**NEWS**

1. NICE will create standards on obesity, tobacco, and alcohol
   Government welfare cuts are hitting children, says BMA

2. Two cases of coronavirus are confirmed in France as death toll reaches 18
   BMA disputes government claim that rollout of NHS 111 was supported by evidence

3. Without integrated care we risk another Mid Staffs, warns minister

4. Study proposes antibiotics as possible treatment for back pain

5. Rescue boards will be set up in England to deal with deterioration in A&E departments
   GP leaders raise concerns about government plans to restrict access to NHS

6. Save the Children and GSK agree to develop drugs for children
   Researchers thrash out guidelines for joint working
   “Research passports” could reduce misconduct, conference hears

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11. All you need to read in the other general journals

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12. Impact of autologous blood injections in treatment of mid-portion Achilles tendinopathy: double blind randomised controlled trial
   Kevin J Bell et al

13. Effect of dutasteride on clinical progression of benign prostatic hyperplasia in asymptomatic men with enlarged prostate: a post hoc analysis of the REDUCE study
   Paul Toren et al

14. Comparative safety and effectiveness of sitagliptin in patients with type 2 diabetes: retrospective population based cohort study
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15. Influence of trial sample size on treatment effect estimates: meta-epidemiological study
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8. Should we be reassured about sitagliptin?
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    John Appleby examines responses to similar questions asked to NHS staff

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RESPONSE OF THE WEEK

Post Mid Staffs, we are now blessed with a tranche of experts who talk confidently of management designs that can lead us quickly to the clear, Sunlit Uplands of healthcare.

What these pundits seem not to consider are the aspects of caring that involve ethos and vocation: imaginative empathy and compassionate attachment. Their offerings seem devoid of any philosophy of pathos or ethos: how and why should we care for one another? What motivates altruistic transcendence?

Such psycho-spiritual considerations seem, to me, glaringly absent from the current debate and, most importantly, from the system we have created—the culture that then creates such dissociated, alienated atrocities in healthcare. Perversely, our pundits then offer us yet more depersonalised thinking to counter depersonalisation.

Last month we published a plea from Dave deBronkart (also known as e-Patient Dave) to “let patients help.” As a survivor of stage IV, grade 4 renal cell carcinoma, he described how the online patient community helped save his life (BMJ 2013;346:f1990). His aim is nothing less than to revolutionise the relationship between patients and healthcare providers. “Please,” he wrote, “let patients help improve healthcare. Let patients help steer our decisions, strategic and practical. Let patients help define what value in medicine is.”

This week we hear from another e-Patient, Kelly Young, who tells us why she became “a rheumatoid arthritis warrior” (p 27). Her blog, rawarrior.com, was born of the realisation that her doctors were stumped and that she needed to take responsibility for understanding her condition and deciding about her care. The blog now reaches nearly 2% of all patients with rheumatoid disease in the United States and, according to Young, is changing the way doctors as well as patients think about the disease.

The language of revolution and war may seem excessively violent, but it reflects the sense that even internet empowered patients feel they must fight to be heard, to get access to information, and to have their say in treatment decisions.

The BMJ is a journal for doctors. Over the years we have resisted the temptation to widen our sights to include patients among our target readership, although we know that many of our online readers are patients and members of the public. Despite its name, our series of Patient Journey articles is not designed for patients. As recently summarised by the BMJ’s patient editor, Peter Lapsley (BMJ 2013;346:f1988), these articles aim to give our medical readers new insights into patients’ experiences of illness and treatment in order to improve care.

But Young, deBronkart, and others like them are looking for something more than simply more empathetic doctors. They want partnership on an equal footing. And it’s this shift that the BMJ now wants to champion, working with colleagues at the Mayo clinic and others. As several of us ask in an Editorial this week (p 7), how better to improve care than to enlist the help of those whom the system is intended to serve?

Achieving such a partnership is a challenge. Years of paternalism have left doctors and patients unprepared for a different type of interaction. Time and other pressures may seem to justify current ways of working. But what if taking steps to bridge the divide between doctors and patients really did result in better, less costly, more effective care? There is a growing evidence base to suggest that it will. Ten years ago, we published a theme issue on partnering with patients (www.bmj.com/content/326/7402), and other articles published before and since are now gathered in a collection on bmj.com (www.bmj.com/bmj-series/shared-decision-making). To encourage further research and thinking in this area, the BMJ plans a call for papers for a conference and theme issue on participatory care next year. More information will follow shortly. Meanwhile, we are recruiting a panel of patients and doctors to help us think about how we can reflect the shift to patient partnership. I’d welcome your thoughts.

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