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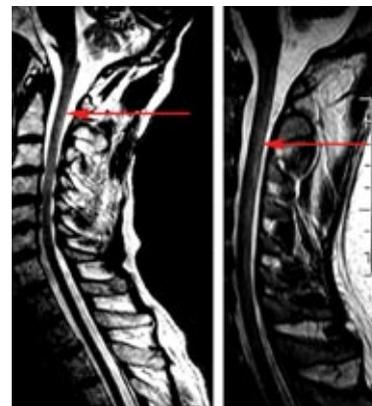
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Returning from a break?

BMJ Masterclasses

masterclasses.bmj.com



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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**

The Tyne Bridge, as seen by someone with cataract. The image is one of a series of six cards devised by John Wylie, who is registered blind, to give people with visual impairments a quick and easy way to explain their condition. The aim is to make it easier for people to understand what they can do on their own and what they might need help with. See tinyurl.com/y4dhedh.

THE WEEK IN NUMBERS

86% Proportion of intervention group whose end of life wishes were likely to be known and followed, compared with 30% of the control group (**Research**, p 847)

3 years Age by which hyperopia and astigmatism, often present at birth, are usually resolved (**Clinical Review**, p 855)

56 Number of hospital standard mortality ratio diagnoses that cover 80% of hospital deaths (**Practice**, p 861)

QUOTE OF THE WEEK

“Much activity has no value in the NHS so it can be cut without detriment to clinical outcomes or patient experience”

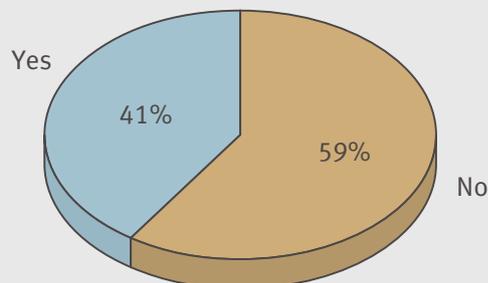
Rebecca Rosen, senior fellow at The Nuffield Trust, one of four voices discussing quality in the face of NHS cuts in advance of the King's Fund/BMJ debate on 27 April (**Features**, p 835)

BMJ.COM POLL

Is the NHS three times better than in 1979?
(total votes 279)

See Richard Smith's blog, <http://blogs.bmj.com/bmj/2010/03/26>

The current bmj.com poll asks, “Should researchers make the raw data from their studies available to anyone who asks for them?”



EDITOR'S CHOICE

Moments of truth

The focus of medical ethics should be on fostering the virtues that will help clinicians in their moments of truth

The “ethics” strand that runs through this week’s *BMJ* starts with Nicholas Wright’s editorial on whether or not autistic enterocolitis is a real condition (p 819). He is commenting on Brian Deer’s dissection of the histopathological findings in the now retracted *Lancet* paper on autism and the MMR vaccine (p 838). With the paper discredited and the original biopsy specimens not available, Wright concludes that it is hard to tell whether the condition exists: he relies on time to resolve the question, but he also reminds us that coauthorship “means bearing responsibility for what is written.”

Silvio Garattini and Vittorio Bertele think that responsibility and accountability in drug regulation are best fostered by transparency, and they argue in their Analysis article that the move of the European Medicines Agency from the EU’s Industry Directorate to the Directorate for Health is just the opportunity for the EMA to become more transparent (p 842). The data they want to see are not commercially confidential, they say; patients and taxpayers have contributed to the data, and transparency is a means of reducing bias and improving accountability. They include a revealing little table showing that the types of data the EMA so carefully guards are routinely available from the FDA.

Such “moments of truth” are explored by Daniel Sokol in his Observations piece. The term comes from bullfighting—“hora de verdad”—the moment when the matador places his sword for the kill, when he is put to the test, and Sokol uses it to explore how individuals can prepare for that moment (p 844). Some preparation is practical, honing technical skills, but some lies in developing and exercising virtues such as courage, kindness, and wisdom. The “virtue theorists” think the focus of medical ethics should be on fostering the virtues that will help clinicians in their moments of truth—and Sokol thinks that such fostering is done in wards and surgeries: “repeated, realistic exposure is the key to good ethical training.”

If that’s so then the clinicians at Great Ormond Street must get lots of practice. Sophie Cook reviews three BBC2 documentaries set in the hospital that look at the difficult decisions parents and doctors have to make when confronted with seriously ill children (p 870). Great Ormond Street’s high renown means that parents turn up with high expectations, which cannot always be met. The programmes show, through following individual patients and their doctors, how “parents will desperately fight for their children to be treated and the ethical dilemmas that this poses to health professionals who often disagree that further invasive treatment is in the child’s best interest.”

These programmes show doctors and patients talking intensely about things that matter, but Emma Hall’s complaint is that she cannot get clinicians to engage in discussion. In her personal view she describes how she has tried to get patients together with researchers and clinicians (under the auspices of the James Lind Alliance) to define the key research questions for prostate cancer (p 869). Firstly, the patients couldn’t understand what the researchers were saying, so she tried to get consensus between patients and clinicians. At the first meeting 30 patients turned up—and only one clinician. “We set out to make our project an equal partnership between patients and clinicians but clinicians won’t come to the party...Do you just not like us treading on your turf?”

Is Britain’s forthcoming election a moment of truth? James Owen Drife doesn’t think so (p 872). In his tribute to the two “Black knights”—James Black (the inventor of β blockers, whose obituary appears this week, p 867) and Douglas Black (author of the Black report on social inequalities, who died in 2002)—he contrasts the recent arguments about health care in the US with those the UK: “There, unlike here, you could see some substance underneath the spin.”

Jane Smith, deputy editor, bmj.smith@bmj.com

Cite this as: *BMJ* 2010;340:c1922

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Career Focus, jobs, and courses appear after p 872

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