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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.

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**PICTURE OF THE WEEK**

A drawing by Quentin Blake from the series "Planet Zog", to be displayed at Alexandra Avenue Health and Social Care Centre, South Harrow. The Foundling Museum, London, is holding an exhibition of more than 60 of Blake's recent works that were commissioned by four hospitals in the UK and France. The exhibition positions the illustrator's work in a tradition of over 270 years of artists donating paintings and sculptures for hospital settings to improve the lives of children. The exhibition runs until 15 April 2012. <http://www.foundlingmuseum.org.uk/>

**BMJ.COM POLL**

Last week we asked, "Will minimum alcohol pricing reduce problem drinking?"

**67%** voted no (total 785 votes cast)

This week's poll asks: "Should doctors have a stronger voice in policy on illegal drug use?"

(Drug policy debate is needed, *BMJ* 2012;344:e2381)

► [bmj.com](http://bmj.com) Cast your vote

**RESPONSE OF THE WEEK**

**"This study [of malaria mortality in the UK] identifies a high-risk group for which an effective intervention currently exists (chemoprophylaxis). Most package holiday companies require holidaymakers to hold travel insurance, or at least declare they will obtain it. A similar requirement with regards to malaria advice/chemoprophylaxis for travellers to malaria-endemic regions should be considered."**

Christopher J A Duncan, research fellow, University of Oxford, UK, in response to "Risk factors for mortality from imported falciparum malaria in the United Kingdom over 20 years: an observational study" (*BMJ* 2012;344:e2116)

**MOST COMMENTED ON BMJ.COM**

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

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

Emergency contraception

Primary screening for human papillomavirus compared with cytology screening for cervical cancer in European settings: cost effectiveness analysis based on a Dutch microsimulation model

**MOST READ ON BMJ.COM**

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

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

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

## EDITOR'S CHOICE

## Who are tomorrow's generalists?

**They were also surprised at the over 17 000 men admitted to inpatient obstetric services**

People have been lamenting the decline of the general physician for decades—so it's good to see that the tide may now be turning.

In their Analysis article Robert M Wachter and Derek Bell describe the renaissance of hospital generalists on both sides of the Atlantic (p 25). The reasons—growing numbers of older patients with complex multiple illnesses and curtailed hours for trainee doctors—are similar in the UK and the United States, but generalists have taken different forms in each country. In America, hospitalists are responsible for the general medical care of patients during their entire stay in hospital, working alongside specialists. In the UK, physicians in acute medicine manage patients in the first 48-72 hours after an emergency admission, then hand over to specialists. The evidence suggests that both models reduce lengths of stay and improve outcomes for patients.

As I read this article I was wondering where geriatricians fitted in—aren't they meant to be generalist physicians skilled in managing older people with multiple illnesses? Editorialists R M Temple and colleagues confirm that geriatricians, as the largest group of medical consultants in the UK, do indeed perform that role, alongside physicians who combine general internal medicine with a specialty; but there aren't enough geriatricians, and few dually accredited trainees want to continue to practise general medicine when they become consultants (p 10). The editorialists see useful lessons from the hospitalist model, which “may help re-enthusiast trainees and consultants.”

Generalist medical skills seem to dominate NICE's latest guidance on improving care for people using NHS services (p 41). The essential requirements of care include recommendations on being prepared to raise sensitive issues (such as sexual activity, continence care, and end of

life concerns), ensuring adequate nutrition and hydration, and ensuring pain relief, while the section on shared decision making recommends the best ways of discussing risks and benefits with patients. As Simon Eaton and colleagues say in their accompanying editorial, much of the guidance states the obvious and “it is a sad indictment of modern healthcare” that we need it (p 11). They advocate more sophisticated ways of measuring and reporting on patients' experiences and support for patients in managing their own chronic conditions.

Paul Truempenny, in this week's Patient Journey, illustrates what shared decision making and self management means: “I now expect my consultations to be within an equal partnership. My aim is to help healthcare staff to understand . . . how this rare disease affects my life so that I can receive the best treatment and care available” (p 44). NICE couldn't have put it better.

Meanwhile, the letters section performs its invaluable role in telling readers how things really are. Eaton and colleagues may want more sophisticated measures of patient experience, but Lauren Brennan and colleagues suggest that there are some difficulties in getting the basics right (p 28). As part of an attempt to improve coding of episodes of care they reviewed the Hospital Episode Statistics and found that an increasing number of adults were attending child and adolescent psychiatry services, while over 3000 0-19 year olds attended geriatric outpatients in 2009-10. They were also surprised at the over 17000 men admitted to inpatient obstetric services. “Although we applaud innovation, we suspect . . . data errors [some] due to similarities in the main specialty codes.”

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