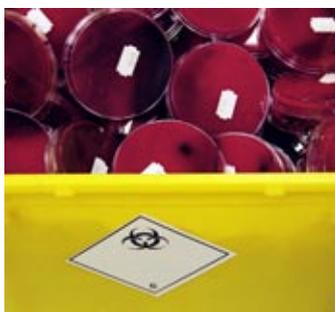




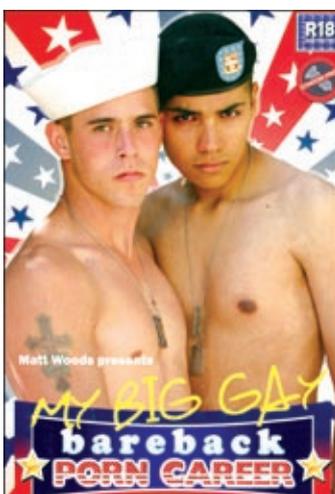
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Hospitals slow to recycle, p 746



Gay porn erodes safe sex messages, p 775

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» *Research*, pp 749, 754
- 726 Treatment of depression in primary care**
Incentivised care is no substitute for professional judgment, say Chris van Weel, Evelyn van Weel-Baumgarten, and Eric van Rijswijk
» *Research*, pp 761, 762
- 727 Tocolytics and preterm labour**
Whether to treat or not is the real dilemma, not which drug to use, say Andrew Carlin, Jane Norman, Stephen Cole, and Roger Smith
» *Research*, p 758
- 728 Environmental waste in health care**
Must be reduced for the overall carbon reduction strategy to succeed, says Gabriel Scally
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- 729 Managing UK research data for future use**
The *BMJ* is now asking authors for data sharing statements, says Trish Groves

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Healthcare commission claims it has succeeded in improving standards
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Trial vaccine may have saved Hamburg scientist from Ebola fever
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The NHS has committed to reducing its carbon footprint, but has it got the influence required to produce the necessary changes?
Andrew Cole reports

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David Hutchins and Stuart White look at the potential environmental and financial benefits

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Teaching on a ward round, p 770

RESEARCH

- 749 Mortality in British military participants in human experimental research into chemical warfare agents at Porton Down: cohort study**
 Researchers find no evidence of an excess cancer risk for UK veterans who spent time at the chemical weapons research facility at Porton Down. No consistent pattern of cancers emerges from data on nine different chemicals
 K M Venables, C Brooks, L Linsell, T J Keegan, T Langdon, T Fletcher, M J Nieuwenhuijsen, N E S Maconochie, P Doyle, V Beral, L M Carpenter
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 » Research p 754
- 754 Cancer morbidity in British military veterans included in chemical warfare agent experiments at Porton Down: cohort study**
 UK veterans exposed to chemical agents between 1941 and 1989 have a slightly higher all cause mortality than other veterans (rate ratio 1.06, 95% CI 1.03 to 1.10). It's impossible to rule in or rule out a causal link between the two with currently available data
 L M Carpenter, L Linsell, C Brooks, T J Keegan, T Langdon, P Doyle, N E S Maconochie, T Fletcher, M J Nieuwenhuijsen, V Beral, K M Venables
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- 758 Adverse drug reactions to tocolytic treatment for preterm labour: prospective cohort study**
 Combinations of tocolytic drugs for preterm labour are associated with a high risk of adverse drug reactions. Atosiban looks like one of the safest treatment options in this study of 1920 women from the Netherlands and Belgium
 Roel de Heus, Ben Willem Mol, Jan-Jaap H M Erwich, Herman P van Geijn, Wilfried J Gyselaers, Myriam Hanssens, Linda Härmark, Caroline D van Holsbeke, Johannes J Duvekot, Fred F A M Schobben, Hans Wolf, Gerard H A Visser
 » Editorial p 727

- 761 Management of depression in UK general practice in relation to scores on depression severity questionnaires: analysis of medical record data**

pico

Among nearly 2300 patients prescriptions and referrals were significantly associated with higher scores, but the different questionnaires' threshold scores for intervention varied and didn't always match doctors' clinical judgment

Tony Kendrick, Christopher Dowrick, Anita McBride, Amanda Howe, Pamela Clarke, Sue Maisey, Michael Moore, Peter W Smith

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- 762 Patients' and doctors' views on depression severity questionnaires incentivised in UK quality and outcomes framework: qualitative study**

pico

Among 34 general practitioners and 24 patients the doctors favoured clinical judgment over questionnaires but patients thought questionnaires added objective evidence on their health

Christopher Dowrick, Geraldine M Leydon, Anita McBride, Amanda Howe, Hana Burgess, Pamela Clarke, Sue Maisey, Tony Kendrick

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- 763 Chronic constipation in adults**
 Iain J D McCallum, Sarah Ong, Mark Mercer-Jones

PRACTICE

- 767 Guidelines: Rehabilitation after critical illness: summary of NICE guidance**
 This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence
 Toni Tan, Stephen J Brett, Tim Stokes, on behalf of the Guideline Development Group
- 770 Teaching rounds: Teaching on a ward round**
 This series provides an update on practical teaching methods for busy clinicians who teach
 Jean Ker, Peter Cantillon, Lucy Ambrose

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PICTURE OF THE WEEK

Demonstrators hold condoms outside St Peter's Square at the Vatican to commemorate people who have died from AIDS related illness and to protest against the pope's comments during his trip to Africa. "You can't resolve it [AIDS] with the distribution of condoms," he said. "On the contrary, it increases the problem." See News, p 737, and Observations, p 745.

THE WEEK IN NUMBERS

0.7% Incidence of serious adverse drug reaction after tocolytic treatment in preterm labour (Research, p 758)

110 000 People are admitted to critical care units in England and Wales a year, of whom 75% survive to be discharged home (Practice, p 767)

£120 000 Compensation recommended after an investigation found "significant and distressing failures" in the care of six people with learning disabilities in England (News, p 733)

18.6 million tonnes English NHS carbon dioxide emissions in 2004, equivalent to a quarter of all public sector emissions and 3.2% of the country's total footprint (Feature, p 742)

THE WEEK IN QUOTES

"Depression severity measures may have benefits, by increasing patients' confidence that doctors are taking their mental health seriously" (Research, p 762)

"A more inclusive definition of chronic constipation: any patient experiencing consistent difficulty with defecation" (Clinical Review, p 763)

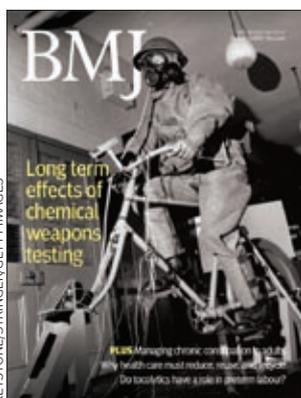
"Is the 24th non-steroidal anti-inflammatory drug that much better than the first few?" (Review of the Week, p 776)

"I see daily the iatrogenic effects of overtreatment of older patients that is partly driven by a box ticking, target oriented culture" (Letter, p 731)

"A GP could be doing more harm than good by writing a reflex sickness certificate" (News, p 735)

EDITOR'S CHOICE

What's your carbon reduction strategy?



KEYSTONE/STRINGER/GETTY IMAGES

Editorial, p 725
Research, pp 749, 754

Back in 2006 I wrote an Editor's Choice called "What did you do about climate change Mum?" (*BMJ* 2006;332:10 June). It suggested that doctors might start measuring their carbon footprint. The most interesting thing about this short piece was the response it received on *bmj.com* (www.bmj.com/cgi/eletters/332/7554/0-f). What was this stuff doing in a medical journal? What was I doing uncritically accepting the propaganda of the global warming lobby?

Things have changed since then. WHO's director general Margaret Chan has called climate change the biggest public health challenge of the 21st century. And last week the UN and Red Cross warned that a humanitarian crisis caused by droughts, floods, storms, and heatwaves could overwhelm relief agencies (p 734). Most chilling for me was a comment at a meeting at the Royal College of Physicians last year. When asked what people should do about climate change, Tom Burke of Rio Tinto said "Don't be under 40."

So although some will question the need for action, most are likely to say we're not doing nearly enough. This was the response from many to the new NHS carbon reduction strategy. But as Andrew Cole reports, its targets—to cut emissions by 10% by 2015 and 80% by 2050—are ambitious (p 742). A big chunk will have to come from NHS procurement, especially from drugs and equipment, using the NHS's purchasing power to get suppliers to adopt greener technology and getting us all to use less of everything. As David Hutchins and Stuart White explain (p 746), health services can reduce, reuse, and recycle just like everyone else. For its part, the *BMJ* is embarking

on its own carbon reduction programme. As a small part of this, the journal is now printed on 100% recycled paper.

Meanwhile, there's a new guide to sustainable development from the Faculty of Public Health. NHS Kidney Care is funding the first ever "green nephrology fellowship" (p 738); and the people at www.carbonaddict.org have identified "carbon dependency syndrome." As well as their advice on sourcing food ("Seasonal and local (unless living next door to an intensive beef farm)") they give some startling facts. If everyone in the UK stopped eating meat on one day a week, this would equate to taking five million cars off the road.

Action by individuals and organisations is important. It will help to reduce carbon use and change our culture. But real progress will need action by governments. This doesn't mean we can sit back and do nothing. Governments need permission to take unpopular decisions, especially during an economic downturn. In December in Copenhagen the world's leaders will update their carbon commitments. The Climate and Health Council (www.climateandhealth.org) wants to ensure that the health effects of climate change are fully acknowledged in these discussions. Nearly 2000 doctors and senior health care managers have already signed the council's pledge. To influence the debate in Copenhagen we would like 10 000 signatures. If you do one thing today, go to the council website and sign the pledge.

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

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PLUS

Career Focus, jobs, and courses appear after p 778.

WHAT'S NEW ON BMJ.COM

LATEST RESEARCH

Larval therapy for leg ulcers

Treatment with loose or bagged larvae does not reduce the time that it takes leg ulcers to heal compared with hydrogel. But larvae are a more effective debriding agent than hydrogel, according to the VenUS II randomised controlled trial. The accompanying cost effectiveness analysis confirms that larval therapy is likely to produce similar health benefits and have similar costs to treatment with hydrogel.

Predicting risk of type 2 diabetes in England and Wales

The QDScore algorithm estimates the 10 year risk of diabetes including both ethnicity and social deprivation and could help to identify people at high risk before they develop the disease. An editorial accompanying this prospective derivation and validation study of QDScore says that incorporation into practice computer programmes would not increase doctors' daily workload. But it may not be feasible for people in developing countries with limited access to computers.

Access these and other research papers at www.bmj.com/channels/research.dtl



Last week's poll asked:

Will doctor rating sites improve standards of care?

Yes 26 votes (30%)
No 60 votes (70%)

This week's poll asks:

Should people at risk of reinfarction have defibrillators available at home?



Submit your vote at bmj.com

LATEST BLOGS



General practitioner registrar Tauseef Mehrali watches a film depicting brutal social realism as part of a training session on child protection: "We were challenged to investigate our own triggers for initiating child safeguarding proceedings and to confront subconsciously held stereotypes: is the failing of a parent to conform to our own usually middle class social norms a justifiable trigger? Perhaps more importantly, is conforming sufficient reason to overlook? ... The UK is the worst developed nation in which to be a child, according to both UNICEF and the Good Childhood Inquiry. General practitioners are at the forefront and therefore perfectly placed to guide a redressing of the balance. Encouraging trainees to discuss these issues in novel ways can only help this process."

To comment on these and other blogs, go to <http://blogs.bmj.com/bmj/>

MOST COMMENTED ON

Larval therapy for leg ulcers (VenUS II): randomised controlled trial

Stop de-legitimising Israel and politicising your journal

High court rejects challenge to NICE guidelines on chronic fatigue syndrome

Resting heart rate as a low tech predictor of coronary events in women: prospective cohort study

Perils of criticising Israel

LATEST PODCASTS

Last week's podcast came from the International Forum for Quality and Safety in Healthcare in Berlin. We have a few highlights from interviews with delegates about the issues they're hoping to resolve. Deborah Cohen talks to Ryan Truscott in Harare about the current health situation in Zimbabwe and the problems that the new government faces.

This week's podcast includes an interview with the lead author of a study about mortality in British military participants in human experimental research into chemical warfare agents at Porton Down.

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