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Incentivising good health, p 983



Reactions to placebo, p 1015



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- 961 Management of lateral hip pain**
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- 962 Social deprivation and poor prognosis after cardiac surgery**
Targeting cardiac rehabilitation after surgery at deprived groups is key, say Martin A Denvir and Vipin Zamvar » *Research*, p 989
- 963 Inhaled corticosteroids after respiratory syncytial virus infection**
Are ineffective and should not be used to prevent subsequent wheeze, says Jenny Handforth » *Research*, p 996
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UK pilots will assess provider initiated “opt-out” testing strategies, says Gavin Bryce

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Drug industry protests over need to register trial results
- 970 Home birth as safe as in hospital for low risk women, study shows**
UK will still publish hospital standardised mortality ratios despite criticism
- 971 Doctors warn government against removing benefits from alcoholics who refuse treatment**
Doctors are asked whether “body MOTs” should be regulated
- 972 Amnesty fears for safety of human rights activists in Sudan**
FDA puts restrictions on a clinical trial review board after secret investigation reveals faults
- 973 Meningitis toll rises as west Africa faces its worst epidemic for 10 years**
Obama hopes to cut healthcare costs and increase coverage
- 974 New funding mechanism is launched to expand access to artemisinin based combination drugs**
Patent pools: an idea whose time has come
- 975 WHO policy on snakebite treatment may result in more deaths**

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OUT OF HOURS

- 978 Fighting a lost cause?** Christopher Martyn

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- 979 Doctors as leaders**
Next week, the *BMJ* and the King's Fund will hold a debate asking if doctors have neglected their duty to lead the NHS. Candace Imison and Richard W Giordano describe the importance of doctors as leaders
- 980 This house believes doctors are neglecting their duty to lead health service change**
Alan Maynard and James Mountford agree; James Cave and Mark Goldman disagree

ANALYSIS

- 983 Using financial incentives to achieve healthy behaviour**
Paying people to change their behaviour can work, at least in the short term. However, as Theresa Marteau, Richard Ashcroft, and Adam Oliver explain, there are many unanswered questions about this approach

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- 1013 Philip Poole-Wilson; Rex Ernest Coupland; John Moullin Davies; Jeevan Muddappa Deyanda; Ian Kirkland Hart; Brian Higgs; Bernard Cecil Rosenberg; Sheila Margaret Spedding**

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Robin Nunn

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- 1017 Rigoletto** Trisha Greenhalgh

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- 1018 Pride and prejudice** Des Spence
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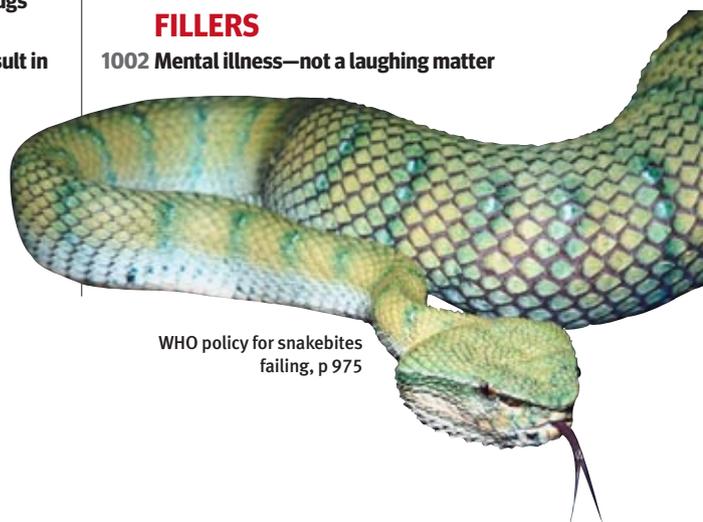
- 1019 Quiz page for doctors in training**

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- 1020 Anger suppression and other stories**

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- 1002 Mental illness—not a laughing matter**



WHO policy for snakebites failing, p 975



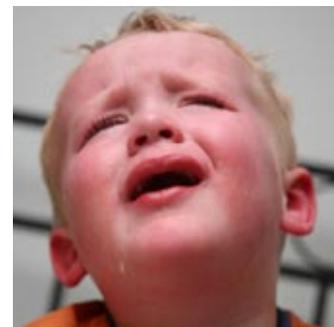
Post-traumatic stress disorder, p 992



Mother-infant attachment, p 997



Acute coronary syndromes, p 998



Feverish children, p 1006

RESEARCH

986 Comparison of fluoroscopically guided and blind corticosteroid injections for greater trochanteric pain syndrome: multicentre randomised controlled trial

In this pilot trial in the US and Germany fluoroscopy guidance did not improve pain reduction or increase patients' activity levels
Steven P Cohen, Scott A Strassels, Leslie Foster, John Marvel, Kayode Williams, Matthew Crooks, Andrew Gross, Connie Kurihara, Cuong Nguyen, Necia Williams » *Editorial, p 961*

989 Social deprivation and prognostic benefits of cardiac surgery: observational study of 44 902 patients from five hospitals over 10 years

Survival after cardiac surgery, whether coronary artery bypass or valve replacement or repair, is poorer in people from deprived areas even after taking account of the effects of smoking, body mass index and diabetes

D Pagano, N Freemantle, B Bridgewater, N Howell, D Ray, M Jackson, B M Fabri, J Au, D Keenan, B Kirkup, B E Keogh, on behalf of the Quality and Outcomes Research Unit (QuORU) UHB Birmingham and the North West Quality Improvement Programme in Cardiac Interventions (UKNQIP) » *Editorial, p 962*

992 Baseline self reported functional health and vulnerability to post-traumatic stress disorder after combat deployment: prospective US military cohort study

Among US military personnel, those with poorer physical or mental health beforehand were most likely to develop post-traumatic stress disorder after experience of combat

Cynthia A LeardMann, Tyler C Smith, Besa Smith, Timothy S Wells, Margaret A K Ryan, for the Millennium Cohort Study Team

996 The effect of high dose inhaled corticosteroids on wheeze in infants after respiratory syncytial virus infection: randomised double blind placebo controlled trial

pico

Three months' treatment with a high dose of extra fine beclomethasone propionate doesn't prevent recurrent wheeze among infants admitted to 19 Dutch hospitals with a respiratory syncytial virus infection of the lower respiratory tract

Marieke J J Ermers, Maroeska M Rovers, Job B van Woensel, Jan L L Kimpen, Louis J Bont, on behalf of the RSV Corticosteroid Study Group » *Editorial, p 963*

997 Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial

pico

An intervention designed to improve the sensitivity with which mothers responded to their babies had a positive impact on the quality of parenting in the first year of life

Peter J Cooper, Mark Tomlinson, Leslie Swartz, Mireille Landman, Chris Molteno, Alan Stein, Klim McPherson, Lynne Murray

CLINICAL REVIEW

998 Clopidogrel in acute coronary syndromes

Doson Chua, Andrew Ignaszewski

PRACTICE

1003 Diagnosis in general practice: Diagnostic strategies used in primary care

This series aims to set out a diagnostic theory and illustrate its application with a case

C Heneghan, P Glasziou, M Thompson, P Rose, J Balla, D Lasserson, C Scott, R Perera

1006 Diagnosis in general practice: Excluding serious illness in feverish children in primary care: restricted rule-out method for diagnosis

Two children presenting to general practice with fever show how general practitioners use restricted rule-out, one of the strategies to make a diagnosis set out by Heneghan and colleagues

Matthew J Thompson, Anthony Harnden, Chris Del Mar

1009 Guidelines: Diarrhoea and vomiting caused by gastroenteritis in children under 5 years: summary of NICE guidance

This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence

Rajesh Khanna, Monica Lakhnanpaul, Shona Burman-Roy, M Stephen Murphy, on behalf of the Guideline Development Group and the technical team

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GETTY IMAGES

PICTURE OF THE WEEK

The front door of number 10 Downing Street covered in a blue mosquito net to mark the launch of the Malaria No More UK campaign to raise funds for bed nets in Africa.

THE WEEK IN NUMBERS

600% Rise in treatment costs in referring patients for fluoroscopically guided injections of corticosteroids for greater trochanteric pain (Research, p 986)

£20 Incentive, as food vouchers, to stop pregnant women from smoking for one week (Analysis, p 983)

300 mg Loading dose of clopidogrel, given to all patients presenting with acute coronary syndromes, followed by 75 mg daily (Clinical Review, p 998)

2.7% Rate of home births in the UK in 2006 (News, p 970)

2-3% Proportion of admissions of infants each year due to respiratory syncytial virus infection (Editorial, p 963)

THE WEEK IN QUOTES

“Social deprivation reduces the prognostic benefits of cardiac surgery” (Research, p 989)

“There are some circumstances where wide dissemination of clinical trial results . . . undermines a company’s competitive position” (News, p 969)

“Let our beleaguered institutions show political leadership . . . by endorsing a no drug representative policy for all UK doctors” (From The Front Line, p 1018)

“The commonly taught sequential approach to history taking and examination . . . is not what practitioners do in reality” (Practice, p 1003)

“Medical leadership . . . was conspicuous by its absence” (Feature, p 979)

EDITOR'S CHOICE

Critical thinking



LEILA CUTLER/ALAMY

Practice, p 1006

What is it about the process of diagnosis that eludes critical evaluation? Clinicians make millions of diagnoses every day, and making the right one is central to effective treatment and accurate prognosis. Great diagnosticians tend to be forgiven their other human failings, if the television portrayal of rude but brilliant Dr Gregory House is anything to go by (*BMJ* 2005;330:1090), which suggests that much of the prestige of medicine is bound up with the ability to diagnose. Yet we know surprisingly little about the thought processes behind successful diagnosis.

A new series launched this week aims to encourage clearer thinking about diagnosis. Carl Heneghan and colleagues have used their own experience in primary care to articulate a range of diagnostic strategies used by general practitioners in routine consultations (p 1003). In a linked article, Matthew Thompson and colleagues explore the use of “restricted rule-out” as a strategy for excluding serious illness in a feverish child (p 1006). Future articles will use cases of chronic cough and acute diarrhoea to illustrate diagnostic strategies including “test of treatment” and “test of time.”

This week’s journal also includes two intriguing warnings against uncritical thinking. In his Observations column, Christopher Martyn explains that the Bradford Hill “criteria” for judging cause and effect were in fact quite the reverse (p 978). Austin Bradford Hill listed the “viewpoints” in a lecture at the Royal Society of Medicine in 1964. But he did so in order to conclude that there is no foolproof way of establishing causality. “None

of my nine viewpoints can bring indisputable evidence for or against the cause and effect hypothesis and none can be required as a sine qua non,” he said. Martyn shows that Bradford Hill took a pragmatic approach to interpreting observational evidence, weighing up the various features of individual associations in order to make a decision about whether action was needed. He concludes that authors who grind through the criteria trying to show that the association they’ve observed ticks enough boxes to be considered causal have missed the point entirely.

A second call to pull our thinking socks up comes from Robin Nunn (p 1015). His target is the concept of placebo. The lack of a clear definition, despite centuries of discussion and decades of research, brings him to conclude that it’s time to stop thinking in terms of placebo; “Rebranding is not enough to rescue this tired product.” For those who use placebo as treatment, he suggests we ask what exactly is going on between doctor and patient. And in a post-placebo era, clinical research would simply compare something with something else. His proposal includes the provision that all methodologically acceptable research reports would fully describe the two sets of conditions being compared so that a reader could replicate them. This will be music to the ears of Paul Glasziou, one of the architects of our diagnosis series mentioned above, who is on an important mission to improve the way journals describe interventions (*BMJ* 2008;336:1472-4).

Fiona Godlee, editor, BMJfgodlee@bmj.com

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PLUS

Career Focus, jobs, and courses appear after p 1018.

WHAT'S NEW ON BMJ.COM

LATEST RESEARCH

Modifiable factors influencing relatives' decision to offer organ donation

Limited evidence suggests that there are modifiable factors in the process of requests for organ donation—in particular the skills of the individual making the request and the timing of this conversation—that might have a high impact on rates of consent. Targeting these factors might have a greater and more immediate effect on the number of organs for donation, say the authors of this systematic review. An accompanying editorial agrees that most factors involved in the process of obtaining consent can be modified to increase success.

Four layer bandage compared with short stretch bandage for venous leg ulcers

Venous leg ulcers treated with four layer bandages heal faster, on average, than those treated with the short stretch bandage. Benefits were consistent across patients with differing prognostic profiles, according to this systematic review and meta-analysis of randomised controlled trials with data from individual patients. The accompanying editorial says that healing is not the only desirable outcome measure, but that a broader based approach to the management of the challenging and complex problems inherent in the treatment of chronic wounds should be adopted.

Find all recent research articles at <http://www.bmj.com/channels/research.dtl>

LATEST BLOGS

In his review of medical journals, Richard Lehman immerses himself in diabetes ("What a mess"), before covering an extensive range of subjects from the polypill to suicide, IQ, hyperhidrosis, and "irritable" bowels—all the while planning to compile "The Good Death Cookbook"—maybe... Richard Smith recommends making vegetarian food the norm at formal dinners. And Liz Wager asks, not unreasonably, why peer review is so expensive if comment is cheap, wondering "why it is apparently so easy to get people (even busy people like doctors) to chat, but so hard to persuade them to peer review." Her commentators suggest various solutions to how the efficiency of scientific editing might be improved. These include using news and blog aggregating to highlight when articles are being discussed on other sites (with a PLoS editor showing an example of how an article's "post-publication history" can be shown at the individual article level). Another idea is to give scientist peer reviewers and their institutions either a financial reward or at least academic recognition for their effort. We'd like to know what you think!

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

LATEST EDUCATION

10-minute consultation—Haematuria: The latest article in our occasional series on common problems in primary care presents the case of a 40 year old woman who complains of frequency without dysuria. The dipstick shows a score of 3+ on the haematuria test. The woman is fit and healthy and has no major medical history. What issues should you cover and what should you do?



DR P. MARAZZI/SPL

LATEST PODCASTS

In last week's podcast, Duncan Jarvies talks to Therese Hesketh, a child health specialist at University College London, about the effect China's one child policy is having on the population balance. Writer and broadcaster Geoff Watts tells Deborah Cohen about how new technology is casting a spotlight on an old idea. Also, Annabel Ferriman and Ed Davies take us through the latest medical and careers news. This week we will be discussing palliative care in South Africa and how to maximise organ donation.

Listen to these and other podcasts at <http://podcasts.bmj.com/bmj/>
You can also subscribe via iTunes.



MOST COMMENTED ON

Tight control of blood glucose in long standing type 2 diabetes

What to cut

Cauda equina syndrome

China's excess males, sex selective abortion, and one child policy

Comparison of fluoroscopically guided and blind corticosteroid injections for greater trochanteric pain syndrome

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MOST READ

China's excess males, sex selective abortion, and one child policy

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