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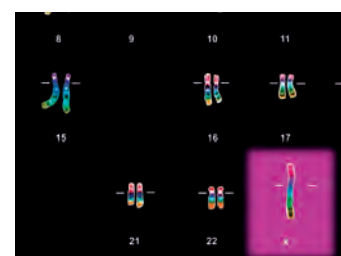
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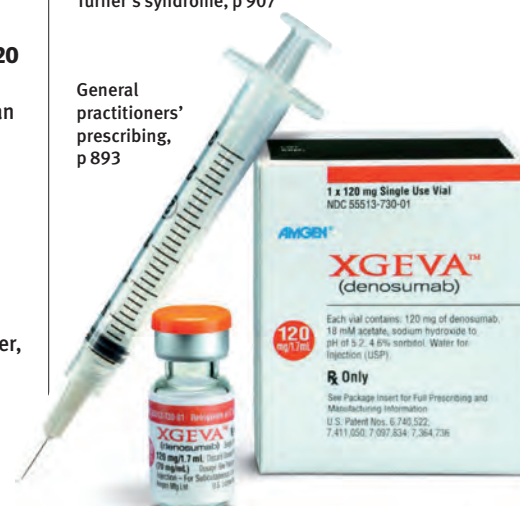


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CATHERINE ASHMORE

PICTURE OF THE WEEK

The Doctor's Tale (composer Anne Dudley; librettist Terry Jones, of *Monty Python* fame) recently played at the Royal Opera House, London. Our hero is loved by all his patients and has an excellent cure rate. Unfortunately, the General Medical Council isn't happy and wants him struck off—and preferably euthanised as well—because he's a dog. The GMC makes for a great villain, with grey suits and dogmatic approach, says Oliver Ellis, editor of the *Student BMJ*, who saw the show. At its heart *The Doctor's Tale* is a simple story about how you can do anything you want to do, no matter what your race, religion—or species.

THE WEEK IN NUMBERS

3% Reduction in the time spent hypoglycaemic with overnight artificial pancreas in adults with type 1 diabetes (**Research**, p 906)

438 million Estimated number of people worldwide who will have type 2 diabetes by 2030 (**Clinical Review**, p 913)

15 Rank of testicular cancer among the commonest cancers in Scottish men (**Practice**, p 919)

1 in 6 Proportion of clinically recognised pregnancies that ends in miscarriage (**Practice**, p 922)

QUOTE OF THE WEEK

"If you introduce a bill of Old Testament length and can't sustain support for it from your own party, your position is bound to be questioned"

Journalist Nigel Hawkes on the plight of Andrew Lansley (**Observations**, p 900)

QUESTION OF THE WEEK

Last week we asked, "Do most patients want shared decision making?"

72% voted yes (total 199 votes cast)

This week's poll asks, "Is nudge an effective public health strategy to tackle obesity?"

See **HEAD TO HEAD**, p 898

► **bmj.com** Cast your vote

EDITOR'S CHOICE

Getting hooked

It's not surprising that English primary care trusts worry about drugs and try to persuade general practitioners to use them sparingly

Earlier this month at the International Forum on Quality and Safety in Healthcare in Amsterdam (<http://internationalforum.bmj.com>) I was struck by a PowerPoint slide on carbon consumption by the UK National Health Service. The slide, displayed by David Pencheon, director of the NHS's sustainable development unit, showed that, of the 60% of CO₂ emissions accounted for by procurement, the largest contribution was from drugs.

So it's not surprising that English primary care trusts worry about drugs and try to persuade general practitioners to use them sparingly. Two news stories report on moves to limit GPs' freedom of prescribing and the ensuing fuss. One describes a recent survey of primary care organisations showing that many have created lists of higher cost drugs that they expect their GPs not to prescribe, even though these have been approved by the National Institute for Health and Clinical Excellence (p 893). The other story is that some primary care trusts are recommending that GPs prescribe only 28 days' worth of drugs at a time, to reduce wasted medicines (doi: 10.1136/bmj.d2410). But patients don't like it: they have to go to the pharmacy more often and pay more prescription charges.

Des Spence's column illustrates another form of waste (p 930): "Drugs such as dihydrocodeine, tramadol, sildenafil . . . can be diverted into the black market . . . Vast quantities of these drugs are dispensed monthly." He describes the process by which these "dependence-forming drugs of diversion" end up in the repeat prescribing system. In the end, he says, "you call a showdown appointment, and the outcome is weekly dispensing"—which should at least please the primary care trust.

There's more about addiction from Theodore Dalrymple and our anonymous personal view writer. Dalrymple writes about Hans Fallada's *Short Treatise on the Joys of Morphism*, in which the hero strangles his landlady under the influence of cocaine, which reminds Dalrymple that Fallada himself once shot at his wife—though he missed (p 929). The personal view writer describes how his son, addicted to alcohol, gets consistently ripped off by private alcohol clinics, which fill a void left by the NHS and are largely unregulated (p 926).

Another place where the NHS does less well than it should, argue Ingrid Wolfe and colleagues, is in its child health services (p 901). Their analysis article points to poorer outcomes in the UK for both acute illnesses and chronic conditions than in comparable European countries, and they blame poor access to paediatric expertise. Other European countries have both more doctors trained in paediatrics and better integration of primary and specialist care. The authors think that the proposed NHS reforms are unlikely to improve services for children.

Such casual (and not so casual) criticism of the NHS reforms has been a familiar refrain in the BMJ's pages recently, so it's refreshing to hear a contrary view. Nigel Hawkes rather approves of England's health reforms: "In picking GPs Mr Lansley identified a corner of the NHS that retains a spark of entrepreneurship . . . There is a risk in letting them loose with . . . £60bn . . . but it is arguably a risk worth taking." He's therefore dismayed at the retreat from reform—which we learn is being overseen by a forum of 50 people (p 900).

Jane Smith, deputy editor, BMJ jsmith@bmj.com

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Career Focus, jobs, and courses appear after p 930

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Randomised prostate cancer screening trial

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