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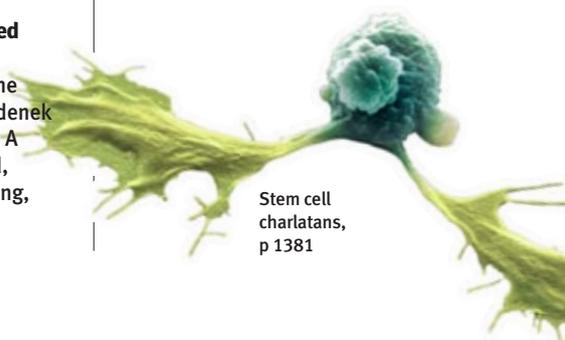
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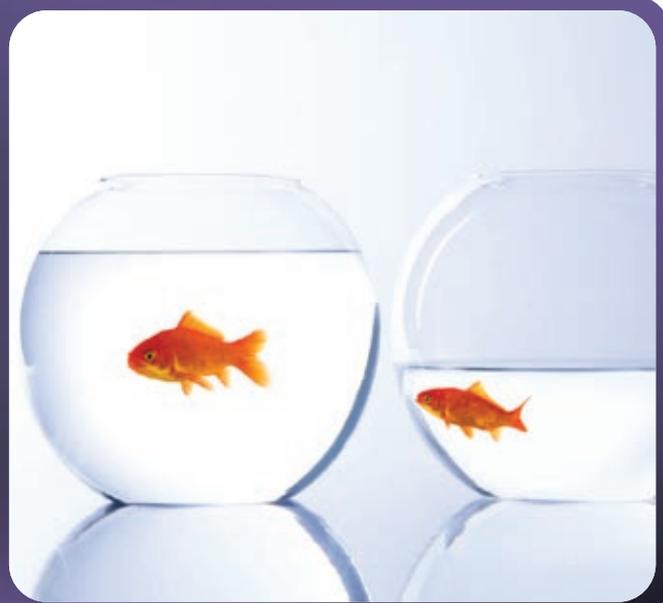


Remember your skin, p 1420

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AHMAD NAAFI/AFP/GETTY IMAGES

PICTURE OF THE WEEK

Two year old Indonesian boy Ardi Rizal smoking a cigarette in the yard of his family home in a village on Sumatra island. Ardi, who smokes about 40 cigarettes a day, will have specialist treatment to wean him off his habit.

Ardi became an internet sensation and an unwitting poster boy for Indonesia's failure to regulate tobacco use after a video of him smoking a cigarette appeared online last month. Indonesia is the third largest tobacco consumer in the world after China and India. According to a recent national survey, approximately 1.8% of the 60 million smokers in Indonesia are aged between 5 and 9 years old. Ardi's father reportedly gave him his first cigarette when he was 18 months old.

THE WEEK IN NUMBERS

0-84% Proportion of the time individual clinicians accessed available summary care records (**Research**, p 1399)

7.5 fold Increase in the risk of severe hypoglycaemia among patients with type 2 diabetes who change their eating patterns during Ramadan (**Clinical Review**, p 1407)

£2.7bn Annual cost to the NHS of treating acute and chronic drinking (**Practice**, p 1412)

QUESTION OF THE WEEK

Recently we asked: "Is reforming the tax system the best way to address the income inequalities that underlie health inequalities?"

64% voted yes
(149 votes)

This week's poll asks: "Is offering unemployment advice part of a family doctor's remit?"

Vote on bmj.com

QUOTES OF THE WEEK

"It may be timely to move away from a preoccupation with cardiopulmonary resuscitation, which occurs at the end of life, and concentrate on earlier life sustaining treatment about which the patient should definitely be granted an opinion"

Dominic Bell, consultant in intensive care and anaesthesia in the General Infirmary at Leeds, writing about new General Medical Council guidance on end of life care (**Editorial**, p 1373)

"I think health improvement has been bedevilled by oversimplification"
Harry Burns, Scotland's chief medical officer (**News**, p 1383)

EDITOR'S CHOICE

Spending cuts must take the long view

Times of financial constraint are when we most need healthcare managers and doctors to work together

The days of “growing our way out of recession” are over. It’s austerity measures from now on. We know the UK government’s budget plans (p 1378), but what should governments around the world be doing to improve health? Should they prioritise health care or social welfare spending? And how can doctors help those affected by the fallout?

Two articles (one in this week’s print journal, the other just published on bmj.com) tell us that governments that want to improve health should adopt policies that reduce health inequalities and protect social welfare. Joan Benach and colleagues (p 1392) say that fair employment practices—freedom from coercion, job security, a fair income, job protection, respect, and dignity—are not “nice to have” in hard economic times. They have been shown to narrow the gap in health inequalities and to improve a nation’s overall health.

David Stuckler and colleagues develop the theme (doi:10.1136/bmj.c3311). Radical cuts in social welfare spending to reduce budget deficits could cost lives as well as causing economic pain, they say. Based on their analysis of data on social welfare spending in 20 European countries from 1980 to 2005, they argue that rather than protecting healthcare spending from budget cuts, governments should protect social welfare spending because it has a bigger effect on population health. When social spending was high mortality fell, but when it was low mortality rose substantially.

GPs are at the front line dealing with the consequences, and things are going to get tougher still. Ingrid Torjesen looks at what many GPs are doing to add employment and education advice to their repertoire (p 1386). Sam Everington’s Bromley by Bow Healthy

Living Centre is one model. “The key five things that we are about,” he says, “are traditional biomedical health, employment, education, creativity, and the environment that people live in. All five are equally important in terms of the impact they have on people’s health.”

Times of financial constraint are when we most need healthcare managers and doctors to work together. The BMJ Group hopes to help with its new clinical leadership programme, run by BMJ Learning in collaboration with the Open University (<http://bit.ly/cFPX6Z>). Meanwhile, it’s a sad irony that one of the first casualties of the new austerity is the British Association of Medical Managers (BAMM); its activities have been suspended because of a hole in its finances (see Careers). Founded in 1990, when medical managers in the NHS were a brave few, it has educated the two tribes—medics and managers—to begin to speak each other’s language. It has helped to shape the current view that we need more medical managers in the NHS, David Nicholson, NHS chief executive officer, is on record as saying that one in three NHS managers should be doctors. And through its juniors’ arm, BAMMbino, it has helped to inspire a growing body of young doctors interested in combining clinical and management training.

Now more than ever the NHS needs to find ways to bring doctors and managers together rather than letting them retreat back into their bunkers. Allowing BAMM to fail seems short sighted.

Fiona Godlee, editor, BMJfgodlee@bmj.com

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Career Focus, jobs, and courses appear after p 1422

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