



ANALYSIS, p 26

NEWS

- 1 Older cancer patients are often undertreated
NHS should replace PIP implants even if they have been privately fitted
- 2 Critics attack Lansley's calorie pledge as "token gestures"
Cameron challenges the UK to end "national crisis" of poor dementia care
Minimum unit price for alcohol is planned for England and Wales
- 3 £5m UK study aims to discover what causes cleft lip and palate and improve treatments
- 4 Just 4% of young women treated for cancer take up fertility preservation
Screening trial of blood test for lung cancer is set to start in Scotland
- 5 US travellers to London Olympics are warned about measles
NICE backs leukaemia drug after company drops price
- 6 Screen for TB in hostels and prisons to reduce UK cases, advises NICE
Test based on natural processes cannot be patented, rules US court
Lansley is accused of demanding "politically driven" raids on abortion clinics



Calorie pledge criticised, p 2

RESEARCH

RESEARCH HIGHLIGHTS

- 13 The pick of *BMJ* research papers this week
- RESEARCH NEWS
- 14 All you need to read in the other general journals
- RESEARCH PAPERS
- 16 Effectiveness of physical activity promotion based in primary care: systematic review and meta-analysis of randomised controlled trials Gillian Orrow et al
- 17 Dipeptidyl peptidase-4 inhibitors for treatment of type 2 diabetes mellitus in the clinical setting: systematic review and meta-analysis Thomas Karagiannis et al
EDITORIAL, p 7
- 18 Cardiovascular disease in kidney donors: matched cohort study Amit X Garg et al
EDITORIAL, p 8
- 19 Inverse association between cancer and Alzheimer's disease: results from the Framingham Heart Study Jane A Driver et al
EDITORIAL, p 9
- 20 Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital R M Wilson et al
- 21 Trends in socioeconomic inequalities in risk of sudden infant death syndrome, other causes of infant mortality, and stillbirth in Scotland: population based study Angela M Wood et al

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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.

COMMENT

EDITORIALS

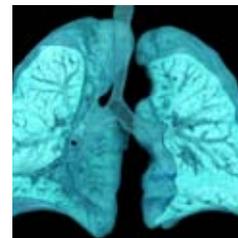


Living donor kidney transplantation, p 8

- 7 The role of dipeptidyl peptidase-4 inhibitors
Daniel Lasserson and Jonathan Mant
RESEARCH, p 17
- 8 Does the fall in glomerular filtration rate in living kidney donors matter?
Sarah White and Alan Leichtman
RESEARCH, p 18
- 9 A reduced risk of Alzheimer's disease in those who survive cancer
Mary Ganguli
RESEARCH, p 19
- 10 Safer prescribing for prisoners
Michael Levy
- 11 Increased HIV testing in men who have sex with men
F Burns and G Hart
- 12 Responding to domestic violence in primary care
Ann Taket

FEATURES

- 22 What companies don't tell you about screening
Margaret McCartney questions whether customers of private screening companies are given information to really understand what they are undertaking
- 24 Joined-up working: introducing the best teams of the year
Anne Gulland reveals the shortlist for this year's Working in Partnership award
- 25 *BMJ* readers raise almost £34 000 for Lifebox



Private screening, p 22

ANALYSIS

- 26 Can personal healthcare budgets be made to work?
The English Department of Health proposes to allow people who need continuing care to purchase the services and equipment they think are most appropriate through personal budgets. Yet the Netherlands, which has had a similar system, is in the process of restricting it in the light of problems that have arisen. Ewout van Ginneken, Peter P Groenewegen, and Martin McKee examine what has gone wrong and how England could avoid the same mistakes



Terry Hamblin's obituary, p 36

COMMENT

LETTERS

- 29 Second generation antidepressants;
Mental health
- 30 Alcohol and mortality
- 31 Illegally produced alcohol;
Atrial fibrillation
- 32 Unreliability of biopsies;
Changes in the NHS;
Fear of death

OBSERVATIONS

REALITY CHECK

- 33 Times like these you need some "One Four Five"
Ray Moynihan

VIEWS AND REVIEWS

PERSONAL VIEW

- 34 Men should stop
routinely examining
their testicles
Keith Hopcroft



BETWEEN THE LINES

- 35 The truth about
Nightingale
Theodore Dalrymple

MEDICAL CLASSICS

- 35 So You Want To Be A Brain Surgeon?
David Warriner and Vipul Ramjani



Florence Nightingale's hidden faults, p 35

OBITUARIES

- 36 Terence John Hamblin
Haematologist and expert in chronic lymphocytic
leukaemia
- 37 Malcolm John Aylett, Jean Alison Renwick Boldy,
Terence Edward O'Brien, Prabhakar Shankar Phatak,
William Ramsay, John Anthony Rumble, John Steven
Shepherd

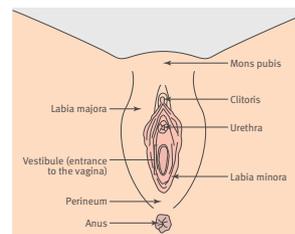
LAST WORDS

- 51 Bad medicine: modern medicine Des Spence
Our relationship with poo Mary E Black

EDUCATION

CLINICAL
REVIEW

- 38 Assessment and
management of
vulval pain
David Nunns and
Ruth Murphy



PRACTICE

PRACTICE POINTER

- 43 Investigating the pregnant woman exposed to a
child with a rash
Eithne MacMahon
- EASILY MISSED?**
- 47 Acute Charcot foot
Piero Baglioni et al

ENDGAMES

- 50 Quiz page for doctors in training

MINERVA

- 52 Abnormal fingerprints, and other stories

FILLER

- 49 My choice of words

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MARK THOMAS

PICTURE OF THE WEEK

Waitrose's response to the ban on tobacco displays in supermarkets, which comes into force on 6 April in England. The Department of Health believes it will protect young people from unsolicited promotions and help them resist the temptation to start smoking. Scotland, Wales, and Northern Ireland are also moving towards similar bans.

BMJ.COM POLL

Last week we asked, "Should health professionals take a leading role in tackling climate change?"

55% voted no (total 719 votes cast)

This week's poll asks: "Will minimum alcohol pricing reduce problem drinking?"

► News, p 2

► bmj.com Cast your vote

RESPONSE OF THE WEEK

"Encouraging patients to choose intact whole grains like brown rice is certainly warranted. However, if we are going to rescue the Asian population from a mounting epidemic of chronic lifestyle diseases, then the bulk of our efforts must be focused on removing the cause—the toxic Western diet"

Michael A Kadoch, physician, Mount Sinai Medical Center, New York, NY, USA, in response to the research paper "White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review" (*BMJ* 2012;344:e1454)

MOST READ ON BMJ.COM

White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review

The difference in blood pressure readings between arms and survival: primary care cohort study

Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States

How the FDA forgot the evidence: the case of donepezil 23 mg

Man is granted right to seek declaration allowing a doctor to kill him

MOST COMMENTED ON BMJ.COM

How safe are metal-on-metal hip implants?

White rice consumption and risk of type 2 diabetes: meta-analysis and systematic review

Group art therapy as an adjunctive treatment for people with schizophrenia: multicentre pragmatic randomised trial

Dipeptidyl peptidase-4 inhibitors for treatment of type 2 diabetes mellitus in the clinical setting: systematic review and meta-analysis
Ductal carcinoma in situ of the breast

EDITOR'S CHOICE

Who are you calling fat?

Screening is one big sore spot that this journal can't stop prodding, although usually wittingly to give offence—if only as the necessary prelude to change.

As England's adults and children are plumping up (p 2) doctors are tying themselves up in knots over the right words to use with their podgy patients. It's a minefield out there. On a ward round Ian Seetho wondered aloud whether a patient was too heavy for the hospital's CT table—only to see his patient's demeanour rapidly deteriorate (p 49). Apparently, studies show that patients prefer terms like “body mass index” and “excess weight” to “fat,” “obese,” and “extremely obese.” Seetho's bottom line: “When describing a diagnosis or talking to patients, it is important to be ever so mindful of our choice of words in relation to how they feel about their condition.”

I wonder. Operations, pregnancies, and yes, even some investigations are riskier in obese people. Shouldn't doctors be able to speak these simple truths in simple words? Seetho worries that the use of potentially pejorative terms may be interpreted as moral judgments. Perhaps, but I'm reminded of Robert Hughes's lament at the heart of his *Culture of Complaint*: “It's as though all human encounter were one big sore spot, inflamed with opportunities to unwittingly give, and truculently receive, offence.”

Screening is one big sore spot that this journal can't stop prodding, although usually wittingly to give offence—if only as the necessary prelude to change. This week we unveil a whole new target: testicular self examination. Self evidently “a good thing,” says Keith Hopcroft in his personal view, except that “it's an activity based purely on well meaning whimsy, with the potential to do harm.” Those wondering whether this is just a contrarian rant should check bmj.com for the fully referenced version (p 34).

Help is at hand, and has been for some time. There have been internationally recognised criteria for the introduction of screening tests since 1968, which the UK National Screening Committee (UKNSC) signs up to. We learn this in Margaret McCartney's investigation of the private screening companies whose newspaper advertisements and personal invitations you've almost certainly seen (p 22). What you haven't seen in these documents is a frank discussion of the risks and implications of false negative and false positive test results. This denies people the opportunity to make an informed choice, complains *Which?*, the consumer watchdog. Just about everyone in any sort of authority agrees that the current state of affairs is unsatisfactory. It's clear that things need to change, but not which levers to pull.

Des Spence believes that medicine's challenge this century is to fight the pandemic of iatrogenic harm, and general health screening checkups are firmly in his sights. They lack any scientific basis and lead to more investigations, anxiety, and profit—although not for patients. He blames these checks for the overtreatment of breast and prostate cancer (p 51).

Nevertheless, screening retains its allure. As part of his plan to make the UK a world leader in dementia care, the prime minister announced this week that everyone aged 65 to 74 will be screened for early signs of dementia (p 2). Does such a programme satisfy the UKNSC's criteria for introducing a new screening test (www.screening.nhs.uk/criteria)? I don't think so.

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