

EDITORIALS

- 819 Does autistic enterocolitis exist?**
Despite the retracted Wakefield study, questions remain, says Nicholas Wright
» Feature, p 838
- 821 Improving pharmacovigilance in Europe**
New legislation is proposed and greater transparency sought, say Nicholas Moore and Bernard Bégaud
» Analysis, p 842
- 822 Antimicrobials in children admitted to hospital in malaria endemic areas**
Identifying children with sepsis is the first major challenge, says Kathryn Maitland
» Research, p 848
- 823 Differences in clinic and ambulatory measurements of blood pressure**
Management should consider age, sex, and who is taking the measurement, say Richard McManus and Una Martin
» Research, p 849

LETTERS

- 825 NICE and chest pain diagnosis; Men who have sex with men**
- 826 Lymph node tuberculosis; European locums; Coroners; Jenner's statue**

NEWS

- 827 Doctors may need to disclose a patient's genetic data to family**
NHS must tackle obesity and alcohol abuse
- 828 Risks of body scans as part of health MOTs must be clarified**
Incentives to GPs to prescribe generics may breach EU law
MPs back calls for tighter checks on European doctors working as locums
- 829 Doctor is found guilty of exploiting "desperate" patients**
Tories condemn Labour for scaremongering over cancer
Doctors join rally to demand that politicians protect the NHS
- 830 Eating "5 a day" provides little protection against cancer**
Doctors in shaken baby case are accused of "scientific prejudice"
DH agrees deal with GSK on vaccine
Winning poem takes an NHS doctor's life as its inspiration
- 831 Salons face £20 000 fine for allowing under 18s to use sunbeds**
- 832 Some countries cut their spending on health when given health aid**
Proposal to boost number of rural doctors sparks debate
- 833 Medical abortion finally arrives in Italy**
Canada bans blood from people with history of CFS

SHORT CUTS

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

FEATURES

- 835 Can the NHS cut costs without substantially damaging the quality of health care?**
Rebecca Rosen and Paul Corrigan think that the inevitable NHS cost cutting that will occur over the next few years does not mean that the quality of care it provides will suffer. John Appleby and James Owen Drife are not so sure
- 838 Wakefield's "autistic enterocolitis" under the microscope**
Andrew Wakefield's claims for a new bowel condition in autistic children have been largely overlooked in the furore over MMR vaccination. Brian Deer reports
» Editorial, p 819

ANALYSIS

- 842 Europe's opportunity to open up drug regulation**
Among the priorities for the European health directorate, DG Sanco, as it takes control of the agency in charge of drug regulation should be to end the secrecy surrounding approval decisions, say Silvio Garattini and Vittorio Bertele'
» Editorial, p 821

OBSERVATIONS

- ETHICS MAN**
844 The moment of truth
Daniel K Sokol

RESEARCH

- 845 Research highlights: the pick of BMJ research papers this week**
- 846 Statins, antihypertensive treatment, and blood pressure control in clinic and over 24 hours: evidence from PHYLLIS randomised double blind trial**
Giuseppe Mancia, Gianfranco Parati, Miriam Revera, Grzegorz Bilo, Andrea Giuliano, Fabrizio Veglia, Gaetano Crepaldi, Alberto Zanchetti
- 847 The impact of advance care planning on end of life care in elderly patients: randomised controlled trial**
Karen M Detering, Andrew D Hancock, Michael C Reade, William Silvester
- 848 WHO guidelines for antimicrobial treatment in children admitted to hospital in an area of intense *Plasmodium falciparum* transmission: prospective study**
Behzad Nadjm, Ben Amos, George Mtove, Jan Ostermann, Semkini Chonya, Hannah Wangai, Juma Kimera, Walii Msuya, Frank Mtei, Denise Dekker, Rajabu Malahiyo, Raimos Olomi, John A Crump, Christopher J M Whitty, Hugh Reyburn
» Editorial, p 822



Clinical Review, p 855
Management of refractive errors



NHS review praises smoking ban, p 827



Ambulatory blood pressure, pp 823, 849



Does autistic enterocolitis exist? p 838

Why eat five a day? p 830

849 Definition of ambulatory blood pressure targets for diagnosis and treatment of hypertension in relation to clinic blood pressure: a prospective cohort study
 Ambulatory Blood Pressure Working Group of the High Blood Pressure Research Council of Australia, Geoffrey A Head, Anastasia S Mihailidou, Karen A Duggan, Lawrence J Beilin, Narelle Berry, Mark A Brown, Alex J Bune, Diane Cowley, John P Chalmers, Peter R C Howe, Jonathan Hodgson, John Ludbrook, Arduino A Mangoni, Barry P McGrath, Mark R Nelson, James E Sharman, Michael Stowasser
 » *Editorial, p 823*

RESEARCH METHODS & REPORTING

850 Updating criteria to evaluate the credibility of subgroup analyses
 Xin Sun, Matthias Briel, Stephen D Walter, Gordon H Guyatt

CLINICAL REVIEW

855 Management of refractive errors
 Gillian M Cochrane, R enee du Toit, Richard T Le Mesurier

PRACTICE

QUALITY IMPROVEMENT REPORT

861 Using care bundles to reduce in-hospital mortality: quantitative survey
 Elizabeth Robb, Brian Jarman, Ganesh Suntharalingam, Clare Higgins, Rachel Tennant, Karen Elcock

LESSON OF THE WEEK

864 Copper deficiency as a cause of poor balance
 Zhaleh Khaleeli, Daniel G Healy, Anthony Briddon, Michael P Lunn, Mary M Reilly, John Land, Gavin Giovannoni

OBITUARIES

867 James Black
 Nobel prize winning pharmacologist who invented β blockers

868 Alexander Adam; Ananda Lal Goswami; John Russell Grant Grice; Peter Julius Denison Heaf; Jean Eileen Lawrie; Alistair MacGregor Michael; Geoffrey Wooler

VIEWS AND REVIEWS

PERSONAL VIEW

869 Where are the clinicians when you need them?
 Emma Halls

REVIEW OF THE WEEK

870 Great Ormond Street: great expectations
 Sophie Cook

BETWEEN THE LINES

871 How long is a life?
 Theodore Dalrymple

MEDICAL CLASSICS

871 On Liberty by John Stuart Mill
 Helmy Haja Mydin

COLUMNISTS

872 Be wary of patients bearing gifts
 Des Spence

The Black knights
 James Owen Drife

ENDGAMES

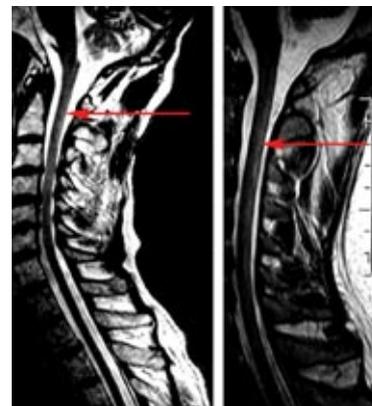
873 Quiz page for doctors in training

MINERVA

874 Japanese gut bacteria, and other stories

FILLERS

866 Corrections and clarifications



Copper deficiency and balance, p 864



Where are the clinicians? p 869



Great Ormond Street on BBC2, p 870

Returning from a break?

BMJ Masterclasses

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**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”

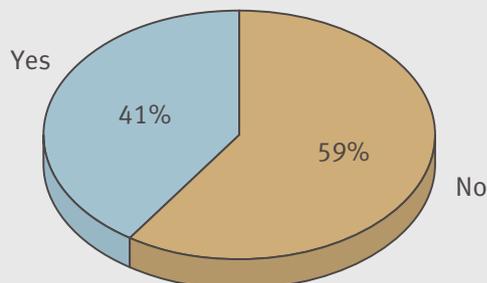
Rebecca Rosen, senior fellow at The Nuffield Trust, one of four voices discussing quality in the face of NHS cuts in advance of the King's Fund/BMJ debate on 27 April (**Features**, p 835)

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

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Career Focus, jobs, and courses appear after p 872

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