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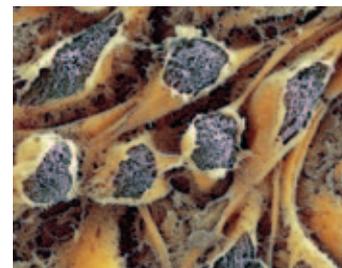
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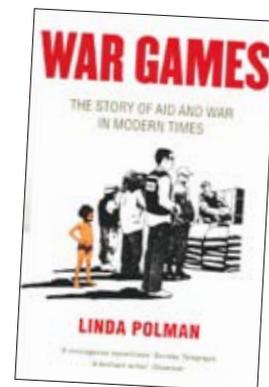
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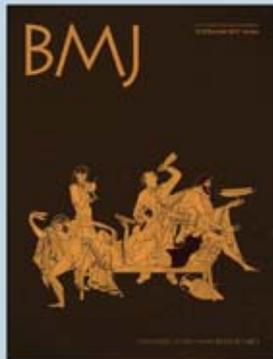
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Christmas 2010: Deadline for submissions

Please submit your articles for consideration for this year's Christmas issue by 20 September.



Go to <http://submit.bmj.com> for more details about online submission. And remember to mention in your covering letter that your article is intended for the Christmas issue (it's not always obvious). No spoofs, please.

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KEVIN FRAYER/AP/PA

PICTURE OF THE WEEK

A Pakistani woman at her makeshift shelter overlooks a temporary camp for families displaced by flooding in Sindh province. As floods continued to ravage the south of the country last week, health workers are concerned about the rise in the number of reports of suspected malaria. The number of reports of people with cholera and acute diarrhoea also continues to rise.

► bmj.com News: Malaria is on the rise in Pakistan, health workers warn (*BMJ* 2010;341: c4752)

THE WEEK IN NUMBERS

1 in 50 Proportion of stillbirths in normal babies caused by hypertensive disorders; they cause 10% of preterm stillbirths (Practice, p 499)

8.2 mm Hg Mean reduction in blood pressure with nurse led interventions that included a stepped treatment algorithm, compared with usual care (Research, p 491)

5%-7% Proportion of patients attending primary care whose main complaint is fatigue (Practice, p 503)

4 per 10 000 Number of annual additional haemorrhagic stroke events attributable to migraine with aura in women (Research, p 492)

QUOTE OF THE WEEK

“It’s less than a third of 1% of the total NHS budget. That’s a very small fraction and about a 10th of what the private sector spends per employee on management consultants”

Nigel Hawkes looks at the coalition government’s promises to cut the use of “consultants” in the NHS (Observations, p 486)

QUESTION OF THE WEEK

Last week we asked, “Should egg and sperm donors be paid more to reduce shortages in IVF clinics?”

56% said no (total 283 votes cast)

This week’s poll asks, “Should people with dementia be allowed to vote?”

► Cast your vote on bmj.com

EDITOR'S CHOICE

Are we at risk of being at risk?

The profession has grown too close to those who profit from developing drugs for new diseases and is no longer fit to make these decisions

Who decides what constitutes a disease and what is normality? Over the centuries such decisions have been the preserve of the medical profession, aided more recently by modern medical science. But the profession has grown too close to those who profit from developing drugs for new diseases and is no longer fit to make these decisions. This in brief is Ray Moynihan's thesis, developed over years of reporting on the relationship between doctors and the drug industry, and vigorously reprised in this week's journal (p 484).

Moynihan's target this time is prehypertension, a condition that along with preosteoporosis and prediabetes has the potential to transform most of the world's adult population into patients. And although lifestyle change may have been the original treatment plan for those with "high normal" blood pressure, the drug industry is making plain its interest in this vast potential market.

Indeed Moynihan maintains that the industry has been active in creating the market in the first place. Of the US guideline committee that first created the diagnostic category of prehypertension in 2003, 11 of 12 members eventually declared multiple ties to industry, he reports. Now an industry funded conference aims to initiate guidance on drug treatment for people with prehypertension. Professional societies will be asked for their endorsement. The main society in this case is the American Society of Hypertension and nine of its 13 voting board members have ties to industry. So is it time for society at large to take more of a role in deciding who should be classified as sick? Unless the profession can regain its independence from commercial influence, my answer is yes.

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England, and to a lesser extent other parts of the UK, continues to absorb the implications of the coalition government's healthcare reforms, while the previous government's initiatives, both good and bad, unravel. It's odd that foundation trusts were exempt from mandatory reporting of patients' complaints—18 of 130 chose not to report theirs, according to a recent survey by the Patients' Association (p 475). With his commitment to greater accountability, health secretary Andrew Lansley will surely want to close that loophole. And the decision to embrace "any willing provider" has hit reality in Huntingdon, where as Sam Lister reports, Hinchingsbrooke Hospital may become the first NHS hospital to be managed by a private franchise (p 481).

An increase in user fees in the NHS is also on the table. In the first of our articles produced in collaboration with the European Observatory on Health Systems and Policies, Sarah Thompson and colleagues examine lessons from elsewhere in the world (p 487). They argue that although user charges have increased efficiency for certain aspects of care in America, France, and Germany, the NHS is unique in its combination of strong primary care, general practice gate keeping, policies on generic prescribing, and incentives for disease management. "If the UK government's concern is to enhance efficiency in health care, the best starting point would be to dispense with user charges altogether."

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

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Career Focus, jobs, and courses appear after p 510

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