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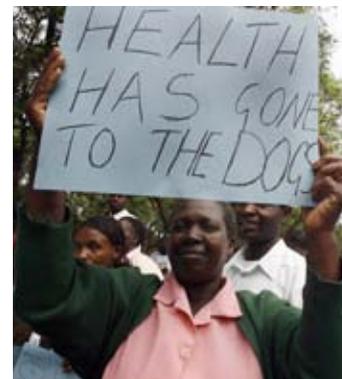
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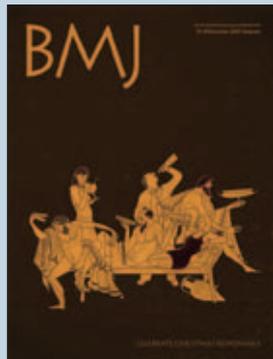
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The Editor, BMJ

BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418

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HENRY WARD

THE WEEK IN NUMBERS

1.31 Hazard ratio for the risk of myocardial infarction in patients taking calcium supplements compared with those on placebo
(Research, p 289)

Up to 40% Proportion of patients with a diagnosis of vegetative state who might retain some level of consciousness according to large retrospective clinical audits
(Clinical Review, p 292)

20-30% The estimated prevalence of non-alcoholic fatty liver disease in Western populations
(Practice, p 297)

PICTURE OF THE WEEK

“The Finger Assisted Nephrectomy of Professor Nadey Hakim and the World Presidents of the International College of Surgeons in Chicago” by Henry Ward is exhibited as part of the BP Portrait Awards at the National Portrait Gallery London until 19 September. The group portrait is composed in a similar way to Rembrandt’s “The Anatomy Lesson of Dr Nicolaes Tulp”, and it came about as a collaboration between Professor Hakim and Henry Ward to raise awareness for legal organ donations

QUESTION OF THE WEEK

Last week we asked: “Should rosiglitazone be withdrawn?”

80% said yes (total 187 votes cast)

This week’s questions is: “Have you ever taken modafinil, methylphenidate, or atomoxetine to boost your cognitive performance?”

QUOTE OF THE WEEK

“It is easy to dismiss the use of restraints as barbaric and undignified, as remnants of the bad old days when it was undoubtedly abused, but such an outright dismissal ignores the realities on the ground”

(Ethics Man, p 283)

EDITOR'S CHOICE

Images of doctors

His review is a fine example of why it is good to do something you wouldn't normally do—it usually opens your eyes in a new way

What picture of doctors emerges from this week's journal? Forget the news stories—which have the usual fare of doctors being investigated for conflicts of interest (p 275), and defending themselves and their patients against various sorts of bureaucracy (p 274). Look instead at the rest of the journal. Here is a succession of images of doctors as people who think completely differently from their patients; are part of the problem when it comes to social inequality; are susceptible to moral deformation through the pursuit of ambition; yet talk to each other across a big divide.

Not surprisingly, most of these images come from the review pages. They start with Christopher Martyn's funny review of Tim Parks's book, *Teach us to Sit Still: A Sceptic's Search for Health and Healing* (p 303). Martyn clearly doesn't enjoy the book, which is about the author's search for treatment and acceptance of his prostate pain, and he doesn't think his readers will: "Obviously this book wasn't written for doctors, and I'm doubtful whether they will enjoy it much." Yet his review is a fine example of why it is good to do something you wouldn't normally do—it usually opens your eyes in a new way. And so it is with this book. Martyn suggests that the book's moral is that "intelligent, educated, and apparently rational people may think about their health and illnesses in ways that hardly begin to overlap with ours."

Christopher Martyn would probably not have read Tim Parks's book if he hadn't been asked by the *BMJ's* reviews editor, but Robin Stott has happily read the two books that he reviewed (p 304). Their subject is social inequalities and why these have grown so dramatically since the 1950s in Anglo-Saxon societies. "Both authors believe that many people in society's privileged sectors hold such views [that

the poor are less able, the children of the rich more worthy recipients of the best university education]. Thus the everyday life of communities entrench the inequalities, making it ever more difficult to reverse them." Stott bemoans the fact that the health professions have offered no leadership and "in our own lifestyles and choices we often perpetuate or even aggravate inequality."

The protagonist of Shusako Endo's novel, *The Sea and Poison*, makes some very wrong choices. As Theodore Dalrymple explains, the novel is about a young doctor in wartime Japan who "through being too weak to refuse, takes part in a murderous experiment on an American prisoner" (p 305). It was published in 1958, before the scale of experimentation on prisoners was well known. "Most of the doctors . . . are motivated by ambition and are discomfited not by their conscience but only by the prospect of exposure and disgrace."

Doctors are somewhat redeemed in the first of our occasional series of "dialogues" on difficult subjects (p 278). Tony Waterston, a British paediatrician, facilitated an email discussion between Jumana Odeh from Palestine and Mark Clarfield from Israel on cooperation between Israeli and Palestinian doctors. Clarfield is an optimist about what such collaboration can achieve. Odeh, while acknowledging the usefulness of individual actions, is more pessimistic about a dialogue over health that ignores the political situation. I was reminded of Christopher Martyn's earlier words: these two "think about . . . health and illnesses in ways that hardly begin to overlap."

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

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