

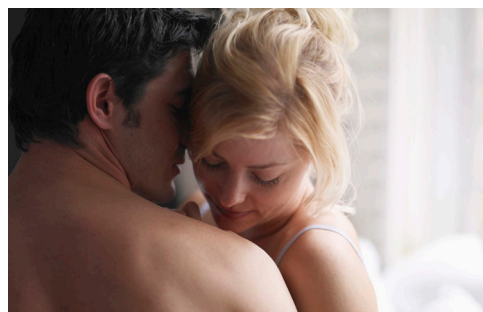


● ANALYSIS, p 13

This is a double issue. Our next issue will be published on 7 September.

## NEWS

- 1 Flu vaccine is associated with reduced risk of acute myocardial infarction  
New expert panel will assess effectiveness of health checks
- 2 Two people arrested for planning to take relative to Swiss suicide clinic  
Court gives landmark ruling on sterilisation
- 3 England ends the ban on healthcare workers with HIV from performing certain invasive procedures  
Hospital waiting lists in England reach five year high
- 4 FDA must publish data on safety and efficacy of prophylactic HIV drug  
MPs call for investigation into how psychiatric patients are detained



Pre-exposure HIV prophylactic drug and risky behaviour, p 4

## RESEARCH

### RESEARCH PAPERS

- 9 Clinical effectiveness of collaborative care for depression in UK primary care (CADET): cluster randomised controlled trial  
The CADET trial team
- 
- Antidepressant effect: another cause for concern, p 10
- 10 Use of antidepressants near delivery and risk of postpartum hemorrhage: cohort study of low income women in the United States  
Kristin Palmsten et al  
● EDITORIAL, p 8
  - 11 Unhealthy behaviours and disability in older adults: Three-City Dijon cohort study  
Fanny Artaud et al  
● EDITORIAL, p 6
  - 12 Performance of English stop smoking services in first 10 years: analysis of service monitoring data  
Robert West et al

## COMMENT

### EDITORIALS

- 5 Reinventing clinical commissioning groups  
Kieran Walshe



Simple lifestyle factors can reduce disability in old age, p 6

- 6 Healthy behaviours yield major benefits in ageing  
Stacey A Kenfield, Meir J Stampfer  
● RESEARCH, p 11
- 7 Opioids in the UK: what's the problem?  
Cathy Stannard
- 8 Antidepressants and postpartum haemorrhage  
Eibert R Heerdink  
● RESEARCH, p 10

### ANALYSIS

- 13 The NHS in the age of anxiety: rhetoric and reality—an essay by Rudolf Klein  
A dangerous gap is opening up between rhetoric and reality as the NHS faces a grim fiscal future, Rudolf Klein argues. High flying ambitions for transforming the NHS are not matched by achievement, and austerity will compel a new agenda of minimising harms rather than maximising benefits

### FEATURES

- 16 Turning doctors into coders  
After the expensive failure of attempts to create national NHS IT systems, the government is turning to doctors and other users to help develop healthcare tools. Jon Hoeksma looks at the potential of teaching NHS staff to write software



Looking for IT solutions, p 16

Articles appearing in this print journal have already been published on [bmj.com](http://bmj.com), and the version in print may have been shortened. [bmj.com](http://bmj.com) also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on [bmj.com](http://bmj.com).

Please cite all articles by year, volume, and eLocator (rather than page number), eg *BMJ* 2013; 346:f286.

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.

**100% recycled**

The *BMJ* is printed on 100% recycled paper (except the cover)



Rodney Sweetnam obituary, p 24

## COMMENT

## LETTERS

- 18 Friends and family test; Minimum alcohol pricing; Open data
- 19 Spinal injury; Leading healthcare in London

## OBSERVATIONS

## REALITY CHECK

- 20 Science of overdiagnosis with a good dose of humility  
Ray Moynihan

## THE ART OF RISK COMMUNICATION

- 21 Helping clinicians communicate HIV test results  
Gerd Gigerenzer

## PERSONAL VIEW

- 22 We need more organ donation from ethnic minorities

There is an incongruity among ethnic minorities between those prepared to donate and those who need to receive organs and stem cells. Adnan Sharif suggests we consider ways of prioritising recipients



More donors, please, p 22

- 23 I blew the whistle on the government's disability assessments  
Greg Wood went to the media with concerns about the ethics surrounding tests for fitness to work—and eligibility for benefits—that the UK government outsourced to Atos

## OBITUARIES

- 24 Rodney Sweetnam  
Orthopaedic surgeon who championed alternative treatments to limb amputation
- 25 Donald Andrew Aitken; James Bryden Blacklay; Peter Driscoll Booker; Brian Cogan; William Douglas Elliot; John Raymond Mikhail; Paul Harald Osterberg

## LAST WORDS

- 37 The BMA and its staff's private health cover  
Des Spence  
A bee in the bonnet Robin Ferner

## EDUCATION

## CLINICAL REVIEW

- 26 Tourette's syndrome  
Andrea E Cavanna and Stefano Seri

## PRACTICE

## PRACTICE POINTER

- 31 Diabetic ketoacidosis: not always due to type 1 diabetes  
S Misra, N S Oliver, A Dornhorst
- EASILY MISSED?
- 33 Imported malaria  
Merlin L Willcox, Jill Mant, Tim O'Dempsey

## ENDGAMES

- 36 Quiz page for doctors in training

## MINERVA

- 38 "Diabesity," and other stories



The real risk of transfer marking, p 38

# Time for a break? Refresh yourself.

## BMJ Masterclasses

masterclasses.bmj.com





The Editor, *BMJ*  
 BMA House, Tavistock Square,  
 London WC1H 9JR  
 Email: [editor@bmj.com](mailto:editor@bmj.com)  
 Tel: +44 (0)20 7387 4410  
 Fax: +44 (0)20 7383 6418  
**BMA MEMBERS' ENQUIRIES**  
 Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)  
 Tel: +44 (0)20 7383 6955  
**BMJ CAREERS ADVERTISING**  
 Email: [sales@bmjcareers.com](mailto:sales@bmjcareers.com)  
 Tel: +44 (0)20 7383 6531  
**DISPLAY ADVERTISING**  
 Email: [sales@bmjgroup.com](mailto:sales@bmjgroup.com)  
 Tel: +44 (0)20 7383 6386  
**REPRINTS**  
 UK/Rest of world  
 Email: [ngurneyrandall@bmjgroup.com](mailto:ngurneyrandall@bmjgroup.com)  
 Tel: +44 (0)20 8445 5825  
 USA  
 Email: [mfogler@medicalreprints.com](mailto:mfogler@medicalreprints.com)  
 Tel: +1 (856) 489 4446  
**SUBSCRIPTIONS**  
 BMA Members  
 Email: [membership@bma.org.uk](mailto:membership@bma.org.uk)  
 Tel: +44 (0)20 7383 6955  
 Non-BMA Members  
 Email: [support@bmjgroup.com](mailto:support@bmjgroup.com)  
 Tel: +44 (0)20 7111 1105  
**OTHER RESOURCES**  
 For all other contacts:  
[resources.bmj.com/bmj/contact-us](http://resources.bmj.com/bmj/contact-us)  
 For advice to authors:  
[resources.bmj.com/bmj/authors](http://resources.bmj.com/bmj/authors)  
 To submit an article:  
[submit.bmj.com](http://submit.bmj.com)

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement. To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2013  
 All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly.

Printed by Polestar Limited



SAFIN HAMED/AP/GETTY IMAGES

## PICTURE OF THE WEEK

Refugees walk between tents at the Quru Gusik refugee camp, 20 km east of the city of Arbil, the capital of the autonomous Kurdish region of northern Iraq, on 17 August. Thousands of Syrian Kurds have poured into the region in recent days to escape privation and the deadly clashes between Kurdish fighters and militants.

## RESPONSE OF THE WEEK

Review boards are also somewhat perverse about some of the words used in the consent form. I recently had a consent form and information sheet returned to me because the word 'scoliosis' was unlikely to be familiar to the average person. While that may be true, the population I was studying was drawn from a clinic named 'The Scoliosis Clinic'.

Jonathan A Norton, clinical neurophysiologist, University of Saskatchewan, Canada, in response to "Consent forms for clinical trials are too aggressive" (*BMJ* 2013;347:f4879)

## MOST READ

Why we can't trust clinical guidelines

Put your ties back on: scruffy doctors damage our reputation and indicate a decline in hygiene

Patient information leaflets: "a stupid system"

Have there been 13 000 needless deaths at 14 NHS trusts?

Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions

## BMJ.COM POLL

Last week's poll asked:  
 "Does the wording of consent forms deter patients from signing up for clinical trials?"

**73%** voted yes  
 (total 288 votes cast)

► *BMJ* 2013;347:f4879

This week's poll asks:

"Would learning to code be a good use of doctors' time?"

► *BMJ* 2013;347:f5142

► [Vote now on bmj.com](http://bmj.com)



MIKE TAYLOR

## EDITOR'S CHOICE

## The NHS in the age of anxiety

**For the NHS, the “tough” choice includes decisions not about how best to maximise benefits, but about how to minimise harms**

## Twitter

Follow the editor, Fiona Godlee, at [twitter.com/fgodlee](https://twitter.com/fgodlee), and the *BMJ* at [twitter.com/bmj\\_latest](https://twitter.com/bmj_latest)



**Sign up today using your smartphone**

—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your smartphone over the QR code
- You will then be forwarded to the email sign up page

This year is shaping up to be the NHS's *annus horribilis*. Sixty five years since it began, the service has been subject to a constant drip of bad news—from Robert Francis's report into what went wrong at Mid Staffordshire NHS Foundation Trust, to the so called crisis in emergency departments. Yet in his essay this week, Rudolf Klein tells us that statistically, there does not seem to be much wrong with the NHS (p 13). Key performance targets have been maintained in the face of fiscal austerity, hospital infection rates have improved, and the service seemed to be making good progress in hitting its savings targets. And the NHS “has successfully implemented” the Lansley reforms, even though, as Kieran Walshe says in his editorial (p 5), the new organisational architecture makes little sense to most of those who have to make it work.

Yet Klein acknowledges that there is a different story to be told, a story that has led many to ask what has gone wrong with the NHS. He looks at the gap between rhetoric and reality in recent NHS history, and identifies two themes that have intertwined to give the impression of a service “stumbling into crisis.” One of these is the quality theme, and the other is the patient empowerment theme. “The common element has been an emphasis on transparency, and the outcome has been a statistical striptease by the NHS, unveiling its activities in ever greater detail,” he writes. “Not only is more information available than ever before, but it is also more accessible than ever before.”

The NHS-meets-TripAdvisor mindset might seem inevitable in the internet age, as informed patients seek out those consultants and hospitals with the best record.

But Klein warns that “more information may complicate rather than enhance the ability of consumers to make choices because they have to cope with an ever growing menu of indicators, varying in quality and sometimes pointing in different directions.” Witness the letter from Rachel Davis this week about the problems of conveying data from the friends and family test to the public (p 18).

Klein says that for the NHS, the “tough” choice includes decisions not about how best to maximise benefits, but about how to minimise harms. Diverting demand for elective surgery to the private sector for those who can pay might protect services for those who cannot. “But should policies that are undesirable in themselves be accepted as a price of safeguarding the core of the NHS?” he asks.

This cuts to the heart of much of the current debate about the NHS. Will the increased use of private provision save the service or destroy it? (Des Spence, in his column this week (p 37), is clearly of the latter opinion.) Does austerity necessitate reduced public borrowing, or is it the figleaf for ideologically driven cuts to services that some would like to have privatised anyway? Klein points out that many have challenged the hairshirt approach, concluding: “The best hope for the NHS is that the challenge will succeed before too many irreversible lesser evils have been found acceptable.”

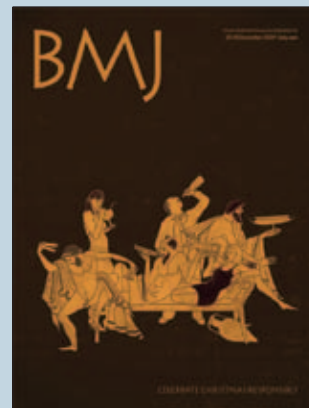
**Trevor Jackson, deputy editor, *BMJ***  
[tjackson@bmj.com](mailto:tjackson@bmj.com)

Cite this as: *BMJ* 2013;347:f5221

- To receive Editor's Choice by email each week, visit [www.bmj.com/newaccount](http://www.bmj.com/newaccount)

## CHRISTMAS 2013: DEADLINE FOR SUBMISSIONS

Please submit your articles for consideration for this year's Christmas issue by 16 September



➤ Go to <http://submit.bmj.com> for more details about online submission. And remember to mention in your covering letter that your article is intended for the Christmas issue (it's not always obvious). No spoofs, please.