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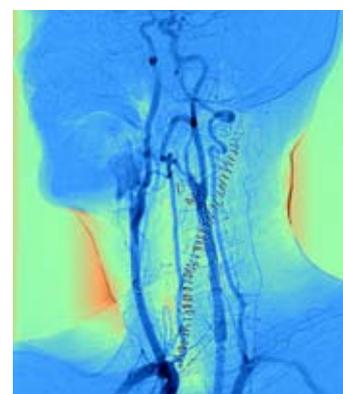
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Too much information and not enough time?

BMJ Masterclasses

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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



MIGUEL VILLAGRAN/LIFE BALL/GETTY IMAGES

**PICTURE OF THE WEEK**

Actress Whoopi Goldberg performs at the 18th Life Ball in Vienna. This event raises money for HIV and AIDS projects and acted as a prelude to the 18th international AIDS conference held in Vienna, 18-23 July (see News, p 167)

► [bmj.com](http://bmj.com) News, doi: 10.1136/bmj.c3944

**THE WEEK IN NUMBERS**

**67%** Reduction in adults needing endoscopy if faecal calprotectin was used to screen patients for suspected inflammatory bowel disease (Research, p 188)

**1.6-4.6** Estimated prevalence per 1000 of congestive heart failure in men aged 45-74; it's 0.9-2.2 in women of the same age (Clinical Review, p 190)

**99** Reports of swabs left in the vagina after childbirth between April 2007 and March 2009 in England and Wales; litigation claims showed a further 18 cases (Practice, p 199)

**QUOTE OF THE WEEK**

“When the ageing body begins to fail, diseases are like Shakespeare’s sorrows: ‘they come not single spies, but in battalions.’”

Iona Heath on continuing to fight all causes of mortality (Observations, p 181)

**QUESTION OF THE WEEK**

We recently asked: “How often do you notice bias in industry sponsored educational materials?”

**70.8%** said often (total 137 votes cast)

**22.6%** said sometimes

**6.6%** said never

This week’s poll asks: “Will GP commissioning improve patient care?”

► See *BMJ* 2010;341:c3839; *BMJ* 2010;341:c3790; *BMJ* 2010;341:c3843 and cast your vote on [bmj.com](http://bmj.com).

## EDITOR'S CHOICE

## Let's focus on premature deaths

**As for suicide, in the UK it kills twice as many people as die on the roads and is the commonest cause of death in young people, surely a problem on which to focus our preventive efforts**

"We must all die from something," Iona Heath reminds us, lest we forget (p 181). Her point, beautifully made as always, is that we shouldn't focus on reducing mortality, which will always be 100%, but on reducing premature mortality. And this means we must prioritise. "If we continue to fight all causes of mortality, particularly in extreme old age, we have no hope of success," she writes. "And we will consume an ever increasing proportion of healthcare resources for ever diminishing returns."

This week's *BMJ* features two important global causes of premature mortality: malaria and suicide. Now that TV celebrity Cheryl Cole is on the mend from her recent bout of malaria, it seems reasonable to hope that she'll find ways to support the fight against the disease. The new WHO guidelines will also help, says Hugh Reyburn (p 161), with their emphasis on parasitological diagnosis in young children wherever possible rather than presumptive treatment. Robert Newman agrees (p 182) but says we'll never beat malaria unless we train enough health workers in countries where the disease is endemic.

As for suicide, in the UK it kills twice as many people as die on the roads and is the commonest cause of death in young people, surely a problem on which to focus our preventive efforts. Alys Cole-King and Peter Leppina (p 204) say doctors avoid asking about suicidal thoughts for fear of uncovering a risk they will be unable to manage. An emphasis on risk minimisation rather than risk management could help, they say. So too could knowing which methods of attempted suicide carry most risk of completed suicide in the future. Bo Runeson and colleagues found greatest risk in those who had previously tried to jump to their death or to hang, gas, shoot, or drown themselves (p 186).

How best to keep people safe while they get the social and psychological support they need? Putting a barrier across the Bloor Street Viaduct in Toronto stopped people jumping from that bridge but made no difference to the city's overall rate of death from jumping, according to the study by Mark Sinyor and Anthony Levitt (p 185). D Gunnell and M Miller say that although targeting suicide hotspots is important, more can be achieved by restricting access to highly lethal household methods such as toxic pesticides in developing countries and firearms in the United States (p 157).

Our coverage three weeks ago of deaths and difficulties arising from the use of locums in the UK has upset some locum doctors. Alexandros Tsikoudas rightly points out that "high profile locum disasters are no different from the plethora of non-locum disasters," such as the serial killings by GP Harold Shipman and the paediatric heart surgery scandal in Bristol (p 164). But as he and others go on to say, the UK is unique in relying so heavily on locums to staff its health service. Is this a sign of a failing medical staffing policy, asks Erik Walbeehm. Would it help if we paid GPs more for out of hours care, asks Timothy Jefferson Cantor. And why don't we have a properly staffed scheme to cover the perennial vacancies, asks Peter Trewby. These are all good questions. While Andrew Lansley turns the NHS upside down—again (p 160)—here's one bit of it that really needs reform.

**Fiona Godlee, editor, *BMJ* [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

Cite this as: *BMJ* 2010;341:c3946

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Career Focus, jobs, and courses appear after p 206

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