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18. **BMJ Awards 2014: Karen Woo Surgical Team Award**
   - The award honours a UK based surgical team that has measurably improved surgical care for patients or had an effect on a wider population basis.

**Analysis**

20. **Revolutionising management of chronic disease: the ParkinsonNet approach**
   - Patients with Parkinson’s disease need long term support to manage their condition. Bastiaan Bloem and Marten Munneke describe the benefits of a model of integrated care provided by a network of specialists and suggest it has promise for other long term conditions.
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PICTURE OF THE WEEK

“Deana and her mum, Port Talbot.” For her latest project, award winning photographer, Abbie Traylor-Smith, has taken as her jumping off point the statistic that the rate of childhood obesity in Wales (36%) is the highest in the UK. Her aim is to present “an intimate and personal portrait of the children behind these dramatic statistics: to show how complicated and nuanced the subject of childhood obesity is.” Abbie wants to talk to, and perhaps photograph, more young people and their parents across the UK, as well as doctors working with them. Contact her via abbietrylarsmith.com

RESPONSE OF THE WEEK

I don’t have a problem with recording, but all that stuff is going to be stored in the cloud somewhere (iTunes patient visit folder, anyone?), and how long will it be before a Snowden-style or Target-style hack steals millions of health records? Patients (aka private citizens) are generally uneducated about encryption and other security measures.

Some patient unhappy with the service will no doubt post it on Facebook for “proof” or revenge. As has often been observed about such situations, would you like to see it on the front page of the New York Times?

Michael B Mundorff, health services researcher, Salt Lake City, USA, in response to “Patientgate”—digital recordings change everything. (BMJ) 2014;348:g2078
EDITOR’S CHOICE

Chewing the fat

What role does fast food play in the world’s obesity epidemic, and how can we moderate its effect? This week’s journal offers several new insights into the complex interplay between dietary intake, environmental exposure, and genetic risk. We know that eating fried and other energy dense foods increases the risk of obesity, even if the role of certain types of fat in raising cardiovascular risk is uncertain. We also know that some people are at increased genetic risk of obesity. Qbin Qi and colleagues have now found an interaction between high intake of fried food and high genetic risk, as measured by pooling the effects of common genetic variants. In an analysis of data from 37,000 men and women they found that the risk of obesity was highest in those who ate a lot of fried foods and also had a high genetic risk score.

As Alexandra Blakemore and Jessica Buxton say in their linked editorial, this work provides formal proof of interaction between genetic risk and environment, but it won’t have a direct effect on personal healthcare. This is because, although genetic risk scores are robust at the population level, they have poor predictive value for an individual. But they call for the genetics of obesity to be taken more seriously in efforts to tackle the current alarming global rise in the prevalence of obesity. They are increasingly likely to have little effect. In what she calls ‘‘a kind of nutritional ‘whack-a-mole,’’’ closing takeaway outlets might lead other retailers to expand their offerings of unhealthy food. Rather than restricting takeaway food we should, she says, seek to transform it, by making healthy food as visible, tasty, and cheap as unhealthy food.

The authors suggest that their study supports calls for more restricted access to fast food outlets. Perhaps first to go should be the Burger King restaurant in the main concourse at Addenbrooke’s Hospital in Cambridge, where the study was based, a move that is reported being considered. But in her linked editorial Kathryn Neckerman says that such an approach would be the ‘‘wrong kind of nutritional ‘whack-a-mole.’’”

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