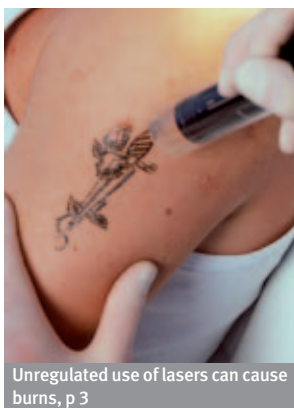




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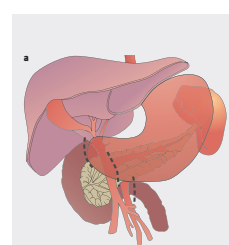
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Every week throws new health related questions at us. Our online polls ask you for your opinion.



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## PICTURE OF THE WEEK

The BMA has urged doctors across the United Kingdom to vote on whether to take their first industrial action since the 1970s in protest against the government's controversial reforms of the NHS pension scheme. The BMA ballot will be open until 29 May.

● NEWS, p 2

● BMJ CAREERS, <http://bit.ly/KK1eYp>

bmj.com

● Head to Head  
 (BMJ 2012;344:e3175 and  
 2012;344:e3242)

## RESPONSE OF THE WEEK

Relman's analysis of the failing of the US healthcare system seems unshakeable. For as long as I have been a consultant (nearly 30 years) I have heard from colleagues in the States that they are surprised by the UK's often enthusiastic adoption of US ideas. Such adoption comes with a significant lag time, enough usually for those ideas to have been discredited at their origin, leading our American friends to question our sanity.

It is time the NHS planned itself rather than adopting other countries' failed systems.

Andrew N Bamji, consultant rheumatologist, Chelsfield Park Hospital, Orpington, UK, in response to "Why the US healthcare system is failing, and what might rescue it" (BMJ 2012;344:e3052)

## MOST READ ON BMJ.COM

Venous thrombosis in users of non-oral hormonal contraception: follow-up study, Denmark 2001-10

Outcomes of elective induction of labour compared with expectant management

Risk of cardiovascular serious adverse events associated with varenicline use for tobacco cessation

A child with neck swelling

Evaluation of the national Cleanyourhands campaign to reduce *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infection in hospitals in England and Wales by improved hand hygiene

## BMJ.COM POLL

Last week we asked, "Are doctors justified in taking industrial action in defence of their pensions?"

**65%** voted yes  
 (total 785 votes cast)

This week's poll asks:  
 "Should childhood immunisation be mandatory?"

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## EDITOR'S CHOICE

## Food matters

**It should be no real surprise to find the food industry acting in its own rather than the public interest**

The idea that what we eat affects our health is almost too obvious to state. And yet, apart from advising patients to eat more healthily, many doctors will feel they have little to contribute to improving the public's diet. As the World Health Assembly prepares to debate its action on non-communicable diseases, I hope that two articles in this week's BMJ will encourage you to take a view on food and to act where you can.

In her exploration of the impact of food policy on health, Corinna Hawkes explains how shifts in the global food economy have failed both the producers and consumers of food (p 27). As last year's UN summit on non-communicable diseases acknowledged, changes to food policy could prevent millions of premature deaths. But meanwhile we are living with the results of market failure. As Hawkes says, "While consumers were being encouraged to buy more, they were not provided with the tools they needed to consume well." And "it is far easier to build markets to consume more than to consume less."

Hawkes explains how, over the past few decades, responsibility for the food economy has passed from the state through the private sector to the consumer. And yet most consumers are not in a position to assume such responsibilities. They need education and information but also governance mechanisms for pricing, marketing, promotion, and the availability of healthy foods.

Countries around the world are experimenting with various combinations of such policies, and Hawkes sounds optimistic about the direction of travel, provided that the approach is "multicomponent."

Food taxes are one piece of the "intricate climbing frame" she conjures. Oliver Mytton and colleagues ask whether these work. They conclude that taxes can help,

provided they are sufficiently widely applied (not just for sugary drinks), substantial (set at around 20%), and combined with subsidies for healthy foods such as fruit and vegetables (p 30).

This week's news sees reports of delaying tactics to prevent publication of new guidance in the United States on limits to the marketing of unhealthy food to children (doi:10.1136/bmj.e3340). And in Europe, legislation on food labelling acknowledges the failure of voluntary agreements (p 4).

WHO has a good track record for standing up to industry in the public interest: the code on the marketing of breast milk substitutes and the creation of the essential medicines list during the 1970s, for example, and its enquiry into its own relations with the tobacco industry in 2000 (*BMJ* 2000;321:314). Food is the new and even more complicated battle ground, and WHO cannot act alone. Food is the new and even more complicated battle ground, and WHO cannot act alone. It needs commitment from all sectors. Several things will help: existing support from the World Bank, shored up now by the appointment of a public health doctor. As Susan Jebb says in her editorial, "Food policy is a matter for everyone and needs partnerships and alliances at all levels to drive change—individuals making choices for themselves and their families, communities and local government taking action, businesses acting responsibly, and government leading and coordinating action across departments and sectors" (p 11). What will you be doing?

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

Cite this as: *BMJ* 2012;344:e3469

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