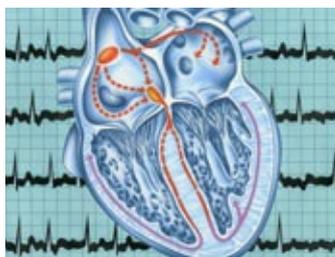


Swine flu vaccination in China, p 651



Southern Sudan, p 656



Atrial fibrillation, p 664



The Rolling Stones, p 691

EDITORIALS

- 641 Ethnic minorities and their perceptions of the quality of primary care**
Greater tailoring of services to local populations and personalisation of care are needed, says Aziz Sheikh
» Research, p 684
- 642 Meeting the health needs of trafficked persons**
International guidance provides advice on safe and appropriate treatment, say Cathy Zimmerman and colleagues
- 643 Age based discrimination in health and social care services**
Will be against the law if the 2009 equality bill is enacted, says David Oliver
- 644 Does improving quality of care save money?**
Higher quality is mainly driven by professional reasons, which does not necessarily lower costs, says John Appleby
- 645 Health and climate change**
Will a global commitment be made at the UN climate change conference in December?
ask M Jay and M G Marmot

LETTERS

- 647 Climate change; Assisted dying debate**
- 648 End of life decisions**
- 649 Osteoarthritis of the knee**
- 650 Herpes zoster ophthalmicus; A/H1N1 flu pandemic; Mesothelioma patient journey**

NEWS

- 651 China gears up for swine flu vaccination as virus spreads inland and into rural areas**
GPs are to be paid £5.25 a shot in the swine flu vaccination programme
- 652 Researchers, like politicians, use “spin” in presenting results**
More than 20% of medical articles have a “guest” author
- 653 Findings from audit of 4000 patients clash with doctors’ view of care pathway for the dying**
Doctor cleared of proposing fatal dose
- 654 Obama calls for Congress to pass plan for healthcare reform**
Study finds that four in 10 young people around the world die from injuries
- 655 Mentally ill prisoners continue to face death penalty in Japan**
AIDS campaign that used Hitler lookalike provokes outrage
- 656 Nominations open for next year’s BMJ Group Awards for excellence in medicine and health care**
Fighting and lack of rain result in mounting crisis in Sudan
- 657 Wellcome and Merck will develop vaccines for poor countries**

SHORT CUTS

- 658 What’s new in the other general journals**

FEATURES

- 660 Population: the forgotten priority**
Rebecca Coombes
- 662 Safety on the curriculum**
Oliver Ellis

OBSERVATIONS

LIFE AND DEATH

- 663 No power for the people** Iona Heath

HEAD TO HEAD

- 664 Is rate more important than rhythm in treating atrial fibrillation?**
Timothy Betts argues that focusing on rate will cause less harm to patients, but Andrew Mitchell believes that achieving sinus rhythm will have better long term results

ANALYSIS

- 666 Biological therapies: how can we afford them?**
Demand for biological drugs is putting pressure on health budgets. Christopher Kelly and Fraz Mir examine why they are so expensive and what can be done to increase access

RESEARCH, CLINICAL REVIEW, AND PRACTICE

 See next page

OBITUARIES

- 695 Jane Wynne; Ruth Goodman; Julius Hoenig; Iain Cran McLean; Charalampos Proukakis; Nirmal Satsangi; Robert Miles Swinburne**

VIEWS AND REVIEWS

PERSONAL VIEW

- 697 A healthy alternative to climate change negotiations**
Robin Stott

REVIEW OF THE WEEK

- 698 Left to rot** Richard Hurley

BETWEEN THE LINES

- 699 Death shall have no dignity** Theodore Dalrymple

MEDICAL CLASSICS

- 699 Sister Morphine** by the Rolling Stones
Marina Hill

COLUMNISTS

- 700 A wicked encyclopaedia** Des Spence
All that glisters
Mary E Black

ENDGAMES

- 701 Quiz page for doctors in training**

MINERVA

- 702 Risky driving and other stories**

Safety of English maternity units, p 652

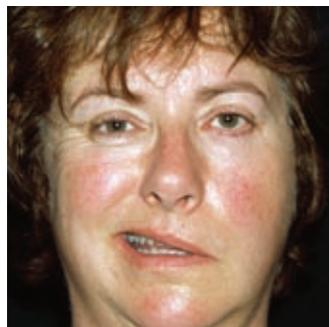




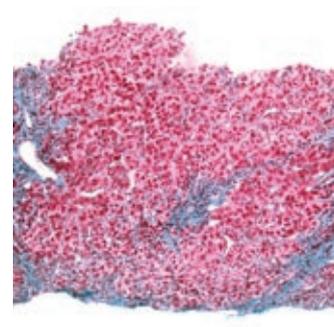
Effects of physiotherapy, p 670



Waiting times and NHS reforms, p 673



Treatment of Bell's palsy, p 685



Autoimmune liver disease, p 686

RESEARCH

- 670 Effects of a physiotherapy and occupational therapy intervention on mobility and activity in care home residents: a cluster randomised controlled trial**
Three months of physiotherapy to improve strength, flexibility, balance, and exercise tolerance plus occupational therapy to facilitate activities of daily living were no better than standard care for these elderly residents
Catherine M Sackley, Maayken E van den Berg, Karen Lett, Smitaa Patel, Kristen Hollands, Christine C Wright, Thomas J Hoppitt
- 673 Equity, waiting times, and NHS reforms: retrospective study**
Between 1997 and 2007, waiting times fell for patients having elective hip replacement, knee replacement, and cataract repair in England and the previous association between longer waiting times and socioeconomic deprivation disappeared
Zachary N Cooper, Alistair McGuire, S Jones, J Le Grand
- 676 Comparisons between geographies of mortality and deprivation from the 1900s and 2001: spatial analysis of census and mortality statistics**
Local census and mortality data in England and Wales show that areas with high rates of mortality or deprivation in the past still tend to have high rates of mortality today
Ian N Gregory
- 679 The effects of excluding patients from the analysis in randomised controlled trials: meta-epidemiological study**
This meta-epidemiological study of 14 meta-analyses and 167 trials found that excluding randomised patients, by using per protocol rather than intention to treat analysis, often resulted in biased estimates of treatment effects
Eveline Nuesch, Sven Trelle, Stephan Reichenbach, Anne WS Rutjes, Elizabeth Bürgi, Martin Scherer, Douglas G Altman, Peter Jüni

- 684 *pico* Understanding why some ethnic minority patients evaluate medical care more negatively than white patients: a cross sectional analysis of a routine patient survey in English general practices**
In around 1000 practices using the General Practice Assessment Questionnaire, patients from ethnic minorities were unhappier than white patients with waiting times to see doctors and continuity of care, even when they actually received the same level of service
Nicola Mead, Martin Roland
>> Editorial, p 641
- 685 *pico* The benefits of steroids versus steroids plus antivirals for treatment of Bell's palsy: a meta-analysis**
In this study of six trials involving 1145 patients with Bell's palsy, adding antivirals had no additional benefit in achieving at least partial recovery of facial muscle function
Eudocia C Quant, Shafali S Jeste, Rajeev H Muni, Alison V Cape, Manveen K Bhussar, Anton Y Peleg
- ## CLINICAL REVIEW
- 686 Autoimmune liver disease for the non-specialist**
Sofie Decock, Phyllis McGee, Gideon M Hirschfield
- ## PRACTICE
- 692 Rational testing: Preoperative risk assessment for bleeding and thromboembolism**
Donald M Arnold, Julia Anderson, Clive Kearon
- 694 Lesson of the week: Digoxin specific antibody fragments (Digibind) in digoxin toxicity**
Dorothy Ip, Hafiz Syed, Maurice Cohen

£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, 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

19 September 2009 Vol 339

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) and the code on good publication practice produced by the Committee on Publication Ethics (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



IAN NICHOLSON/PA WIRE

PICTURE OF THE WEEK

An office worker taking part in the latest internet craze—the lying down game. Seven doctors and nurses in Swindon have been suspended after taking part in the game by photographing themselves lying down on trolleys, ward floors, and their hospital's helipad and posting the photos online. Were hospital managers right to suspend these staff? Have your say on doc2doc: <http://ow.ly/o12l>



THE WEEK IN NUMBERS

£90m Cost of initiative by the Wellcome Trust and Merck to boost research into vaccines for diseases prevalent in low income countries (News, p 657)

98 000 Number of deaths a year in the US that could be attributed to medical error (Feature, p 662)

150 Approximate number of biological drugs currently available in the United States (Analysis, p 666)

-2.5% Difference in ratings of primary care between ethnic minority groups and white patients (Research, p 684)

9:1 Female:male ratio for the incidence of primary biliary cirrhosis (Clinical review, p 686)

THE WEEK IN QUOTES

“Editors and readers are clearly being lied to on a daily basis” (News, p 652)

“Sexual and reproductive health needs to be brought together with population issues and integrated into the development agenda” (Feature, p 660)

“The link between mortality and deprivation across England and Wales remains as strong today as it was a century ago” (Research, p 676)

“Personal and family histories are the most important assessments of a patient's risk for bleeding and thrombosis with surgery” (Practice, p 692)

“Being a doctor does not confer protection from life's dark corners” (The bigger picture, p 700)

EDITOR'S CHOICE

The crooked timber of humanity



Research, p 676

Putting the finishing touches to an editorial some years ago, I decided at the last minute that “Wanted: guidelines that doctors will follow” was a better title than “Wanted: doctors who will follow guidelines.” My thinking was that doctors aren’t automata. You can’t just write a few lines of code to achieve the desired outcome; human beings are more complicated than that.

I wish I’d gained further insight into behavioural change since that midnight revelation, but I haven’t. Ruminating on the difficulties of getting people to do the right thing, I console myself with Immanuel Kant’s claim that “Out of the crooked timber of humanity no straight thing was ever made.”

The crooked timber of humanity was much in evidence at last week’s congress on peer review and biomedical publication. There seems no limit to what some researchers will do to come up with a publishable paper. They will include “guest” authors on the paper when they don’t deserve to be there and omit others who should be there (“ghosts”) (p 652).

They’ll fudge, or deny, their competing financial interests. They’ll exaggerate the importance of secondary, statistically significant, outcomes when the primary outcome isn’t altered by an intervention, and they’ll softpeddle any limitations.

They are masters of “spin,” with claims made in article discussions and conclusions bearing little relation to the actual findings (p 652). They will blithely embark on underpowered studies without first ascertaining whether the question has already been convincingly answered—thereby wasting money and putting patients at risk.

The Committee on Publication Ethics has been

exploring the outer reaches of such research misconduct since 1997. Its report card up to 2008 lists 115 cases of unethical research, 34 of plagiarism, and 23 of data fabrication or falsification.

Editorial offices contain their fair share of crooked timber and don’t always enforce the requirements they so fervently endorse. And even when they do, they can be confounded by authors who fill in the forms according to what they think the editors want rather than the truth.

The mandatory registration of trials at their inception might have been expected to curtail some of the finagling that went on, but not so. Presenters at the congress have been finding that variations between the details of a particular trial listed on a register and the published report are a rich, if alarming, seam to mine. Primary outcomes morph into secondary ones (and vice versa) and eligibility criteria shift, usually to increase the size of the recruitment pool.

Back on the wards and in general practices, doctors aren’t doing the right thing either. England’s Department of Health estimates that avoidable adverse clinical events are costing NHS hospitals £2 billion a year (p 644). In the United States, campaigns to promote better outpatient use of antibiotics seem to be going nowhere (see bmj.com, doi:10.1136/bmj.b3785). No doubt, guidelines there are aplenty, so why don’t people follow “best practice” when it’s spelt out for them?

It may be human nature, but do we have to leave it at that?

T Delamothe, deputy editor, BMJ
tdelamothe@bmj.com

Cite this as: *BMJ* 2009;339:b3813

100% recycled

The *BMJ* is printed on 100% recycled paper (except the cover)

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened.

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

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

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

Improving adherence to cardiovascular medications

This fascinating new *Clinical Evidence* review, covering dosing, education, and packaging, is now live on the website clinicalevidence.bmj.com

2010 BMJ Group Awards Call for Entries

Submit your nomination today by visiting the BMJ Group Awards website groupawards.bmj.com

Drug and Therapeutics Bulletin (DTB)—September issue

Editorial on Tamiflu—the wrong message?, and reviews on non-drug management of chronic low back pain and self-monitoring for patients on warfarin? dtb.bmj.com

BMJ Masterclass for GPs: general update

Tue 24 and Wed 25 November, Bristol and Mon 7 and Tue 8 December, London. Register by Monday 5 October and save up to £30 per day! masterclasses.bmj.com/GPs



PLUS

Career Focus, jobs, and courses appear after p 700

Last week's poll asked:**Should all alcohol advertising be banned?****You voted:****Yes: 456 (70%) No: 191 (30%)****This week's poll asks:****Is population stabilisation crucial to tackling climate change?****Submit your vote at bmj.com****LATEST BLOGS**

BMJ blogs have a South American theme this week. In Guatemala, Louise Kenny tries to unpick a family's reluctance to transfer a relative who had been admitted to hospital bleeding profusely. Is cost a factor, she wonders, or a fatalism about death that developed countries no longer share? Richard Smith urges us to remember Argentina's and Peru's "disappeared" after visiting a memorial to them in Buenos Aires.

From the US, Vidhya Alakeson (pictured) says President Obama's healthcare speech to Congress aimed to reassure Americans that they have nothing to lose, rebuild support for reform, and dispel myths. An open letter signed by more than 100 NHS professionals and patients addressing head-on some of the myths that have been perpetuated about the UK's healthcare system during the US debate has been published on bmj.com.



DR P MARAZZI/SPFL

WHAT'S NEW ON BMJ.COM**LATEST RESEARCH**

Radial extracorporeal shockwave treatment compared with supervised exercises for subacromial pain syndrome: Supervised exercises were more effective than radial extracorporeal shockwave treatment for short term improvement in patients with subacromial shoulder pain, according to a single blind randomised study of attendees at an outpatient clinic in Oslo.

Life expectancy in relation to cardiovascular risk factors

Despite substantial changes in these risk factors over time, baseline differences in risk factors were associated with 10-15 year shorter life expectancy from age 50, according to this 38 year follow-up of 19 000 civil servants (the Whitehall study).

See these and other research papers at bmj.com/research.dtl



BMJ Group's clinical community site for doctors worldwide now has more than 10 000 members, so log on or register to join the latest discussions. They include: What survival tips would you give UK medical students as they start their courses? Should alcohol advertising be banned? Do you try to hide the fact that you're a doctor, and if so, why? Also, keep up to date with latest papers in the major medical journals by reading Richard Lehman's latest journal blog.

Join the debates at doc2doc.bmj.com

LATEST PODCASTS

This week's podcast looks at risk and human factors and features interviews with speakers and delegates attending the Risky Business conference in London. We also look at why minority ethnic communities in the UK are less satisfied with their health care than the white population.

Last week's podcast discussed the BMA campaign to ban alcohol advertising and asked why, despite all the medical, public health, social, economic, and political changes over the 20th century, patterns of poverty and mortality and the relations between them remain firmly entrenched.

You can subscribe via iTunes or listen at podcasts.bmj.com/bmj/

**MOST READ**

Thigh circumference and risk of heart disease and premature death

Comparisons between geographies of mortality and deprivation from the 1900s and 2001: spatial analysis of census and mortality statistics

Willingness of Hong Kong healthcare workers to accept pre-pandemic influenza vaccination at different WHO alert levels: two questionnaire surveys

Oral contraceptives and venous thromboembolism

Finding it hard to keep up to date?

BMJ Masterclasses

masterclasses.bmj.com

