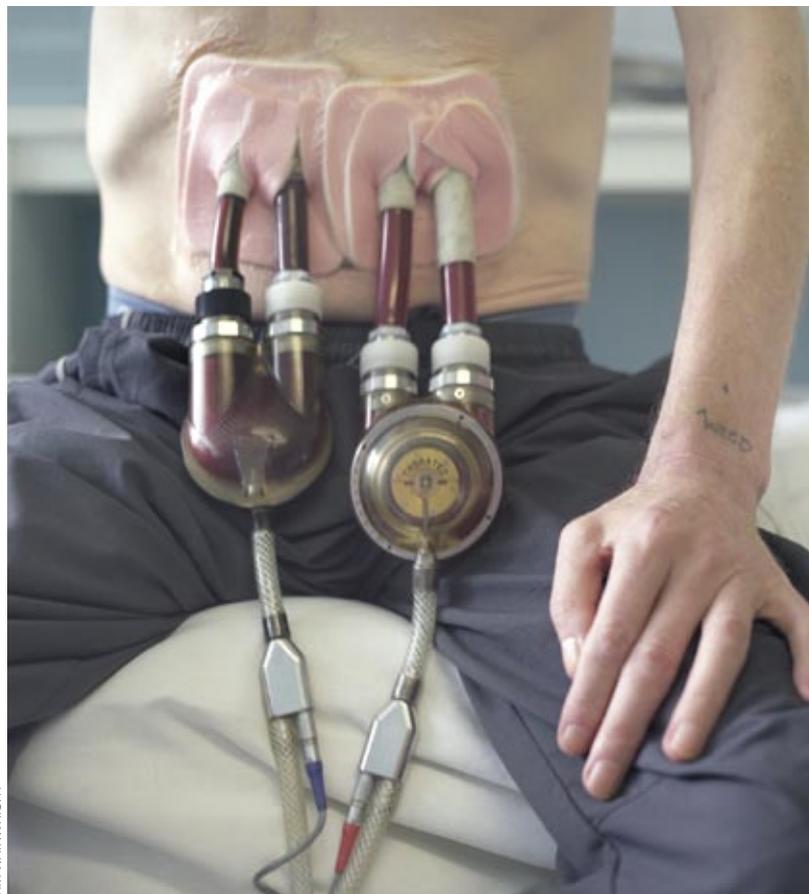
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TIM WAINWRIGHT

PICTURE OF THE WEEK

Ian Wood is fitted with an artificial heart before a successful heart transplant at Harefield Hospital, Middlesex. The image is part of an exhibition by the photographer Tim Wainwright and sound artist John Wynne, who spent a year following patients who were waiting for new heart or lungs and undergoing surgery at the hospital. Transplant, which also relates the experience of staff and relatives, is at the Nunnery Gallery, London E3, until 28 September. See www.thetransplantlog.com.

THE WEEK IN NUMBERS

1.73 Rate ratio for stroke among all patients prescribed any antipsychotic drug (Research p 616)

30% Proportion of the UK medical student population who come from ethnic minorities (Research p 611)

250 000 Estimated number of children who are born with sickle cell disease every year (Clinical Review p 626)

50% Drop in supplies of medical radioisotopes to UK hospitals (News p 595)

30 Articles and letters testifying to the efficacy of Alexander technique published in the *BMJ*, 1923-1951 (Letter p 594)

THE WEEK IN QUOTES

“The insights derived from [qualitative] theories are important for guiding health policy” (Practice p 631)

“The current definition [of end of life] is in contradiction to the concept of the person according to Catholic doctrine” (News p 598)

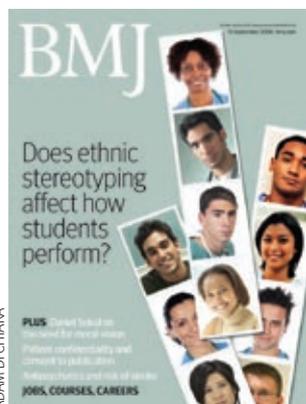
“If [contract research organisations] do not please their commercial clients, they may be less likely to get more work from them” (Feature p 602)

“Time is essential for reflection, an activity central to moral growth” (Ethics Man p 607)

“Medical information about an identifiable living patient can be published only with the explicit consent of the patient” (Editorial p 589)

EDITOR'S CHOICE

Getting a patient's consent for publication



ADAM DI CHIARA

Editorial, p 585
Research, pp 611, 615

The need to ask patients for consent before publishing their details in journals and elsewhere is well established. The *BMJ*'s policy on this has been in place, with minor variations, for more than 10 years (http://resources.bmj.com/bmj/authors/editorial-policies/copy_of_patient-confidentiality).

Yet we still receive articles that don't have patient consent. To our surprise some authors don't seem to have thought about it at all, but occasionally authors tell us that they can't get consent for various reasons. We then enter murky and sometimes stormy waters, navigated with the help of the *BMJ*'s ethics committee. Is the case of sufficient public health or clinical importance to waive the need for consent and, if so, can it be adequately anonymised?

One such interesting case is described this week. As the authors themselves explain on p 608, they were unwilling to ask for consent to publish a report of the ethical conflicts around stopping life support for a child with a rare neuromuscular disorder. They argued that this would jeopardise the already fragile relationship with the child's parents. The *BMJ*'s ethics committee, as two of its members explain (p 610), took the view that there was not a sufficient public health imperative to over-ride the need for consent, and that the rarity of the case made adequate anonymisation impossible. On p 609, the editor of the journal that eventually published the case gives his reasons for doing so.

Our decision not to publish was made on ethical grounds. At the time we did allow exceptions but felt that in this case consent could have

been obtained. Since then it has become clear that UK law makes it illegal to publish medical information about an identifiable living patient without consent. As Jane Smith comments in an accompanying editorial (p 589), whether for good or bad "society has decided that a loss of communication about matters of public health importance is the price to be paid for the right of an individual to have control over the publication of his or her own medical information."

Should we be concerned that this will damage the pursuit of medical knowledge? I think not. As Jane Smith says, difficult cases like the early descriptions of child abuse and Munchausen syndrome by proxy could still be published under the new law but would have to be presented differently, with less detail and probably without identifying the authors. We didn't consider removing the authors' names and affiliations in the case described, but it would have been perhaps the only way to fully ensure that the patient could not be identified.

The *BMJ*'s advice to authors remains largely unchanged. Ask for the patient's consent. If this isn't possible and you think the case has a strong public health interest, ask the editor about the possibility of anonymisation. All the contributors to this debate agree that patient confidentiality is the mainstay of the doctor-patient relationship and of the public's continuing trust in the medical profession. We must hold fast to it.

Fiona Godlee, editor, *BMJ*, fgodlee@bmj.com

Cite this as: *BMJ* 2008;337:a1633

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The alcohol misuse review covers interventions in both primary care and emergency settings clinicalevidence.bmj.com

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General Update—23 and 24 September; Cardiology, Diabetes and CKD—25 September [Find out more at masterclasses.bmj.com/GPs/leeds](http://Find%20out%20more%20at%20masterclasses.bmj.com/GPs/leeds)

***Drug and Therapeutics Bulletin (DTB)*—September issue**

Reviews on blood pressure guidelines - where are we now? And natalizumab for multiple sclerosis dtb.bmj.com

**PLUS**

Career Focus, jobs, and courses appear after p 640.

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LATEST RESEARCH Misperceptions and misuse of Bear Brand coffee creamer as infant food



Use of a cartoon logo on coffee creamer is misleading to the local population in Laos and puts the health of infants at risk, according to a cross sectional survey of consumers and paediatricians. This is in spite of a written warning on the label: "This product is not to be used as a breast milk substitute."

bmj.com/channels/research.dtl

LATEST COMMENT Consent for publication in difficult cases

Was the *BMJ* right to reject an ethical debate article because the authors had not obtained the consent of the patient's parents? The article was subsequently published elsewhere. This cluster of articles reflects the issues raised.

bmj.com/channels/comment.dtl

LATEST BLOGS

Liz Wager fears that describing the 27km long atom smashing Hadron Collider as "large" doesn't really do it justice. But usually she advises researchers to be wary of qualifying adjectives. "Mark Twain got it right (as usual) when he advised writers to substitute damn every time you're inclined to write very," adding: "Your editor will delete it and the writing will be just as it should be."

Blogging on the US election, Vidhya Alakeson warns that a victory for Republican candidate John McCain could lead to America becoming "the first developed country to repeal the right to abortion."

And Julian Sheather ponders the vexed question of free NHS care for asylum seekers: "How do we respond to the genuine health needs of individuals who do not have legal rights of residency and are unable to pay privately for their own health care? What obligations, if any, do we have to sick people who are here without legal status?" he asks.

Join these debates and others at <http://blogs.bmj.com/bmj>



Last week's poll asked

"Are national qualifying examinations a fair way to rank medical students?"

You replied:

YES 432 (53%)

NO 386 (47%)

This week's poll asks

"Should primary care be nurse led?"

MOST COMMENTED ON

Paracetamol plus ibuprofen for the treatment of fever in children

Outcomes of the European Working Time Directive

Exposure to antipsychotics and risk of stroke

QOF and public health priorities don't improve care in ageing

Hypercholesterolaemia and its management

MOST READ

Paracetamol plus ibuprofen for the treatment of fever in children

New patient asking for a benzodiazepine prescription

Exposure to antipsychotics and risk of stroke

RCT of Alexander technique lessons, exercise, and massage for back pain

Hypercholesterolaemia and its management

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