**NEWS**

1. Consultation on introducing a minimum price for alcohol was a sham, *BMJ* investigation shows

2. MPs call for publication of full results of past trials

3. NHS must move on from failures of past in 2014, say healthcare leaders

4. Task force urges computed tomography screening for people at high risk of lung cancer

5. Plastic surgeon is struck off for errors

**RESEARCH**

11. Hospital readmission performance and patterns of readmission: retrospective cohort study of Medicare admissions

12. Causes and patterns of readmissions in patients with common comorbidities: retrospective cohort study

13. Primary hip replacement prostheses and their evidence base: systematic review of literature

14. Effect of socioeconomic disparities on incidence of dementia among biracial older adults: prospective study

**COMMENT**

6. John Wennberg

**EDITORIALS**

7. How a minimum unit price for alcohol was scuppered

8. Clinical trial data: get them while you can

9. Readmission rates

10. New and unproved medical devices

**ANALYSIS**

15. The role of special administrators in reducing NHS hospital services

**FEATURES**

18. Under the influence

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. 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. 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.

*When you have finished with this magazine please recycle it.*
RETURNING FROM A BREAK?

BMJ Masterclasses

masterclasses.bmj.com
RESPONSE OF THE WEEK

Whilst I agree with much of Dr Spence’s article on how evidence based medicine is broken, I do get embarrassed by my profession’s constant bleating about the big bad drug industry. We appear to have adopted a position of learned helplessness. Drug reps do not make diagnoses and do not sign prescriptions.

Stephanie Sadler, consultant psychiatrist, Hemel Hempstead, UK, in response to “Evidence based medicine is broken” (BMJ 2014;348:g22)
While MPs struggled to gain access to ministers, representatives of alcohol companies and major supermarkets had easy access.

To receive Editor’s Choice by email each week, visit www.bmj.com/newaccount

Twitter
Follow the editor, Fiona Godlee, at twitter.com/fgodlee, and the BMJ at 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

EDITOR’S CHOICE

A shameful episode

This time last year public health campaigners and policy makers were confident that a minimum price on a unit of alcohol would be introduced across the United Kingdom. The evidence for substantial health benefits and cost savings was clear, a public consultation on the level of the price was just closing, Scotland had introduced a minimum unit price (though now under legal challenge by the drinks industry), and the UK prime minister had given his personal commitment that England and Wales would follow suit. Then in July the government announced that the policy had been shelved.

The politics behind this sudden U-turn have been something of a mystery. The Home Office minister Jeremy Browne gave as his reason that the government didn’t have “enough concrete evidence” that a minimum price would reduce the harms of problem drinking without penalising responsible drinkers on low incomes. However, as Jonathan Gornall has discovered in a BMJ investigation published this week (p 18), the government had the necessary evidence, in the form of a report commissioned by the government in 2008. But in an agreement between the Home Office and the report’s academic authors it was embargoed until after Browne’s announcement.

This sleight of hand by ministers has shocked even experienced public health campaigners, including our editorialists Ian Gilmore and Mike Daube (p 7). More shocking still are Gornall’s findings of the extent and effects of contact between ministers and interest groups lobbying against the minimum unit price. Requests made under freedom of information legislation have revealed dozens of face to face meetings between senior ministers and industry representatives, during and after the public consultation, leading Gornall to conclude that the consultation itself was a sham.

Carefully nurtured long term relationships have led to what one academic calls “quite astonishing levels of contact.” While MPs struggled to gain access to ministers, representatives of alcohol companies and major supermarkets had easy access—made easier by the well oiled “revolving door” between industry and special advisory posts. The lobbying was backed up by reports from think tanks linked to the industry that seeded cleverly targeted doubts about the evidence, using tactics reminiscent of the tobacco industry. Academics quoted by Gornall express concern about misuse of the scientific process by the alcohol industry and its mouthpieces.

The industry undoubtedly delivers benefits to society in employment and tax revenues and in the pleasures and even health benefits of moderate alcohol consumption. But as Nick Sheron and Kate Eisenstein explain in a commentary (p 23), the costs of harm caused by problem drinking far outweigh alcohol’s revenues. The effect of heavy drinking of cheap alcohol in deprived communities is “savage,” they say, and tax payers are bearing the cost. Meanwhile the highly targeted minimum unit price would have almost no impact on low risk drinkers. “Taking the cheapest booze out of the system is just about the perfect alcohol policy,” they say.

Gornall’s extensive investigation, published in full at bmj.com/alcohol, shows beyond doubt that commercial interests are currently in control of key decisions about the public’s health. As the GP and Conservative MP Sarah Wollaston told Gornall, “You’ve got a government telling doctors to get out there and reduce avoidable mortality and yet they’ve stepped away from one of the best tools they could deliver for doctors to be able to do that.” It is, as she says, outrageous.

Fiona Godlee, editor, BMJ
fgodlee@bmj.com

Cite this as: BMJ 2014;348:g110

Help Doctors of the World bring medical care to the world’s most vulnerable people

DONATE ONLINE:
www.doctorsoftheworld.org.uk/BMJ

DONATE £10 BY TEXT MESSAGE:
text DOCTOR to 70030 (UK only)

DONATE BY PHONE:
+44 (0)20 3535 7955

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Doctors of the World UK to reclaim tax on the enclosed donation, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount that Doctors of the World UK will reclaim on my gift. I understand that the other taxes such as VAT and Council Tax do not qualify. I understand Doctors of the World UK will reclaim 25p on every £1 that I donate.

Post this to: Doctors of the World UK, 34th Floor, One Canada Square, London E14 5AA

☐ I’d like to donate £125, which could help 50 children affected with severe malnutrition in the Philippines or ☐ I’d like to donate £..... to Doctors of the World UK

I enclose a cheque made payable to Doctors of the World UK.

Title ....................................... Name ..............................................................

Address ...........................................................................................................

Postcode ......................... Telephone number .............................................

Email address ..............................................................

□ To get email updates on our work please tick here

□ I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount that Doctors of the World UK will reclaim on my gift.

Your donations will help us provide healthcare wherever it’s most needed around the world.

Doctors of the World UK would like to keep you updated on how your donation is making a difference. If you do not wish to hear from us, please tick here

Registered charity number 1067406