



FEATURES, p 14

NEWS

- 1 **More patients are waiting for hospital treatment, and for longer**
RCGP's clinical skills assessment is cleared of ethnic discrimination
- 2 **Hysterectomies fall after second opinion for uterine fibroids, study finds**
Failure to complain "poisons" services, MPs say
- 3 **Government will spend another £49m on Tamiflu**
Doctor who ran business at work is struck off



Skills assessment does not discriminate, p 1

RESEARCH

RESEARCH PAPERS

- 9 **The impact of antibiotics on growth in children in low and middle income countries: systematic review and meta-analysis of randomised controlled trials**
Ethan K Gough et al
 - EDITORIALS, p 5
- 10 **Chronic hypertension and pregnancy outcomes: systematic review and meta-analysis**
Kate Bramham et al
 - EDITORIALS, p 6
- 11 **Global, regional, and national consumption levels of dietary fats and oils in 1990 and 2010: a systematic analysis including 266 country-specific nutrition surveys**
Renata Micha et al
- 12 **The effect of Massachusetts health reform on 30 day hospital readmissions: retrospective analysis of hospital episode statistics**
Karen E Lasser et al
 - EDITORIALS, p 7



Increasing interest in antibiotic treatments, p 5

COMMENT

BMJ CONFIDENTIAL

- 6 **Des Spence**
A Glasgow GP and former columnist for *The BMJ*, where his views were provocative and cogently expressed, replies to the *BMJ*'s questions about work, life, and less serious matters



EDITORIALS

- 5 **Antibiotics to promote growth in children?**
Zulfiqar A Bhutta
 - RESEARCH, p 9
- 6 **Chronic hypertension during pregnancy**
Tine D Clausen and Thomas Bergholt
 - RESEARCH, p 10
- 7 **Does US health reform reduce hospital readmission rates?**
Adam Steventon and Harlan Krumholz
 - RESEARCH, p 12
- 8 **Medical education's authenticity problem**
Brian W Powers et al

OBSERVATIONS

MEDICAL LEGISLATION

- 13 **"Saatchi bill" will encourage innovation in treatment**
Michael D Rawlins

FEATURES

- 14 **Has Britain solved its teenage pregnancy problem?**
Teenage pregnancy rates have been falling dramatically for several years. Sophie Arie looks at why—and whether the trend will last
- 16 **GSK faces accusations of bribing doctors in Poland**
The company may have broken US and UK bribery laws, says Shelley Jofre



Whistleblower, p 16

- 18 **BMJ Awards 2014: Diabetes Team of the Year**
Adrian O'Dowd meets the shortlisted teams
- 20 **BMJ Awards 2014: Gastroenterology Team of the Year**
The nominees for the gastroenterology team award have all improved services by making care more patient centred, finds Chris Mahony

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.

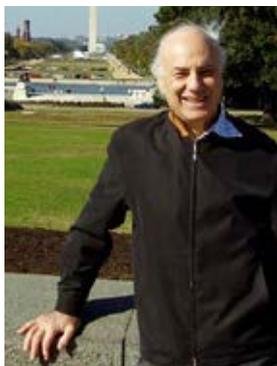
Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2013; 346:f286.

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.

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



John Goldman, p 25

COMMENT

LETTERS

- 22 Tackling overweight and obesity; Gestational diabetes
- 23 Raiding the public health budget; Bronchial thermoplasty for asthma

PERSONAL VIEW

- 24 Targets for dementia diagnoses will lead to overdiagnosis

Martin Brunet



Pressure is on, p 24

OBITUARIES

- 25 John Goldman
Haematologist who developed innovative treatment approaches for leukaemia
- 26 Richard Lisle Bennett; Bimal Kumar Chaliha; Andrew Gilbert Graham; Sheila Lewis; A B Milligan; Leslie Sohn

LAST WORDS

- 37 Welcome to the two tier NHS Margaret McCartney
BMJ blog of the week: Rediscovering a *BMJ* gem
Richard Smith

EDUCATION

CLINICAL REVIEW

- 27 First seizures in adults
Heather Angus-Leppan

PRACTICE

UNCERTAINTIES PAGE

- 32 Is adrenaline effective in out of hospital cardiac arrest?
Gavin D Perkins et al

10-MINUTE CONSULTATION

- 33 Diagnosis and management of chronic heart failure
Rupert P Williams and Pippa Oakeshott

ENDGAMES

- 36 Quiz page for doctors in training

MINERVA

- 38 Suicidal thoughts, and other stories



Unusual cord, p 38

BMJ Informatica
Contract+

Delivering better healthcare outcomes

MAKE THE MOST OF THE
QOF RULESETS AND
ENHANCED SERVICES



Contract+ makes it easier for your practice to maximise QOF performance and practice income whilst enabling clinicians to deliver best patient care.

FIND OUT MORE

Call 020 7383 6608 or visit
informatica.bmj.com/contract-plus



19 April 2014 Vol 348

The Editor, *BMJ*
BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418

BMA MEMBERS' ENQUIRIES

Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6955

BMJ CAREERS ADVERTISING

Email: sales@bmjcareers.com
Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING

Email: sales@bmjgroup.com
Tel: +44 (0)20 7383 6386

REPRINTS

UK/Rest of world
Email: ngurneyrandall@bmjgroup.com
Tel: +44 (0)20 8445 5825

USA

Email: mfogler@medicalreprints.com
Tel: +1 (856) 489 4446

SUBSCRIPTIONS

BMA Members
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6955
Non-BMA Members
Email: support@bmjgroup.com
Tel: +44 (0)20 7111 1105

OTHER RESOURCES

For all other contacts:
resources.bmj.com/bmj/contact-us

For advice to authors:
resources.bmj.com/bmj/authors

To submit an article:
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) and the code on good publication practice produced by the Committee on Publication Ethics (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 2014
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

**PICTURE OF THE WEEK**

Dr Faisal Saeed makes his pledge on top of the Arc de Triomphe, Paris, while attending last week's International Forum on Quality and Safety in Healthcare. Delegates at the forum, jointly organised by BMJ and the US based Institute for Healthcare Improvement, were encouraged to be photographed around the city with promises of what they intended to do once they were back home (*BMJ* 2014;348:g2755)

RESPONSE OF THE WEEK

The randomised controlled trial, now regarded as the “gold” standard of evidence-based medicine, was only adopted in the 1950s as a result of the work of Sir Austin Bradford Hill in his Medical Research Council trials on the use of streptomycin for pulmonary tuberculosis. These were regarded at the time as a landmark that ushered in a new era of medicine.

The GMC's current guidance about providing care based on “the best available evidence” reinforces Sir Bradford Hill's comment some years after his landmark trials when he stated, “Any belief that the controlled trial is the only way would mean not that the pendulum had swung too far, but that it had come right off its hook”

Subramanyam Vemulpad and Roger Engel, full time academics, Macquarie University, Sydney, Australia, in response to “Should medical students be taught alternative medicine?” (*BMJ* 2014;348:g2417)

MOST READ

The survival time of chocolates on hospital wards: covert observational study

NHS sight tests include unevaluated screening examinations that lead to waste

Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study

Qualitative research methodologies: ethnography
Bad medicine: gabapentin and pregabalin

BMJ.COM POLL

Our last poll asked: “Should medical students be taught alternative medicine?”

53% voted no
(total 1363 votes cast)

▶ *BMJ* 2014;348:g2417

Our latest poll asks:

“Should people be paid to live healthier lives?”

▶ *BMJ* 2014;348:g2458

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

EDITOR'S CHOICE

The pressures of pregnancy

Women should be given a choice about intervention in gestational diabetes, but it's unhelpful to use terms that are "fraught with emotion such as 'risk of her baby dying'" when the risk is so low

► 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

In most developed countries except, notably, the US, women are delaying parenthood for longer and longer. In England and Wales the latest data show that the mean age of a mother giving birth was at an all time high of 29.8 years in 2012 and that women aged 40 or over had the fastest rising fertility rate. Against this backdrop Kate Bramham and colleagues have explored a surprisingly under-researched area: the risks of pregnancy for women with chronic hypertension (p 10).

Their systematic review found that women who were hypertensive before or at the start of pregnancy had high pooled average incidences of all adverse outcomes of pregnancy. The findings withstood subgroup analyses by factors such as gross national income per capita and prevalence of multiple pregnancy and congenital abnormality. The study yielded as many questions as answers: why exactly does hypertension put mothers and babies at higher risk? It's not all down to a greater propensity to pre-eclampsia, and analysis of the results by parity, maternal age, and ethnicity did not identify an underlying cause either.

In a linked editorial Tine D Clausen and Thomas Bergholt note that the risks of chronic hypertension in pregnancy are on a par with those in women with type 1 diabetes (p 6). "What can we do to prevent the adverse outcomes related to chronic hypertension during pregnancy?" they ask. "Even now, the simple and depressing answer is 'not much.'" More research really is needed, not least to define a standard international definition of chronic hypertension in pregnancy: at what blood pressure level should women and their doctors be worried, and is it OK to relax if there's no proteinuria?

On the other hand, are medics paying too much attention to the risks of gestational diabetes? Kenneth K Hodson and colleagues don't think so. Responding

to last month's Too Much Medicine article, they argue that the overall decline in perinatal mortality makes reducing morbidity increasingly important and justifies the identification and treatment of more women for relatively less benefit (p 22). Women should be given the choice, they assert, rather than the medical profession, "which takes a global, rather than individual, view of worthiness."

In reply, Edmond A Ryan and colleagues defend their argument that newly proposed international diagnostic criteria will double or triple its prevalence in the absence of evidence of clinical or cost benefit (p 23). Of course, women should be given a choice about intervention in gestational diabetes, they say, but it's unhelpful to use terms that are "fraught with emotion such as 'risk of her baby dying'" when the risk is so low.

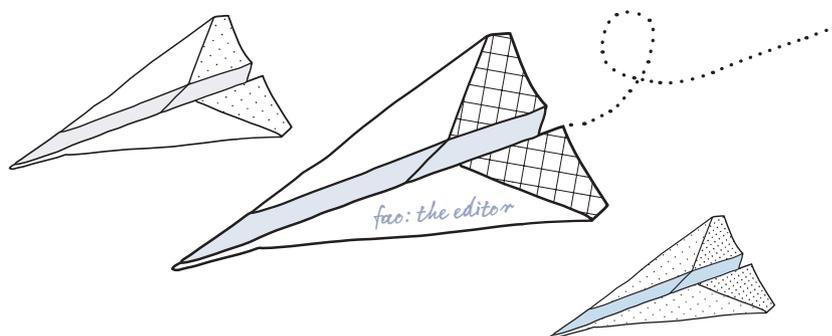
And so to the fraught topic of teenage pregnancy. The good news, says Sophie Arie (p 14), is that Britain's notoriously high rates have suddenly dropped, and it looks like the Labour government's well funded and extensive 10 year strategy to halve the rate of teenage conceptions from 2000-10 has paid off. The number of 15-17 year olds getting pregnant in England and Wales started to fall significantly in 2008. By 2012 it was down to 27.9 in 1000. But Alison Hadley, who headed up that national strategy, is worried that progress may stall—and not just because the current government has dismantled or disinvested in many of the necessary services: "We have extreme sexualisation of things, but young people would still say they'd feel embarrassed about asking about contraception." Politicians and educators: more rationality and less emotion, please.

Trish Groves, head of research, *The BMJ*
tgroves@bmj.com

Cite this as: *BMJ* 2014;348:g2789

Rapid responses

FAO: the editor



Read e-letter responses to the latest articles or submit your own and get published.

Visit
bmj.com

BMJ