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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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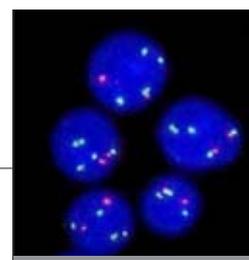
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Too much
information and
not enough time?

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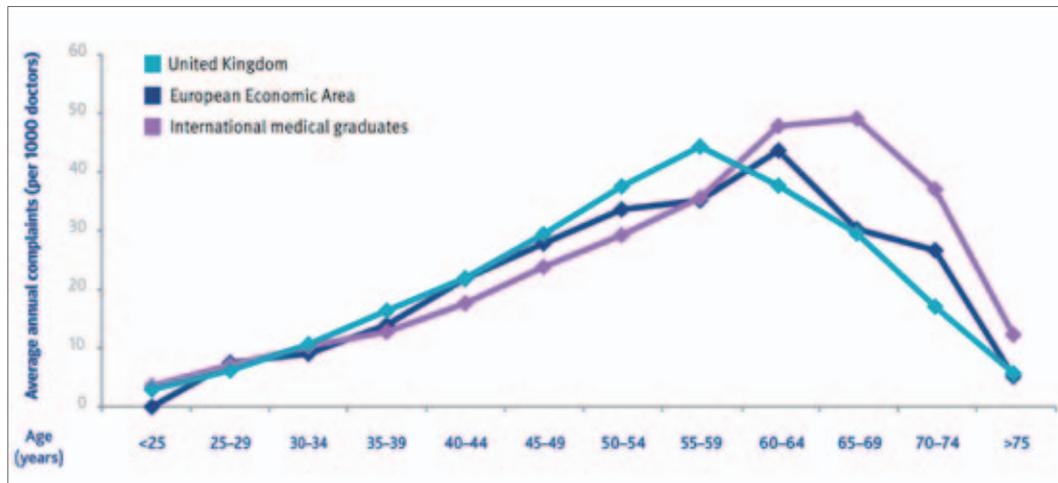
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GRAPHIC OF THE WEEK

Average annual complaints per 1000 doctors and region of primary medical qualification, 2007-2011, published in a report by the General Medical Council. Despite a rise in the number of complaints against doctors in the UK in 2011, most complaints (4914 (56%)) were closed without further action because they did not raise issues of fitness to practise. In addition, the number of complaints that led to fitness to practise hearings, and the number of doctors who were suspended or struck off, fell between 2010 and 2011.

► NEWS, p 1.

MOST COMMENTED ON BMJ.COM

Lifestyle, social factors, and survival after age 75
Why corporate power is a public health priority
Patients must have control of their medical records
Making a diagnosis in patients who present with vertigo
The UK needs office dermatologists

RESPONSE OF THE WEEK

I wonder how well the office dermatologist would embrace and cope with the 13 million consultations for skin problems who attend primary care each year, given that in 2009-10 there were 882 000 GP referrals and 2.74 million total consultations for dermatology.

I recently completed an undergraduate curriculum comprising approximately 5 days of formal dermatology teaching (less than the quoted 10 days). As little undergraduate dermatology teaching as there was, I received even less ENT teaching. ENT constitutes a significant proportion of GP presentations, both in paediatric and adult patients. Does this mean introduction of the office otorhinolaryngologist? The same argument could be made for similarly neglected subspecialties at the undergraduate level such as ophthalmology and orthopaedics.

M P Johnston, junior doctor, Wishaw General Hospital, UK, in response to "The UK needs office dermatologists" *BMJ* 2012;345:e6006

BMJ.COM POLL

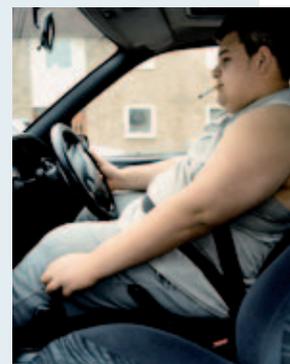
Our last poll asked: "Are the causes of obesity primarily environmental?"

68% voted yes
(total 885 votes cast)

► Head to Head
Yes (*BMJ*
2012:345:e5843)
No (*BMJ*
2012:345:e5844)

This week's poll asks: "Is doctors' professional use of social media likely to result in more good than harm?"

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MOST READ ON BMJ.COM

Effect of tranexamic acid on mortality in patients with traumatic bleeding
The truth about sports drinks
Early fluid resuscitation in severe trauma
Exposure to diagnostic radiation and risk of breast cancer among carriers of BRCA1/2 mutations
Lansley's legacy

EDITOR'S CHOICE

At the bottom of the pile

If a measure of society is how well it treats its weakest members, Britain's current record is appalling

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"Economically, socially and politically, the north is becoming another country," said the *Economist* last week of England (15 Sept 2012; p 27). Accelerating this division are the latest cuts in UK government spending, which will disproportionately affect the north.

However, sympathy is in short supply, as the latest British Social Attitudes survey makes clear. "If you look back at the previous recession, you find that people became more sympathetic . . . that hasn't happened this time," said the head of the survey group. As reported in the *Financial Times* (17 Sept 2012, p 2) the proportion of people wanting to see more spending on welfare benefits has fallen from almost 60% during the 1991 downturn to about 35% at the start of the 2008 recession, and to about 30% now.

Attention turned briefly to the north of England last week—specifically to Liverpool, and the 96 Liverpool fans who were crushed to death at Hillsborough football ground in 1989. Published on 12 September, a report by an independent panel chaired by the Bishop of Liverpool contradicted some of the prevalent beliefs about the disaster that had been fostered by the police and other emergency services. "The panel's careful catalogue suggests that the worst sporting disaster in British history may also be the worst police cover up of all time," summed up the *Economist* (15 September 2012).

In his personal view this week, John Ashton describes the immediate aftermath of the disaster, and a disturbing change of mood a few hours later (p 34). "Police were rounded up, and everybody else was evicted; doors were barred; and the first police debrief took place. I think that this was when the systematic conspiracy began," he says.

"When I gave evidence at the [earlier, official] Taylor inquiry, the most expensive barristers in the country sought to traduce my account and throw doubt on my competencies. We now know that police officers' accounts, which made exactly the same points as mine, were redacted, that points criticising the police and emergency services were removed on 116 occasions, and that anything relating to supporters was left in or accentuated."

New inquests into the deaths and prosecutions may follow, but past performance suggests it's unlikely that any of the culprits will go to prison. In the first article in his series on prison healthcare, Stephen Ginn sketches out the sort of person who does: poor, disadvantaged, vulnerable; considerably more likely to have been homeless, unemployed, and in social care as a child; and of very low educational attainment (p 26).

As Ginn points out, prison presents unique challenges to the delivery of good healthcare. Additionally, "any successful health initiative runs the risk of being seen as too good for prisoners, who are portrayed as undeserving." England and Wales now lock up nearly twice as many people as they did 20 years ago. It can't be because prison "works"—reoffending rates remain stubbornly high—unless prison's main function is to keep the most disadvantaged members of the population out of sight and out of mind.

If a measure of society is how well it treats its weakest members, or its poorest or its neediest, Britain's current record is appalling.

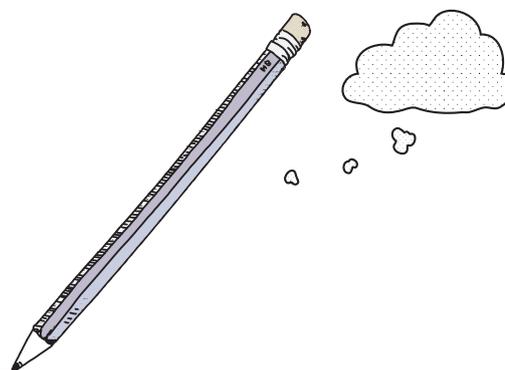
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