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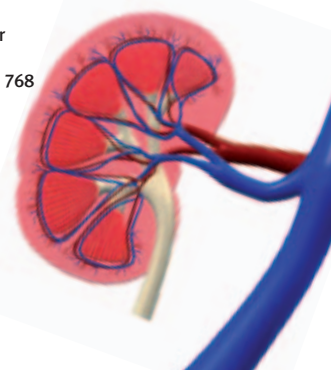


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The Editor, BMJ

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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PICTURE OF THE WEEK

In the Philippines, members of the Reproductive Health Advocacy Network show their support for the reproductive health bill currently pending in Congress. The bill would see government funding provide universal access to contraceptive devices, such as condoms. The country's powerful Roman Catholic bishops have said that they would consider a campaign of civil disobedience to block the government's efforts to promote contraceptives.

THE WEEK IN NUMBERS

60 ml/min/1.73 m²

Maximum estimated glomerular filtration rate that is associated with all cause and cardiovascular mortality in the general population (Research, p 767)

18% Proportion of employed women in the UK who take at least a day off work each year because of pelvic pain (Clinical Review, p 772)

1 in 3 Cases of septic arthritis in children that affect the hip; a third affect the knee, and the remaining third affect other joints (Practice, p 776)

6 weeks Typical time after surgery for hallux valgus at which patients can expect their feet to bear normal weight (Practice, p 778)

QUOTE OF THE WEEK

“Our proposal is to separate drug approval from post-marketing pharmacovigilance. Having both functions under a single body ... implies a sort of conflict of interest”

Silvio Garattini, director, and Vittorio Bertele' head of drug regulatory policies laboratory, Mario Negri Institute, Milan, on a solution to the problems surrounding licensing of rosiglitazone (Personal View, p 781)

QUESTION OF THE WEEK

Last week's poll asked: “Should all athletes have ECG screening?”

72% voted yes (total 330 votes cast)

This week's poll asks “Should NHS mental health services fear the private sector?”

➔ bmj.com cast your vote

EDITOR'S CHOICE

Let's cut some carbon out of health care

The NHS emits 18 million tonnes of carbon a year, a quarter of all emissions from the UK's public sector

If you haven't yet joined the worldwide carbon reduction initiative 10:10, there is still time. All you have to do is establish your organisation's use of electricity, fuel, and road and air travel by the end of this year and commit to cutting it by 10% within 12 months. As Nigel Hawkes describes (p 756), well over 100 healthcare organisations in the UK have signed up, ranging from hospital and primary care trusts to individual general practices. Forty five other countries now have 10:10 organisations.

Health care faces an enormous challenge. At an individual level, high carbon lifestyles are bad for health. At a global level, climate change has been called the greatest public health challenge of the 21st century. And at the moment health care is part of the problem. The NHS emits 18 million tonnes of carbon a year, a quarter of all emissions from the UK's public sector. Becoming part of the solution is what 10:10 is all about.

The NHS in England is aiming for a 10% cut in emissions between 2007 and 2015 (www.sdu.nhs.uk/). Some people think that this is unambitious, but it has to be seen against the escalating demand for health care and the numerous barriers to progress at a time of economic constraint. What's good about 10:10 is its simplicity and practicality.

Don't let me pretend that it's an easy option. The BMJ Group was among the first UK based organisations to join 10:10 when it launched last year. Probably our main achievement since then has been to get ourselves "carbon literate." We now have a carbon footprint covering not only the four factors required by 10:10 but also

commuting, waste, food, and procurement. We also know how much carbon comes from producing our journals and websites.

While doing the accounting we've not been idle. An energy audit of the beautiful but environmentally challenged building we share with the BMA shows us when and where the main problems are. Lights in some meeting rooms now turn off if you stop moving for too long—good for the bills and the blood flow. We do more videoconferencing for meetings and talks, and as part of our commitment to distance learning, we now have a thriving "remote participation" programme for our own conferences.

As for our products, the *BMJ* is printed on recycled paper and the plastic wrapper is recyclable. We are working to keep the physical size of the print *BMJ* down—our research summaries in print have helped. And we're about to launch the *BMJ* on the iPad, Kindle, and Sony eBook Reader, which may reduce demand for print. I look forward to the rapid responses about the environmental impact of these devices compared with paper.

It is hard to know how much carbon we and other 10:10ers will cut. But as one doctor interviewed by Hawkes makes clear, a key motivation is to get a message to those in power. As countries prepare for the next round of climate talks in Mexico in December, our leaders need pressure and permission to act.

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

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Career Focus, jobs, and courses appear after p 784

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Prostate specific antigen concentration at age 60 and death or metastasis from prostate cancer

Antipsychotic drugs and risk of venous thromboembolism

Hallux valgus

Effect of calcium supplements on risk of myocardial infarction and cardiovascular events

