



Analysis, p 22, Features, pp 18, 20

NEWS

- 1 Doctors are told to “make every contact count” to promote health
Hospitals have no excuse for cutting services, says Nuffield Trust
- 2 Expert panel will look at feasibility of setting levels for drug driving
Government puts pressure on private sector to pay for removal of PIP implants
Doctor begins “Bevan’s Run” to stop health bill
- 3 Clinical negligence claims against plastic surgeons rise “significantly”
Doctors’ views sought on direction of new IT strategy
Wakefield sues *BMJ*
- 4 FDA drug safety advisors had financial ties to manufacturers
Let doctors help terminally ill to die, says commission
- 5 MPs: review alcohol advice
Ignoring evidence has led to ineffective policies to prevent drug misuse, shows research
- 6 Haiti’s cholera outbreak provides vital lessons for global health
MPs warn government over wasting aid money in fragile countries
Many Chinese cannot access treatment despite medical insurance



Drugs and driving, p 2

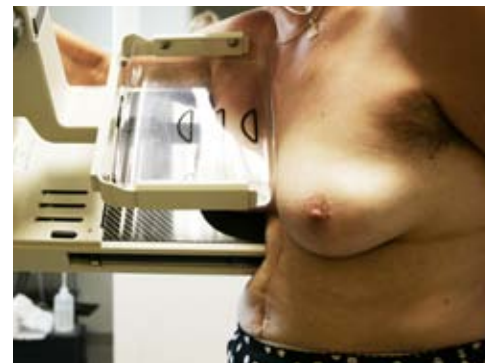
RESEARCH

- 11 RESEARCH HIGHLIGHTS
The pick of *BMJ* research papers this week
- 12 RESEARCH NEWS
- 14 Possible net harms of breast cancer screening: updated modelling of Forrest report
James Raftery, Maria Chorozioglou
● EDITORIAL p 7
● RESEARCH P 15
- 15 Overdiagnosis from non-progressive cancer detected by screening mammography: stochastic simulation study with calibration to population based registry data
Arnaud Seigneurin et al
● EDITORIAL p 7
● RESEARCH P 14
- 16 Immediate and late benefits of treating very elderly people with hypertension: results from active treatment extension to Hypertension in the Very Elderly randomised controlled trial
N Beckett et al
● EDITORIAL, p 8
- 17 Association between bisphosphonate use and implant survival after primary total arthroplasty of the knee or hip: population based retrospective cohort study
Daniel Prieto-Alhambra et al

COMMENT

EDITORIALS

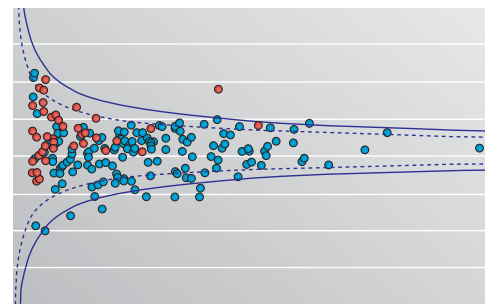
- 7 Benefits and harms of mammography screening
Allan Hackshaw
● RESEARCH, p 10



- 8 Antihypertensives in octogenarians
Giuseppe Mancia
● RESEARCH, p 16
- 9 Introducing new joint replacements to clinical practice
John A Skinner et al
- 10 The saga of Poly Implant Prosthese breast implants
Carl Heneghan
● NEWS, p 2

FEATURES

- 18 Routine patient data: why clinical outcomes matter
The NHS’s use of clinical outcomes data is in its infancy, but accurate and usable measures are crucial to the success of new commissioning groups. Michael Cross maps out the road ahead
- 20 Patient reported outcome measures: how are we feeling today?
Patients’ perceptions of the effects of healthcare provide important data, but, cautions John Appleby, we have to be careful how we use them



ANALYSIS

- 22 The idolatry of the surrogate
Easier to measure surrogate outcomes are often used instead of patient important outcomes such as death, quality of life, or functional capacity when assessing treatments. John Yudkin, Kasia Lipska, and Victor Montori argue that our obsession with surrogates is damaging patient care

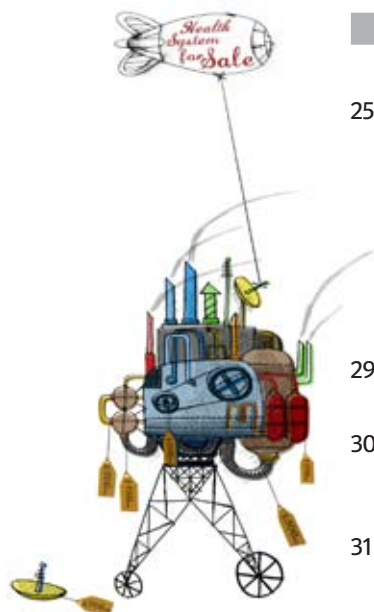
Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2012; 344:d286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.

100% recycled

The *BMJ* is printed on 100% recycled paper (except the cover)



NHS commercialisation, p 32

COMMENT

LETTERS

- 25 Managing self harm; Suboptimal prescribing in gout; Laughter in the dark; Sub-Saharan brain drain; New image for the drug industry; NICE needs reform; Reconfiguring healthcare; New: follow-up ratio targets; Honorary and ghost authorship

OBSERVATIONS

BODY POLITIC

- 29 Faith, hype, and charity Nigel Hawkes

THE ART OF RISK COMMUNICATION

- 30 Why do single event probabilities confuse patients? Gerd Gigerenzer, Mirta Galesic

MEDICINE AND THE MEDIA

- 31 Consultant cover and mortality among hospital patients Margaret McCartney

VIEWS AND REVIEWS

PERSONAL VIEW

- 32 Commercialisation is bad for public health David McCoy

REVIEW OF THE WEEK

- 33 Faith in medicine Wendy Moore

BETWEEN THE LINES

- 34 Malingers Theodore Dalrymple

MEDICAL CLASSICS

- 34 The Illness Narratives: Suffering, Healing and the Human Condition by Arthur Kleinman Oliver D Starr

OBITUARIES

- 35 Tsewang Yishey Pemba, and others

LAST WORDS

- 49 A call for continuity Des Spence
Big tits Liam Farrell

EDUCATION

CLINICAL REVIEW

- 37 The diagnosis and management of aortic dissection Sri G Thrumurthy, Alan Karthikesalingam, Benjamin O Patterson, Peter J E Holt, Matt M Thompson

PRACTICE

PRACTICE POINTER

- 43 Skin camouflage Louise McMichael

A PATIENT'S JOURNEY

- 45 Facial disfigurement Krysia Saul, Jill E Thistlethwaite



ENDGAMES

- 48 Quiz page for doctors in training

MINERVA

- 50 Elements required for medical students to feel "part of the team," and other stories

CAREER FOCUS, JOBS AND COURSES APPEAR AFTER P 48

Join your
colleagues.

BMJ Masterclasses

masterclasses.bmj.com



BMJ

14 January 2012 Vol 344

The Editor, *BMJ*

BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com

Tel: +44 (0)20 7387 4410

Fax: +44 (0)20 7383 6418

BMA MEMBERS' INQUIRIES

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

BMJ CAREERS ADVERTISING

Email: sales@bmjcareers.com

Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING

Email: sales@bmjgroup.com

Tel: +44 (0)20 7383 6386

REPRINTS

UK/Rest of world

Email: ngurneyrandall@bmjgroup.com

Tel: +44 (0)20 8445 5825

USA

Email: mfogler@medicalreprints.com

Tel: +1 (856) 489 4446

SUBSCRIPTIONS

BMA Members

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

Non-BMA Members

Email: support@bmjgroup.com

Tel: +44 (0)20 7383 6270

OTHER RESOURCES

For all other contacts:

resources.bmj.com/bmj/contact-us

For advice to authors:

resources.bmj.com/bmj/authors

To submit an article:

submit.bmj.com

BMJ Group

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/guidelines/).

The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2012 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

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 Polestar Limited



BRITISH HEART FOUNDATION

PICTURE OF THE WEEK

Actor and former footballer Vinnie Jones features in a new national campaign to promote hands-only cardiopulmonary resuscitation. Chest compressions with rescue breaths will continue to be taught during formal training but the British Heart Foundation says that people untrained in mouth to mouth CPR should “give the kiss a miss . . . and concentrate on giving just chest compressions to the beat of *Stayin' Alive*.” Watch the video at <http://bit.ly/ts5JkM>

MOST READ ON BMJ.COM

Orthopaedic surgeons: as strong as an ox and almost twice as clever? Multicentre prospective comparative study

The assault on universalism: how to destroy the welfare state

Is 27 really a dangerous age for famous musicians? Retrospective cohort study

How fast does the Grim Reaper walk? Receiver operating characteristics curve analysis in healthy men aged 70 and over

MOST COMMENTED ON BMJ.COM

Timing of onset of cognitive decline: results from Whitehall II prospective cohort study

Publication of NIH funded trials registered in ClinicalTrials.gov: cross sectional analysis

Research misconduct in the UK

Allowing juniors to train in one hospital would greatly reduce car use

BMJ.COM POLL

Last week we asked, “Should governments be allowed to censor research because of biosecurity fears?”

58% voted no (total 596 votes cast)

This week's poll asks, “Should doctors be able to self prescribe?”

► <http://bit.ly/xWFMwi>

RESPONSE OF THE WEEK

“Generally, society deals with death in a near hysterical manner, viewing practically every death as a tragedy and bereavement as an illness requiring healing.”

Blair Robertson, Healthcare Chaplain, Glasgow
(*BMJ* 2011;343:d8008)

EDITOR'S CHOICE

Outcomes that matter to patients

Surrogates like HbA_{1c} generally show much larger responses to treatment than “hard” outcomes that matter to patients, such as renal and visual impairment or quality of life

There's no shortage of examples of clinicians and patients being misled by surrogate outcomes. In some cases the results have been catastrophic. Last year Ray Moynihan reminded us that back in the 1980s flecainide, prized for its effect on reducing arrhythmias, killed tens of thousands of patients (*BMJ* 2011;342:d5160). Citing the 2010 report from the US Institute of Medicine, which urged much greater caution in how we use surrogates, Moynihan called for a shift “from numbers to people” so that patients and doctors stop mistaking “a numerical benefit for a genuine one.”

Now John Yudkin, Kasia Lipska, and Victor Montori join the fray (p 22). From their perspective within the world of diabetes they warn that surrogates like HbA_{1c} generally show much larger responses to treatment than “hard” outcomes that matter to patients, such as renal and visual impairment or quality of life. Surrogate outcomes also respond sooner, which makes them popular with drug companies and others doing clinical trials. What the authors call an “alliance of public health advocates, scientists and clinicians, professional societies, and test and treatment companies” then oversees the incorporation of these surrogates into guidelines, quality measures, and pay for performance targets. This is usually done with the best of intentions but with the result that many widely accepted treatment strategies are based on artificially inflated expectations.

The authors call for an end to “the idolatry of the surrogate,” in drug regulation and in the way we measure quality and reimburse doctors. The US Food and Drug Administration is taking steps to do this. After the withdrawal of rosiglitazone (*BMJ* 2010;341:c4848)

new hypoglycaemic agents must be evaluated against hard outcomes during rather than after drug development.

Not least among the problems the authors highlight is that surrogate outcomes carry no useful information for patients. “In order to fully engage our patients in treatment decisions, we must understand how therapies affect outcomes that are important to them,” they say. This is also the message of the second of our regular columns on communicating risk to patients (p 30). Gerd Gigerenzer and Mirta Galesic show how easy it is to confuse patients when we talk in terms of “single event probabilities” with no reference point; for example, saying that they have a 30-50% chance of something happening. Far better, say Gigerenzer and Galesic, to use statements of frequency, such as “if 10 patients take this treatment, three to five of them will experience x.”

Focusing on outcomes that matter to patients should improve decision making and patient engagement. It should also stop us spending money on treatments that deliver minimal or no benefit. Michael Cross reports on the use of anonymised outcomes data in commissioning (p 18) and John Appleby explains how the NHS in England is using patients' assessments of their health status in ways that could allow us to debate the value of different interventions in different parts of the country (p 20). Both authors warn of substantial challenges ahead.

Fiona Godlee, editor, *BMJ* fgodlee@bmj.com

Cite this as: *BMJ* 2012;344:e318

To receive Editor's Choice by email each week, visit bmj.com/cgi/customalert

Twitter

Follow the editor, Fiona Godlee, at twitter.com/fgodlee and the *BMJ*'s latest at twitter.com/bmj_latest



BMJ WINTER APPEAL £18643 raised so far

Mr/Mrs/Ms	Initials
Surname	
Address	
Postcode	
Email	
Please provide your email address if you are happy to receive emails about our work and how you can help	
Tel No	



giftaid it

Make my gift worth more

I wish my donation, any donations I have made in the previous six years, and any future donations to be treated as Gift Aid donations.

I am a UK taxpayer and have paid income tax and/or capital gains tax equal to the tax to be reclaimed in this tax year.

Today's date / /

Donate online at www.lifebox.org/donations or call 020 7631 8881

Alternatively post this coupon to:

BMJ Christmas Appeal, 21 Portland Place, London W1B 1PY

Title Name

Address

.....

.....Postcode

I would like to donate a pulse oximeter (£160) to a facility in need or £ to Lifebox.

I enclose a cheque made payable to Lifebox Foundation

I give Lifebox permission to debit my Visa Mastercard Maestro

Credit card Number/Switch Number

Start date Expiry Date Issue No 3 digit security number

Signature.....

UK credit/debit card donations are administered by the Charities Aid Foundation and will appear as such on your statement

Lifebox would like to send you our quarterly electronic newsletter to keep you up to date on how your donation is making a difference. If you do not wish to hear from us, please tick here