

EDITORIALS

- 341 Is quality of care improving in the UK?**
Yes, but we do not know why, say Peter J Pronovost, Sean M Berenholtz, and Laura L Morlock
» *Research, pp 369, 370*
- 342 Audiovisual feedback and quality of CPR**
Evidence so far shows no improvement in clinical outcomes, says Peter Leman
» *Research, p 371*
- 343 Measurement of blood pressure in primary care**
Must be done carefully, or not at all, say Jonathan Mant and Richard McManus
Research, p 372
- 344 Postmarketing studies of drug safety**
A European initiative could help bring more transparency and rigour to pharmacoepidemiology, say Sebastian Schneeweiss and Jerry Avorn
- 345 Use of skin lightening creams**
Lack of recognition and regulation is having serious medical consequences, says Yetunde M Olumide

LETTERS

- 347 Breast cancer screening; Laparoscopy complications**
- 348 Aviation and patient safety; Paediatric ENT surgery**
- 349 MMR scare**
- 350 Research approval; Income to survive**

NEWS

- 351 Revalidation plans don't tackle poor performance, MPs say**
NHS reforms do not empower patients
- 352 Pfizer closes Kent plant as it trims research by \$1bn a year**
Scrutiny phase brings chance of change to NHS reform bill
- 353 Adviser accuses minister of "lying" over "new" money**
"Disruptive" doctors are often found to be perfectionists
- 354 "Tsunami of obesity" threatens all regions of world, data show**
International agency calls for end to "inhuman practice" of female genital mutilation
- 355 Switzerland is to fund complementary therapies for six years while effectiveness is evaluated**
Researcher didn't get ethical approval for 68 studies, investigators say
- 356 List of "wanted" US healthcare thieves is posted on the web**
Australian medical journal says no to drug advertising
New male doctors earned 17% more than female doctors in US in 2008
- 357 Research finds life is a three second experience**

SHORT CUTS

- 358 What's new in the other general journals**

FEATURES

- DRUG DEVELOPMENT**
- 360 Old drugs, new tricks**
Allen Shaughnessy explains how computer power is expanding our pharmaceutical armoury

OBSERVATIONS

- OUT OF HOURS**
- 362 Lactation wars**
Christopher Martyn
- LOBBY WATCH**
- 363 Policy Exchange**
Jane Cassidy

ANALYSIS

- 364 Cross-border healthcare in the European Union: clarifying patients' rights**
The adoption of a new directive on cross-border healthcare in Europe could bring clarity for patients, health professionals, and policy makers, as well as raise the awareness of how healthcare differs between EU member states, say Helena Legido-Quigley and colleagues

RESEARCH

- 368 Research highlights: the pick of BMJ research papers this week**
- 369 Large scale organisational intervention to improve patient safety in four UK hospitals: mixed method evaluation**
Amirta Benning, Maisoon Ghaleb, Anu Suokas, Mary Dixon-Woods, Jeremy Dawson, Nick Barber, Bryony Dean Franklin, Alan Girling, Karla Hemming, Martin Carmalt, Gavin Rudge, Thirumalai Naicker, Ugochi Nwulu, Sopna Choudhury, Richard Lilford
» *Editorial, p 341*
- 370 Multiple component patient safety intervention in English hospitals: controlled evaluation of second phase**
Amirta Benning, Mary Dixon-Woods, Ugochi Nwulu, Maisoon Ghaleb, Jeremy Dawson, Nick Barber, Bryony Dean Franklin, Alan Girling, Karla Hemming, Martin Carmalt, Gavin Rudge, Thirumalai Naicker, Amit Kotecha, M Clare Derrington, Richard Lilford
» *Editorial, p 341*
- 371 Effect of real-time feedback during cardiopulmonary resuscitation outside hospital: prospective, cluster-randomised trial**
David Hostler, Siobhan Everson-Stewart, Thomas D Rea, Ian G Stiell, Clifton W Callaway, Peter J Kudenchuk, Gena K Sears, Scott S Emerson, Graham Nichol, and the Resuscitation Outcomes Consortium Investigators
» *Editorial, p 342*



Feature, p 360



Charities criticise the NHS reforms, p 351



A "tsunami of obesity," p 354



Feedback during CPR, pp 342, 371

Cross-border care in Europe, p 364



372 Conventional versus automated measurement of blood pressure in primary care patients with systolic hypertension: randomised parallel design controlled trial
 Martin G Myers, Marshall Godwin, Martin Dawes, Alexander Kiss, Sheldon W Tobe, F Curry Grant, Janusz Kaczorowski
 » *Editorial, p 343*

373 Effect of training traditional birth attendants on neonatal mortality (Lufwanyama Neonatal Survival Project): randomised controlled study
 Christopher J Gill, Grace Phiri-Mazala, Nicholas G Guerina, Joshua Kasimba, Charity Mulenga, William B MacLeod, Nelson Waitolo, Anna B Knapp, Mark Mirochnick, Arthur Mazimba, Matthew P Fox, Lora Sabin, Philip Seidenberg, Jonathon L Simon, Davidson H Hamer

CLINICAL REVIEW

374 Telehealthcare for long term conditions
 Susannah McLean, Denis Protti, Aziz Sheikh

PRACTICE

UNCERTAINTIES PAGE

379 Does home oxygen benefit people with chronic heart failure?
 Andrew L Clark, Miriam J Johnson, Iain Squire

381 Commentary: Research to decrease areas of clinical uncertainty
 Andrew Farmer, Ruairidh Milne, Tom Walley

SAFETY ALERTS

382 Essential care after an inpatient fall: summary of a safety report from the National Patient Safety Agency
 Frances Healey, Adam Darowski, Tara Lamont, Sukhmeet Panesar, Susan Poulton, Jonathan Trembl, Martin Wiese

OBITUARIES

384 Pamela Mary Dodson; Michael Francis Pilcher; William Boal Rodgers; Roger Martin Ewart Seal; Shaadat Shariff; Gaius Backholer Sutton

VIEWS AND REVIEWS

PERSONAL VIEW

385 Professional duty meant I couldn't fight rumours
 Gillian Needham

REVIEW OF THE WEEK

386 The Autism Matrix by Gil Eyal and colleagues
 Iain McClure

BETWEEN THE LINES

387 Full of bile
 Theodore Dalrymple

MEDICAL CLASSICS

387 Doctors
 Rob Hicks

COLUMNISTS

388 Care less
 Des Spence
We need more rationality around cancer
 Kinesh Patel

ENDGAMES

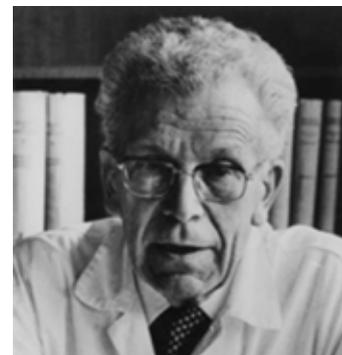
389 Quiz page for doctors in training

MINERVA

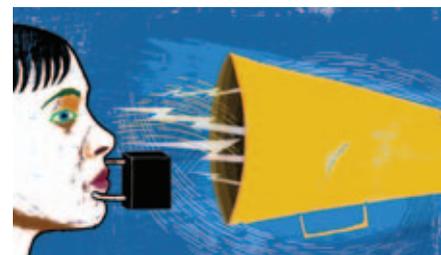
390 Cannibalistic behaviours, and other stories

FILLERS

383 The talisman effect



The story of the autism epidemic, p 386



Free speech and professional duty, p 385



Minerva's drug induced cutis laxa, p 390

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TARA TODRAS-WHITEHILL/APP

PICTURE OF THE WEEK

An injured doctor treats a patient near Tahrir Square, Cairo, where emergency clinics have been set up. Since 25 January thousands of antigovernment protestors have clashed with supporters of the Egyptian president, Hosni Mubarak. Doctors have been attacked while working.

THE WEEK IN NUMBERS

£775 000 Cash invested by the Health Foundation in each of four hospitals to improve patient safety (**Research**, p 369)

53% Proportion of European Union citizens surveyed who expressed overall willingness to seek treatment in a different EU country (**Analysis**, p 364)

280 000 Annual recorded falls among patients in hospitals in England and Wales (**Practice**, p 382)

88% Proportion of patients with little experience of technology who said they felt safer while being monitored by the asthma telehealthcare system (**Clinical Review**, p 374)

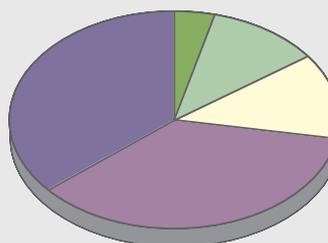
QUOTE OF THE WEEK

“Traditional practices don’t die when a migrant’s boat or plane journey ends . . . a razor blade, a piece of glass, or knife is used to cut the most sensitive part of the body”

Berhane Ras-Work, director of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, said that female genital mutilation affects as many as 140 million girls and women worldwide (**News**, p 354)

QUESTION OF THE WEEK

Last week we asked: “Compared with now, do you think healthcare in England in five years’ time will be better or worse?”



(Total 1183 votes cast)

This week’s poll asks:
“Should the opportunity to sit in on surgery be auctioned to the highest bidder?”

bmj.com Cast your vote

EDITOR'S CHOICE

New uses for existing treatments

Aspirin shows high promise in cancer prevention, but before we start recommending it to everyone over 50 we need more definitive evidence of its effects on all cause mortality

Two months on from widespread media reports that aspirin reduces deaths from common cancers, are you encouraging your middle aged and older patients to take a daily aspirin? Are you taking one yourself? The reports were based on an impressive meta-analysis published in the *Lancet* by Peter Rothwell and colleagues (*Lancet* 2010;376:1741-50). They looked at individual patient data from randomised trials of daily aspirin versus control and found about a 20% reduction in deaths from cancer at five and 20 years.

You may remember that the *BMJ*'s editorial on the paper was more circumspect (*BMJ* 2011;342: 5-6). In it, Paul Moayyedi and Janusz Jankowski questioned the number of cancer deaths actually prevented and estimated a rather larger number needed to treat of 200. They stressed the need to look at all cause mortality rather than just deaths from cancer, citing among other things the risk of gastrointestinal and other major bleeds.

Rothwell and colleagues felt that the *BMJ*'s editorial had misrepresented their paper. In their detailed response they explain why, and Moayyedi and Jankowski have replied (<http://bit.ly/ej5vZj>). It's a good discussion on an important topic. My take on it is that aspirin shows high promise in cancer prevention, but before we start recommending it to everyone over 50 we need more definitive evidence of its effects on all cause mortality. Luckily, as Rothwell explains, at least five major ongoing trials are currently focusing on exactly this.

Meanwhile, the *Lancet* paper got us thinking about whether other existing drugs might have unforeseen benefits. So we asked Allen

Shaughnessy to take a look around (p 360). He gives several examples of drugs that have found new uses—fluoxetine, sildenafil, thalidomide—and explains that computer technology is now powering the search for more. What used to be left to serendipity has become the object of a purposeful and increasingly rewarding trawl of the medical literature. The digital hunt is on for “co-occurrences” of drugs, diseases, side effects, and genes that might yield new applications.

As Shaughnessy says, an important byproduct of this initiative is the blurring of boundaries between industry and academia. Closely held industry information that can't be commercially exploited is being redistributed to academic institutions that are more willing to explore older off patent drugs and treatments for rare diseases.

Drugs aren't the only things that can learn new tricks. Also this week we report the findings of what seems an exceptional randomised trial in Africa (p 373). Christopher Gill and colleagues found that traditional birth attendants in Zambia who were trained in neonatal resuscitation achieved substantially fewer infant deaths, most notably through fewer deaths from birth asphyxia. Supporting and extending the role of traditional healthcare workers looks likely to be a promising and even essential route to better health in low resource settings.

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

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Career Focus, jobs, and courses appear after p 388

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