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- 3 **Exonerated psychiatrist criticises regulator for being ill informed**  
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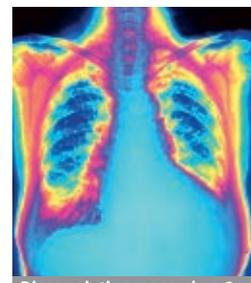
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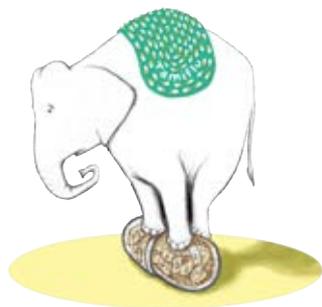
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## EDITOR'S CHOICE

## Don't look away now

**Another candidate for the rubbish bin may be therapeutic cooling after out of hospital cardiac arrest**

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This week we have updates on several medical stories that seem to have been running for ages. But they're still very much worth your attention.

For years we've been publishing news stories reporting that one or other jurisdiction has legalised cannabinoids for one or other medical indication. But we haven't been very curious about whether they actually worked. We asked Michael Farrell, Rachele Buchbinder, and Wayne Hall to pore over the literature. They came away distinctly underwhelmed (p 33).

Nick Freemantle and Greta Rait couldn't even manage ambivalence when they read the DAMASCENE study of the relation between numbers of discrepancies in trial reports and the effect size of bone marrow stem cells in heart disease. The study found that the dodgier the trial, the larger the effect size (p 13). Trials with no errors found no benefits. In their editorial Freemantle and Rait conclude that these study reports are evidence of "shambolic and poorly conducted research that reflects poorly on every part of the research process" (p 8). Part of the problem, they say, is the poor scrutiny of non-commercial trials.

Another candidate for the rubbish bin may be therapeutic cooling after out of hospital cardiac arrest. Stephen Bernard (p 9) dates the enthusiasm for it to two papers from 2002. But earlier this year a huge trial involving hospitals in Europe and Australia found no benefit. This trial "should change practice immediately," writes Bernard. "Attention should now turn to rigorous investigation of other aspects of care after cardiac arrest." How many of them will survive such scrutiny?

Sadly, it's impossible to be emphatic about every contentious medical question. One of the most vexed of the day is whether vitamin D deficiency is the root of many evils. Good research supporting this widespread belief is elusive. A few weeks ago we published a meta-

analysis reporting that, overall, vitamin D supplements had no effect on mortality, though subgroup analysis indicated that vitamin D3 cut mortality (*BMJ* 2014;348:g1903). In their letter to *The BMJ* Mark Bolland and colleagues deny the true believers even this modest consolation (p 17). When four ineligible trials are excluded from analysis the benefit disappears.

Electronic cigarettes continue to exercise editorialists. Are e-cigarettes a strategy for harm minimisation (good) or a gateway to the real thing (bad)? The *Financial Times* is in no doubt. As "the aim of health regulation must always be to reduce harm," e-cigarettes should "be embraced as part of the solution to the growth of cancer worldwide." Science, it says, "provides overwhelming evidence that electronic cigarettes are a benefit" (<http://on.ft.com/1tZn015>). On the other hand the *Lancet* worries about the potential "increased uptake of conventional cigarettes, renormalisation of cigarette smoking, and increases in nicotine addiction." It notes the "alarming expansion of the e-cigarettes market and active targeting of youth" and wants other countries to follow the European Union's suit and urgently regulate e-cigarettes (<http://bit.ly/1iwuQM3>).

In such illustrious company it may seem quaint to quote anything as old fashioned as data. A news story provides data from a survey commissioned by the antismoking charity ASH (p 2). E-cigarette use has tripled in the past two years in the UK, it found, with 2.1 million people now using them. Yet "use of e-cigarettes among people who had previously never smoked remains negligible, with only about 1% of the respondents trying them and virtually none continuing to use them."

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