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215 Intensive glucose lowering treatment in type 2 diabetes
The effect on microvascular disease seems to be modest at best, say David Preiss and Kausik K Ray
▷ Research, p 244

216 Diet and risk of diverticular disease
Vegetarians and people who consume high fibre diets may have a lower risk, say David J Humes and Joe West
▷ Research, p 245

217 Chemotherapy in elderly patients with resected stage II-IIIA lung cancer
Age alone is not a contraindication to treatment, says Béatrice Fervers
▷ Research, p 247

218 Pressure to work through periods of short term sickness
Can have long term negative effects on health and productivity, says Kevin Dew

220 WikiProject Medicine
Could become a trusted resource if it is assisted not shunned, says Lyndal Trevena

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221 Competition in healthcare

222 Bury the bill

223 Measuring clinical difference; Tiotropium mist inhaler; Mobile phone carcinogenicity

224 Response; Examining patients

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225 Despite amendments health bill should be withdrawn, says BMA
Doctors must report unfit colleagues, MPs’ report says

226 Minister denies councils will use health funding for filling potholes
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Research on animals with human material needs more scrutiny

227 Extending patient choice is inviting private providers to get a stake in NHS, warn critics

228 Generic prescribing is expected to save Spain €2bn a year
US body lists women’s services that all insurers should provide

229 Family asks court to let “minimally aware” woman die
Reforms of benefit are seen as attack on the disabled

230 Israeli court allows amputation against wishes of mother
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Activists call on Bahrain to release doctors and remove security forces from hospitals

231 Final push is needed to tackle last 1% of polio, board says

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235 How should we define health?
The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. Machtedt Huber and colleagues propose changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges

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238 Will medicine ever be able to halt the process of ageing?
Geoff Watts reports on the elusive search for ways to keep us young

240 Old age and the city
How can cities, which have been predicated on youth, be encouraged to accommodate an ageing population and keep the over 60s healthier for longer? Edwin Heathcote reports on projects from Berlin to New York

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244 Effect of intensive glucose lowering treatment on all cause mortality, cardiovascular death, and microvascular events in type 2 diabetes: meta-analysis of randomised controlled trials
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245 Diet and risk of diverticular disease in Oxford cohort of European Prospective Investigation into Cancer and Nutrition (EPIC): prospective study of British vegetarians and non-vegetarians
Francesca L Crowe, Paul N Appleby, Naomi E Allen, Timothy J Key
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246 Sensitivity of computed tomography performed within six hours of onset of headache for diagnosis of subarachnoid haemorrhage: prospective cohort study
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◁ Analysis, p 235

Diverticular disease, pp 216, 245

Privatisation of NHS services, p 227

Older people and the city, p 240

Generic drugs, p 228
THE WEEK IN NUMBERS

85% Proportion of general practitioners and hospital workers in the United Kingdom who reported being sick at work at some time (Editorial, p 218)

4.4% Cumulative probability of admission to hospital or death from diverticular disease between the ages of 50 and 70 for meat eaters; for vegetarians the probability is 3.0% (Research, p 245)

80 000 Number of stent insertions performed in the United Kingdom each year (Clinical Review, p 248)

QUOTE OF THE WEEK

“When competition results in market failure in the NHS, the ultimate consequence is the closure of services, and the restriction of choice for the patients”

Hamish Meldrum, chairman of BMA Council, on the government’s plans to allow the private sector to provide £1bn of NHS services (News, p 227)

QUESTION OF THE WEEK

Last week we asked, “Should it be compulsory for adult cyclists to wear helmets?”

32% voted yes (total 1427 votes cast)

This week’s poll asks, “Does the use of medical titles by non-doctors mislead patients?”

See PERSONAL VIEW, p 261 bmj.com Cast your vote
THIS WEEK

247 Survival and risk of adverse events in older patients receiving postoperative adjuvant chemotherapy for resected stages II-IIIA lung cancer: observational cohort study
Juan P Wisnivesky, Cardinale B Smith, Stuart Packer, Gary M Strauss, Linda Lurslurchachai, Alex Federman, Ethan A Halm

» Editorial, p 217

CLINICAL REVIEW

248 Anticipating and managing bleeding complications in patients with coronary stents who are receiving dual antiplatelet treatment
Neeraj Bhala, Jaspal S Taggar, Praveen Rajasekhar, Amitava Banerjee

PRACTICE

255 Dementia with cardiac problems
Jennifer Bute, Derek Waller

10-MINUTE CONSULTATION

258 Sexual dysfunction in cardiovascular disease
Deborah Morrison, Michael Aitchison, Derek T Connelly, Frances S Mair

OBITUARIES

260 Neil David Citron; John Kirk; John Alexander Lyttle; Alistair Stewart McIntyre; Jack Nagiont; Michael McDonald Tellis

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261 Surgical meshes containing animal products should be labelled
Muhammad Hanif Shiwani

REVIEW OF THE WEEK

262 The Immortalization Commission: Science and the Strange Quest to Treat Death by John Gray
Julian Sheather

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263 Dr Shipman’s review copy Theodore Dalrymple

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264 Hons and Rebels by Jessica Mitford
Stuart Handsides

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264 A generic press release from [health charity]
Margaret McCartney
Medical moles Wendy Moore

ENDGAMES

265 Quiz page for doctors in training

MINERVA

266 Storing milk in stainless steel containers, and other stories

FILLERS

257 Is climbing the greasy pole bad for your health?
259 Lost in transliteration

Christmas 2011: Deadline for submissions

Please submit your articles for consideration for this year’s Christmas issue by 19 September.

Submit via http://mc.manuscriptcentral.com/bmj

Select “Christmas” as article type and mention in your covering letter that your article is intended for the Christmas issue.
What is health?

In a *BMJ* editorial in December 2008 Alex Jadad and Laura O’Grady called for a “global conversation” about how we define health (*BMJ* 2008;337:a2900). This week Jadad and colleagues present the results of that conversation, initiated via a blog on bmj.com to which a good number of you responded (http://bit.ly/r6Usyh), and concluded at a two day meeting in the Netherlands in December 2009 (p 235). They propose a new definition of health as “the ability to adapt and self manage” in the face of social, physical, and emotional challenges.

Why should we be interested in defining health? Because if the goal of healthcare and research, we need to know what it looks like and how to measure it. As these articles explain, the currently accepted definition, formulated by WHO in 1948, is no longer helpful and is even counterproductive. Its emphasis on “complete physical, mental and social wellbeing” was radical in its day for stepping away from defining health as the absence of disease. But it is absolute and therefore unachievable for most people in the world. As Richard Smith, one of the authors of this week’s article, pointed out in a *BMJ* blog, it “would leave most of us unhealthy most of the time” (http://bit.ly/ngzpes). Indeed, the article says that the WHO definition has contributed unintentionally to the medicalisation of society, as more and more human characteristics are recruited as risk factors for disease.

The WHO definition is also unworkable for other reasons, the authors say. In the face of an ageing global population with an increasing burden of chronic disease, it “minimises the role of the human capacity to cope autonomously with life’s ever changing physical, emotional, and social challenges and to function with fulfilment and a feeling of wellbeing with a chronic disease or disability.”

Jennifer Bute provides a moving example of this human capacity. While still practising as a general practitioner she developed the first symptoms of dementia as well as cardiac problems (p 255). Without minimising the challenge of what she has had to endure, her cardiologist comments that coping and adapting were probably easier for her than for others less resourceful and capable. If health is our goal, and if the new definition meets our current realities, the next question is: how can we build and sustain the human capacity to adapt and cope?

Edwin Heathcote is the architecture correspondent for the Financial Times. He describes one approach to maximising human health—the development of “age friendly” cities (p 240). This initiative aims to reverse the trend of removing or excluding older people from active life in cities. How can these people be brought back so that not only they but also the city survive and flourish? The answer, it turns out, is not the current vogue for ramps, big bold signs, benches, and lots of green space.

This week’s articles are the start of six weeks’ coverage building up to the UN summit on non-communicable diseases in September. Other articles will focus on how we should be tackling the key shared risk factors behind the global epidemic of chronic disease—poor diet, alcohol, tobacco, and physical inactivity. As always, we hope for your input via rapid responses on bmj.com.

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