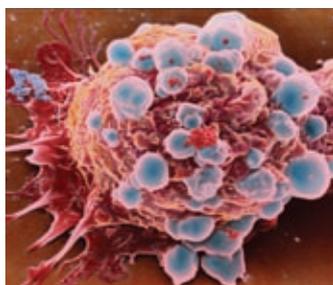




Death from climate change, p 1348



Breast cancer in Canada, p 1353



Obama and US healthcare reform, p 1356



Live televised surgery, p 1392

## EDITORIALS

- 1339 Sigmoidoscopy screening for colorectal cancer**  
May reduce mortality, but longer term results are awaited, says Thomas F Imperiale  
» *Research*, p 1363
- 1340 Treatment of enteric fever**  
Fluoroquinolones remain the best option in areas where resistance is uncommon, say Christopher M Parry and Nick J Beeching  
» *Research*, p 1371
- 1341 Changing the face of whistleblowing**  
Statutory protection, regulatory support and culture change are needed, says Peter Gooderham
- 1343 The Conservative Party's policies on health**  
Markets not targets will be used to improve performance, says Chris Ham

## LETTERS

- 1345 Rules of conscience; Treating failed asylum seekers**
- 1346 Open government?; *Clostridium difficile*; Trampoline injuries**

## NEWS

- 1347 US abortion doctor murdered in church**  
Cardiac services better in UK but lack capacity
- 1348 Climate could kill half a million a year by 2030**  
Workforce planning must be more female friendly
- 1349 South African doctors march for better pay**
- 1350 Medical team kept out of Gaza questions UK help**  
GP faces GMC hearing over 12 deaths in Gosport  
Information commissioner criticises NHS over "cavalier" treatment of data
- 1351 Sri Lanka to improve services for conflict victims**  
Recession hits medical research charities
- 1352 Delay in release of public health report criticised**  
Number of babies born by assisted reproduction rises by 12%  
US bill could overturn free access to research
- 1353 Canada rejects claims of poor breast cancer tests**

## SHORT CUTS

- 1354 What's new in the other general journals**

## FEATURES

- 1356 Obama's top priority**  
How will the US reduce costs while expanding healthcare coverage for all? Bob Roehr reports

## OBSERVATIONS

### BORDER CROSSING

- 1359 Advocacy for all**  
Tessa Richards

## ANALYSIS

- 1360 Top-up payments: the lessons from elsewhere**  
NHS patients in England are now allowed to pay for private treatment with drugs that are not funded by the NHS. But as Monica Desai and colleagues describe, it may not be easy to maintain a distinction between public and private care

## RESEARCH, RESEARCH METHODS & REPORTING, CLINICAL REVIEW, AND PRACTICE

See next page

## OBITUARIES

- 1389 Otto Gerhard Prokop; Gerhard Behr; Mary Corbett; David Lockhart Cowan; Henry James Eastes; William Hartley; Bee Hooi Tan; Walter Chukwuma Uduku**

## VIEWS AND REVIEWS

### PERSONAL VIEW

- 1391 Improving healthcare services for men**  
Ian Banks

### REVIEW OF THE WEEK

- 1392 Performing surgery**  
Roger Kneebone and Rajesh Aggarwal

### BETWEEN THE LINES

- 1393 Curing crime**  
Theodore Dalrymple

### MEDICAL CLASSICS

- 1393 An Account of the Foxglove and Some of its Medicinal Uses**  
William O Goldthorpe

### COLUMNISTS

- 1394 Playing the numbers**  
Des Spence  
**A view from the beach**  
Kinesh Patel

## ENDGAMES

- 1395 Quiz page for doctors in training**

## MINERVA

- 1396 Does laughter influence arterial stiffness? and other stories**

## FILLERS

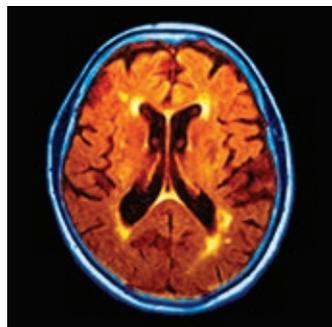
- 1370 Corrections and clarifications**
- 1377 "The Q word"**
- 1388 From our archive: Effect of large doses of histamine on gastric secretion of HCl**

Foxglove: a medical classic,  
p 1393





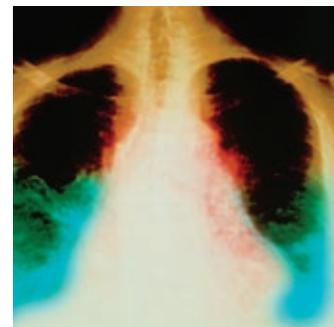
Managing diabetes, p 1366



Dementia MRI scan, p 1372



Prosthetic joint infection, p 1378



Heart failure, p 1384

SCOTT CAMAZINE/SPL

## RESEARCH

### 1363 Risk of colorectal cancer seven years after flexible sigmoidoscopy screening: randomised controlled trial

In this trial with more than 55 000 Norwegians aged 55-64, the observed flattening of the incidence curve could show a genuine preventive effect but might be owing to screen detected colorectal cancers that would otherwise have appeared as incident colorectal cancers  
Geir Hoff, Tom Grotmol, Eva Skovlund, Michael Bretthauer, for the Norwegian Colorectal Cancer Prevention Study Group » *Editorial*, p 1339

### 1366 Effect of the quality and outcomes framework on diabetes care in the United Kingdom: retrospective cohort study

In 147 general practices, the framework's introduction did not seem to improve the management of patients with type 1 diabetes or reduce the number with type 2 diabetes who had HbA<sub>1c</sub> concentration greater than 10%

Melanie J Calvert, Aparna Shankar, Richard J McManus, Helen Lester, Nick Freemantle

### 1371 A comparison of fluoroquinolones versus other antibiotics for treating enteric fever: meta-analysis

**pico**

In adults, fluoroquinolones and chloramphenicol had similar clinical and microbiological failure rates, although the evidence base was of poor quality, particularly for children

Durrane Thaver, Anita K M Zaidi, Julia Critchley, Asma Azmatullah, Syed Ali Madni, Zulfiqar A Bhutta » *Editorial*, p 1340

### 1372 Video decision support tool for advance care planning in dementia: randomised controlled trial

**pico**

Watching a video of a patient with severe dementia significantly increased older people's stated preference for comfort care if they were to develop a similar disease

Angelo E Volandes, Michael K Paasche-Orlow, Michael J Barry, Muriel R Gillick, Kenneth L Minaker, Yuchiao Chang, E Francis Cook, Elmer D Abbo, Areej El-Jawahri, Susan L Mitchell

## RESEARCH METHODS AND REPORTING

### 1373 Prognosis and prognostic research: Developing a prognostic model

In the second article in their series, Patrick Royston and colleagues describe different approaches to building clinical prognostic models

Patrick Royston, Karel G M Moons, Douglas G Altman, Yvonne Vergouwe

## CLINICAL REVIEW

### 1378 Diagnosis and management of prosthetic joint infection

Philippa C Matthews, Anthony R Berendt, Martin A McNally, Ivor Byren

## PRACTICE

### 1384 Change page:

#### Consider $\beta$ blockers for patients with heart failure

$\beta$  blockers remain underused in chronic heart failure despite important benefits, but the difficulty in starting treatment is probably overestimated

Henry Krum

### 1386 Guidelines:

#### Recognition and assessment of coeliac disease in children and adults: summary of NICE guidance

Roberta Richey, Peter Howdle, Elizabeth Shaw, Tim Stokes, on behalf of the Guideline Development Group

### 1387 Drug point:

#### Hypoglycaemia induced by second generation antipsychotic agents in schizophrenic non-diabetic patients

Yutaro Suzuki, Junzo Watanabe, Naoki Fukui, Vural Ozdemir, Toshiyuki Someya

## £1000 REWARD

To mark the online availability of every *BMJ* article published since the first issue in October 1840 we're offering a prize for the most interesting use of the journal's archive. The use should be actual, not hypothetical.



To enter please describe in an article of up to 1700 words your use of the *BMJ* archive.

Send it via [submit.bmj.com](http://submit.bmj.com), choosing "Competition" as the article type.

The deadline is 30 September 2009 and the winning article will be published in this year's Christmas *BMJ*.

# BMJ

6 June 2009 Vol 338

**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

**BMA MEMBERS' INQUIRIES**

Email: membership@bma.org.uk  
Tel: +44 (0)20 7383 6642

**BMJ CAREERS ADVERTISING**

Email: sales@bmjcareers.com  
Tel: +44 (0)20 7383 6531

**DISPLAY ADVERTISING**

Email: sales@bmjgroup.com  
Tel: +44 (0)20 7383 6386

**REPRINTS**

UK/Rest of world  
Email: ngurneyrandall@bmjgroup.com  
Tel: +44 (0)20 8445 5825

**USA**

Email: mfogler@medicalreprints.com  
Tel: +1 (856) 489 4446

**SUBSCRIPTIONS**

BMA Members  
Email: membership@bma.org.uk  
Tel: +44 (0)20 7383 6642

**Non-BMA Members**

Email: subscriptions@bmjgroup.com  
Tel: +44 (0)20 7383 6270

**OTHER RESOURCES**

For all other contacts:  
resources.bmj.com/bmj/contact-us

For advice to authors:  
resources.bmj.com/bmj/authors

To submit an article:

submit.bmj.com

**BMJ** Group

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the BMJ. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The BMJ follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the BMJ or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2009

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the BMJ

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly Printed by Precision Colour Printing Limited

**PICTURE OF THE WEEK**

Krishnan Guru-Murthy (right) hosting the *Surgery Live* event at the Wellcome Collection, London. Attendees were able to question surgeons from King's College Hospital, London, as they removed a pituitary tumour through a patient's nose. The surgery was also broadcast live on Channel 4. See Review of the Week, p 1392

**THE WEEK IN NUMBERS**

**216 000** Number of deaths from enteric fever worldwide each year (Editorial, p 1340)

**140** Number of security breaches in the NHS between January and April 2009 (News, p 1350)

**45-50 million** Estimated number of uninsured US residents (Analysis, p 1356)

**59%** Reduction in mortality from colorectal cancer in patients who underwent flexible sigmoidoscopy screening (Research, p 1363)

**£20 500** Cost per patient of managing prosthetic joint infection (Clinical Review, p 1378)

**THE WEEK IN QUOTES**

“Difficult issues such as abortion . . . cannot be resolved by heinous acts of violence” (News, p 1347)

“There are no easy solutions to balancing access to treatments outside the publicly funded system” (Analysis, p 1360)

“The current diagnostic case definition does not capture up to two thirds of people with type 1 diabetes and a third of people with type 2 diabetes” (Research, p 1366)

“All practitioners should consider patients with heart failure for  $\beta$  blockers” (Practice, p 1384)

“Doctors need better training in numbers and marketing” (From the Frontline, p 1394)

## EDITOR'S CHOICE

## QOF and whistleblowers



ON THE COVER: Lateral radiograph of total knee replacement, showing gross loosening characteristic of advanced chronic infection. **Clinical review, p 1378**

This week Chris Ham (p 1343) contrasts the UK Conservative party's reliance on markets to improve performance with the "targets and terror" approach that has driven many of the recent improvements in the NHS. Many readers will like that description—though you probably also share Ham's (familiar) concerns about the effectiveness of markets for health care.

Yet not all targets have been accompanied by terror: some have hefty incentives. None more so than the Quality and Outcomes Framework (QOF) in general practice, one of the most ambitious "pay for performance" systems in the world (*BMJ* 2003;326:457). So far the verdict has been generally favourable—improved outcomes and little evidence of gaming. But one or two *BMJ* articles have begun to question the ability of a target setting payment system to be responsive enough to changing evidence and the subtleties of medical practice. For example, Lehman and Krumholz questioned why the targets for diabetes control were being tightened just as the evidence was suggesting that too tight control may not be such a good thing (*BMJ* 2009;338:b800). And two other recent studies have cast doubt on some of the behaviours rewarded: Keenan et al, who questioned the usefulness of regular blood pressure monitoring (*BMJ* 2009;338:b1492), and Law et al, whose huge meta-analysis on blood pressure lowering suggests it might be better to lower blood pressure in everyone over a certain age, rather than measure it in everyone and treat it in some (*BMJ* 2009;338:b1665).

This week comes questioning of the QOF's apparent success in improving the management of

diabetes. Melanie Calvert and colleagues studied changes in the quality of care for diabetes between 2001 and 2007 by following people with type 1 or 2 diabetes in 147 general practices across the UK. They observed improvements in process and intermediate clinical outcome measures throughout the six years, but they found that the improvement had started before the QOF was introduced and that improvements in clinical outcomes slackened off after 2005. They also found that the QOF case definition failed to capture up to two thirds of people with type 1 diabetes and a third of those with type 2 diabetes, and in general those outside the case definition did less well on target attainment. It would be hard on the basis of these studies to ditch such a comprehensive incentive scheme, but it's clear the scheme's not a substitute for professional responsibility and carefulness.

But speaking up for professional responsibility and carefulness isn't always valued, as Peter Gooderham's editorial on whistleblowing makes clear (p 1341). "Most patients would surely expect doctors generally to protect them from potential harm," he says, yet despite a law designed to protect whistleblowers—and the insistence of ministers and professional regulators that whistleblowing is important—too often the result for whistleblowers is career destroying. Against a culture that encourages silence and the fear of speaking out, Gooderham suggests that a good start would be for those in official positions to recognise the risks of whistleblowing.

**Jane Smith, deputy editor, [bjsmith@bmj.com](mailto:bjsmith@bmj.com)**

Cite this as: *BMJ* 2009;338:b2263

## 100% recycled

The *BMJ* is printed on 100% recycled paper

Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened.

[bmj.com](http://bmj.com) also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on [bmj.com](http://bmj.com)

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2009;338:b145. A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

## WHAT'S NEW AT THE BMJ GROUP

**Explore your career options at the BMJ Careers Fair**

Register in advance to get free entry to the exhibition at the *BMJ* Careers Fair. 2-3 October in London and 9-10 October in Birmingham [careersfair.bmj.com](http://careersfair.bmj.com)

**Read the free editor's choice in *Gut***

Visceral fat accumulation is an independent risk factor for hepatocellular carcinoma recurrence [gut.bmj.com](http://gut.bmj.com)

**BMJ Masterclass for GPs: Neurology and Mental Health**

Monday 15 June 2009—BMA House, London  
Last chance to register! Book now at [masterclasses.bmj.com/GPs](http://masterclasses.bmj.com/GPs)

**Best Practice—New from the BMJ Evidence Centre**

Best Practice is a new decision-support tool that combines the latest research evidence with expert opinion and guidelines.  
Sign up for your free trial today  
[Bestpractice.bmj.com](http://Bestpractice.bmj.com)



## PLUS

Career Focus, jobs, and courses appear after p 1394

## WHAT'S NEW ON BMJ.COM

## LATEST RESEARCH

Most British medical graduates from British medical schools practise in the NHS for many years, with hardly any differences between men and women, according to the first of two studies published on *bmj.com*. The fact that female doctors did not progress as far and as fast as male doctors was, generally, a reflection of not having always worked full time rather than of their sex, says the second study. The findings indicate that women do not generally encounter direct discrimination; however, the possibility that indirect discrimination, such as lack of opportunities for part time work, has influenced their choice of specialty cannot be ruled out. The accompanying editorial says that women will have to adapt as they become the majority, and so will the NHS.

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



## Last week's poll asked:

Should blood pressure lowering drugs be offered to all people over a certain age?

You voted:

No	272	(67%)
Yes	132	(33%)

## This week's poll asks:

Would you blow the whistle if you saw a senior colleague repeatedly making mistakes?



Submit your vote on [bmj.com](http://bmj.com)

## LATEST BLOGS

In his school days, Richard Lehman would often walk down Beech Hill Road in Sheffield thinking of chemical explosives, or girls, or Beethoven, but never of age, neuropathology, and dementia. It's all of those, and much else besides, in this week's journal blog. Public health specialist Tracey Koehlmoos witnesses the arrival of a US fast food chain in Bangladesh: "What made it bizarre even by Bangladesh standards was the "groom": high atop the wedding carriage was a seven foot tall bucket of Kentucky Fried Chicken emblazoned with the face of Colonel Sanders accompanied by the words "Hot" and "Juicy." The rest of us frozen, the carriage proceeded to do laps around

the traffic to advertise the chicken and the newest branch of the local franchise." Matiram Pun reflects on clinical medicine versus research, Richard Smith asks whether the rich can save the world, and Julian Sheather ponders the day that human nature changed. Join these debates and others at <http://blogs.bmj.com/bmj/>



## LATEST PODCAST

In this week's podcast we focus on patient safety after attending the Junior Doctors Conference, which took place in London on 1 June 2009 and was jointly organised by the *BMJ*, the Department of Health, the National Patient Safety Agency, and the British Association of Medical Managers (BAMMbio). And we ask what army medicine can teach general medicine.

Listen to this and other podcasts at <http://podcasts.bmj.com/bmj/>

## LATEST VIDEO

For the fifth video in our series on the archive we travel to the tropics to look at the beginning of our understanding of malaria. In 1900 Patrick Manson wrote a seminal paper in the *BMJ*, entitled "Experimental proof of the mosquito-malaria theory." He worked closely with Ronald Ross, who subsequently won the Nobel Prize for medicine for his work on malaria.

To mark the availability of the online archive, we're offering a £1000 prize for the most interesting use of the archive (see filler, *BMJ* 2009;338:b1770). Find out more at [bmj.com/video](http://bmj.com/video)



## MOST READ

A new era for blood pressure management  
Blood pressure in primary care  
Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain

Use of blood pressure lowering drugs in the prevention of cardiovascular disease

Newer agents for blood glucose control in type 2 diabetes: summary of NICE guidance

# Ask our experts.

## BMJ Masterclasses

[masterclasses.bmj.com](http://masterclasses.bmj.com)

