

EDITORIALS

- 109 Reducing the risk of fractures with calcium and vitamin D**
The combination is more effective than vitamin D alone, says Opinder Sahota
» *Research, p 139, Clinical Review, p 142*
- 110 Prevention of lymphoedema after axillary surgery for breast cancer**
Physiotherapy shows promise in a selected group of women, says Andrea Cheville
» *Research, p 140*
- 111 Antihypertensive agents and prevention of dementia**
It is plausible that some of these drugs cut dementia risk, say Colleen J Maxwell and David B Hogan
» *Research, p 141*
- 113 Exhaled nitric oxide in the diagnosis of childhood asthma**
A small but important piece of the clinical jigsaw, say Malcolm Brodie and Michael C McKean

LETTERS

- 115 A/H1N1 flu pandemic**
- 116 Drug firm conflicting interests**
- 117 The price of silence; Varenicline and suicide**
- 118 Osteoporosis and antiandrogens; The mysterious Dr Foster; Baby P hospital**

NEWS

- 119 Politician accuses drug companies of needlessly overplaying dangers of H1N1 to boost sales**
WHO expert had conflict of interest, Danish newspaper alleges
- 120 Snow in UK results in cancellation of surgery and outpatient clinics**
Doctors are told to declare all income or risk investigation
The art of diagnosis
- 121 Consultation begins on automatic switch to generic drugs**
MPs criticise government for ignoring advice on alcohol
- 122 Scottish government calls for review of distinction awards**
Private companies challenge policy that NHS organisations are “preferred providers”
- 123 Harvard tightens rules on payments by drug industry to top professors**
Germany puts universal health e-card on hold
- 124 China is accused of denying treatment to illicit drug users**
BMJ Group Awards: Teams vie to find ways to improve care for patients
Preoperative MRI fails to reduce the need for a second excision

SHORT CUTS

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

FEATURES

- 128 Bit of an animal**
Increasing demand for human tissue means that several countries are relaxing restrictions on research into use of tissue from other animals. Geoff Watts looks at the challenges

HEAD TO HEAD

- 130 Should healthy volunteers in clinical trials be paid according to risk?**
Eleri Jones and Kathleen Liddell argue that objections to paying according to risk are paternalistic, but John Saunders thinks that it would lead to people being exposed to unacceptable danger

OBSERVATIONS

- 132 ON THE CONTRARY**
Repeat after me: “Mid Staffordshire”
Tony Delamothe

ANALYSIS

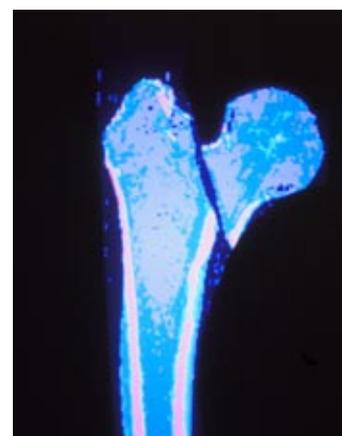
- 133 Practical challenges of introducing WHO surgical checklist: UK pilot experience**
Repeat after me: “Mid Staffordshire”
The WHO checklist has the potential to reduce preventable adverse events in surgery. But A Vats and colleagues' experience suggests that a careful and rigorous implementation plan is required to ensure that the checklist is used routinely and correctly

RESEARCH

- 136 Research highlights: the pick of BMJ research papers this week**
- 137 The association between symptomatic, severe hypoglycaemia and mortality in type 2 diabetes: retrospective epidemiological analysis of the ACCORD study**
Denise E Bonds, Michael E Miller, Richard M Bergenstal, John B Buse, Robert P Byington, Jeff A Cutler, R James Dudley, Faramarz Ismail-Beigi, Angela R Kimel, Byron Hoogwerf, Karen R Horowitz, Peter J Savage, Elizabeth R Seaquist, Debra L Simmons, William I Sivitz, Joann M Speril-Hillen, Mary Ellen Sweeney
- 138 The effects of baseline characteristics, glycaemia treatment approach, and glycated haemoglobin concentration on the risk of severe hypoglycaemia: post hoc epidemiological analysis of the ACCORD study**
Michael E Miller, Denise E Bonds, Hertzal C Gerstein, Elizabeth R Seaquist, Richard M Bergenstal, Jorge Calles-Escandon, R Dale Childress, Timothy E Craven, Robert M Cuddihy, George Dailey, Mark N Feinglos, Faramarz Ismail-Beigi, Joe F Largay, Patrick J O'Connor, Terri Paul, Peter J Savage, Ulrich K Schubart, Ajay Sood, Saul Genuth, for the ACCORD Investigators



Editorial, p 109; Research, p 139; Clinical review, 142



Fractures, calcium, and vitamin D, p 109



Ill treatment of drug addicts in China, p 124



Albright's syndrome in a Velázquez masterpiece, p 120

Relaxing restrictions on xenotransplantation, p 128



139 Patient level pooled analysis of 68 500 patients from seven major vitamin D fracture trials in US and Europe

The DIPART (vitamin D Individual Patient Analysis of Randomized Trials) group
 » *Editorial, p 109, Clinical Review, p 142*

140 Effectiveness of early physiotherapy to prevent lymphoedema after surgery for breast cancer: randomised, single blinded, clinical trial

María Torres Lacomba, María José Yuste Sánchez, Álvaro Zapico Goñi, David Prieto Merino, Orlando Mayor del Moral, Ester Cerezo Téllez, Elena Minayo Mogollón
 » *Editorial, p 110*

141 Use of angiotensin receptor blockers and risk of dementia in a predominantly male population: prospective cohort analysis

Nien-Chen Li, Austin Lee, Rachel A Whitmer, Miia Kivipelto, Elizabeth Lawler, Lewis E Kazis, Benjamin Wolozin
 » *Editorial, p 111*

CLINICAL REVIEW

142 Diagnosis and management of vitamin D deficiency

Simon H S Pearce, Tim D Cheetham
 » *Editorial, p 109, Research, p 139*

PRACTICE

148 A PATIENT'S JOURNEY

Childhood asthma
 This young patient describes becoming increasingly adept at managing her asthma
 Chantelle Down, Anna Chappell

150 LESSON OF THE WEEK

Unrecognised scurvy
 Take a careful dietary history to exclude scurvy in patients with unexplained bleeding
 Clarisa T P Choh, S Rai, M Abdelhamid, W Lester, R K Vohra

OBITUARIES

152 Manto Tshabalala-Msimang; Stanley Bernard Cohen; Brian Patrick Dillon; Ghassan Hanna; Charles James Frederick Maguire; David Mattingly; Ruth Martha Scott-Jupp

VIEWS AND REVIEWS

REVIEWS

154 Snorting and lurching
 James Owen Drife

155 The cost of survival
 David C Taylor

PERSONAL VIEW

156 Multiculturalism and the NHS—the experience of a not so foreign “foreign doctor”
 Andrew Low

BETWEEN THE LINES

157 An aural question
 Theodore Dalrymple

MEDICAL CLASSICS

157 Microbe Hunters by Paul de Kruif
 H V Wyatt

COLUMNISTS

158 A letter to me at 23
 Des Spence

All made up
 Trisha Greenhalgh

ENDGAMES

159 Quiz page for doctors in training

MINERVA

160 Watchful waiting and other stories

FILLERS

149 A patient's narrative

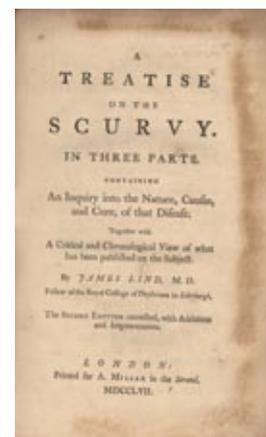
151 Supportive psychotherapy



Nurse Jackie, a dark comedy drama, p 154



South Africa's Dr Beetroot has died, p 152



The citrus fruit cure, p 150

Finding it hard to keep up to date?

BMJ Masterclasses

masterclasses.bmj.com



BMJ

16 January 2010 Vol 340

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: support@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/).

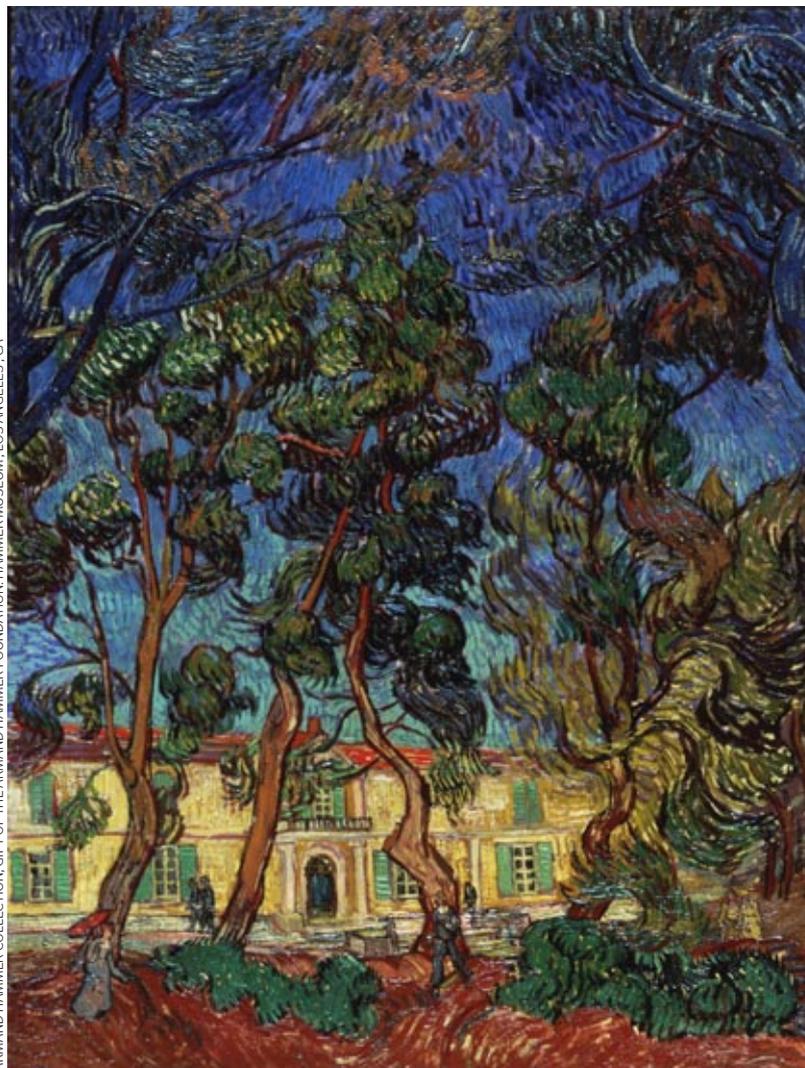
The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance 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 2010
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

ARMAND-HAMMER COLLECTION, GIFT OF THE ARMAND-HAMMER FOUNDATION, HAMMER MUSEUM, LOS ANGELES, CA



PICTURE OF THE WEEK

Vincent Van Gogh's *Trees in Front of the Entrance to the Asylum*, painted while he was staying at the sanatorium in Saint Rémy in 1889.

The work is part of an exhibition at the Royal Academy, London, which includes Van Gogh's letters, and runs from 23 January to 18 April. See www.royalacademy.org.uk.

Of this painting, Van Gogh wrote: "This combination of red ochre, of green saddened with grey, of black lines that define the outlines, this gives rise a little to the feeling of anxiety from which some of my companions in misfortune often suffer, and which is called 'seeing red.'"

THE WEEK IN NUMBERS

2000 IU Amount of vitamin D generated by 20-30 minutes' exposure of the forearms and face to the midday sun (*Clinical Review*, p 142)

460 BC First description of scurvy troubling sailors and soldiers, by Hippocrates (*Practice*, p 150)

1.41 Adjusted hazard ratio for annual mortality among patients receiving intensive glucose control who had hypoglycaemia requiring assistance compared with those with no episodes (*Research*, p 137)

QUOTE OF THE WEEK

"To promote their patented vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments. They have made them squander tight healthcare resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the unknown side effects of insufficiently tested vaccines"

Wolfgang Wodarg, chairman of the Council of Europe's health subcommittee, on H1N1/A flu (*News*, p 119)

EDITOR'S CHOICE

H1N1: now entering the recrimination phase

Once this pandemic is over, it would be interesting to tot up the national total of clinically significant diagnoses that were initially missed because of the too ready diagnosis of swine flu

If influenza was a rock band how would it rate its latest release, H1N1? Not too well, I suspect, despite the greatest prepublicity since—well, its previous release. And it all started so promisingly, in Mexico, whose population had been decimated by the very first outbreak of Spanish flu (and smallpox and measles), courtesy of Cortés and his *conquistadores*.

The new lineup—two parts pig, one part human, and one part bird (The Chimerical Brothers?)—looked brilliant on paper. Once the international tour began, all eyes were on the southern hemisphere for pointers as to how things might play out in the northern hemisphere winter. So what happened next?

For England, many more misses than hits. Since last August, the consultation rates for flu-like illness have hardly budged above the baseline threshold (*BMJ* 2010;340:c170). They're now less than half that rate and falling. Even the most generous assessment couldn't attribute this happy state of affairs to either the use of oseltamivir (Tamiflu) or vaccination against swine flu. Both interventions are now uncomfortably under the spotlight.

This week we publish the latest in a series of letters looking at the downsides of distant diagnosis by algorithm. Catherine Houlihan and colleagues from Newcastle upon Tyne reviewed eight cases of potentially life threatening conditions where diagnosis and management were delayed because of an initial incorrect diagnosis of swine flu (p 115). Last August we published a similar series from Middlesbrough (*BMJ* 2009;339:b3365). Once this pandemic is over, it would be interesting to tot up the national total of clinically significant diagnoses that were initially missed because of the too ready diagnosis of swine flu. Meanwhile, European governments, including the UK's, are trying to offload their surplus stocks of swine flu vaccine as vaccination programmes are canned.

The search for scapegoats has already begun. The

chairman of the health subcommittee of the Council of Europe's parliamentary assembly has called for an investigation into the role of pharmaceutical companies in the current pandemic (p 199). His charge: "To protect their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments."

Meanwhile, the revelation of undeclared competing interests of Professor Juhani Eskola, an adviser to WHO's Strategic Advisory Group of Experts (SAGE), has come as a gift to conspiracy theorists. SAGE advises member states on vaccines; GlaxoSmithKline, manufacturer of Pandemrix, is the main source of income of Professor Eskola's employer (p 119).

Recriminations of a different kind in Liverpool. In "The Price of Silence," Jonathan Gornall's article on the Liverpool Women's NHS Foundation Trust, he claimed that 12 compromise agreements entered into by doctors there contained gagging clauses (*BMJ* 2009;339:b3202). The trust's chairman replied that such agreements affected only two doctors (p 117).

But Andrew Bousfield, whose father had been banned by the trust from going public with concerns about management and patient safety, had specifically asked for information relating to doctors, and under direction from the Information Commissioner the trust provided him with 12 redacted copies of compromise agreements (p 117). So who's right? We need an adjudicator to check the unredacted forms.

Tony Delamothe, deputy editor, *BMJ*
tdelamothe@bmj.com

Cite this as: *BMJ* 2010;340:c225

To receive Editor's Choice by email each week, visit bmj.com/cgi/customalert



Career Focus, jobs, and courses appear after p 158

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 locator (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.

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

BMJ.COM: MOST READ

BMJ Group announces its shortlists for awards
Management of atrial fibrillation
Professor Gordon Guyatt
Treatment of childhood obesity by retraining eating behaviour
Thyroxine: anatomy of a health scare

BMJ.COM: MOST COMMENTED ON

Thrombolysis in acute ischaemic stroke: example of a health divide?
Bad medicine: pain
Anorexia nervosa
Secret remedies: 100 years on
Darwin's illness revisited