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Coloured transmission electron micrograph of the hepatitis B virus and its naturally occurring antigen. The red spheres (Dane particles) are the complete virus. Typically hepatitis B virus occurs in clusters of three types of particles: the virus itself, with smaller spheres and rod-shaped forms made from the protein coat of the virus. The smaller non-infectious spheres (green) are antigenically identical to the virus

► PRACTICE, p 32

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NEWS

- 1 WHO declares polio a public health emergency
Commissioners in Bristol face legal challenge for failing to involve patients
- 2 Two thirds of deaths from asthma are preventable, confidential inquiry finds
Acute heart failure patients should be seen by specialist teams—NICE
- 3 Plan for minimum price per unit of alcohol in Scotland is delayed again
Parity of esteem between mental and physical healthcare is being ignored
- 4 Ratio of GPs to hospital consultants may need to shift, says new NHS chief
GPs will be allowed to jointly commission primary care, NHS chief says
- 5 UK spending on health is lowest of all G7 countries except Italy
Financial crisis is inevitable in the NHS by 2015-16, King's Fund says



Public health emergency, p 1

RESEARCH

- 11 Incretin treatment and risk of pancreatitis in patients with type 2 diabetes mellitus: systematic review and meta-analysis of randomised and non-randomised studies
Incretin Safety Study Investigators
► EDITORIAL, p 7; RESEARCH, p 12
- 12 Incretin based drugs and risk of acute pancreatitis in patients with type 2 diabetes: cohort study
Jean-Luc Faillie et al
► EDITORIAL, p 7; RESEARCH, p 11
- 13 Helmet therapy in infants with positional skull deformation: randomised controlled trial
Renske M van Wijk et al
► EDITORIAL, p 8
- 14 Influence of healthy candidate bias in assessing effectiveness for implantable cardioverter-defibrillators: cohort study of older patients with heart failure
Soko Setoguchi et al

COMMENT

BMJ CONFIDENTIAL

- 6 Sabaratnam Arulkumaran
President of the British Medical Association replies to the *BMJ*'s questions about work, life, and less serious matters



EDITORIALS

- 7 The safety of incretin based drugs
Victor M Montori
► RESEARCH, pp 11, 12
- 8 Helmet therapy for positional plagiocephaly and brachycephaly
Brent R Collett
► RESEARCH, p 13
- 9 NHS finances: the tanker en route for the iceberg
Gareth Iacobucci
- 10 Medical professionalism and abuse of detainees in the war on terror
Sarah L Kimball and Stephen Soldz

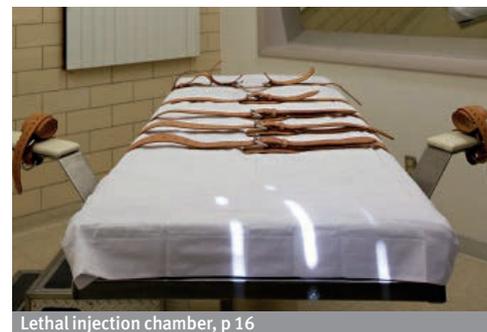
OBSERVATIONS

LETTER FROM NEW ENGLAND

- 15 Staying ahead of getting behind: reflections on "scarcity"
David Loxterkamp

FEATURES

- 16 The slow death of lethal injection
The medicalisation of execution was once seen as the solution to concerns about the death penalty. Now a tightening drugs embargo seriously threatens US states' ability to continue capital punishment, as grimly illustrated by the botched execution of an Oklahoma inmate last week. Owen Dyer reports
- 18 Health related lifestyles of children: getting better?
John Appleby investigates whether the statistics support media reports that children's health is on a downward spiral



Lethal injection chamber, p 16

10 May 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

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HOLLANDE HOOGTEIPA

PICTURE OF THE WEEK

A plastic skull made on a 3D printer, which has been successfully transplanted onto a patient suffering from a rare bone condition. In surgery at the University of Utrecht, Bon Verweij and colleagues removed the top hemisphere of a thickened skull and replaced it with the plastic shell, specially made on a 3D printer. The patient's sight, which had been impaired by the bone pressing down on brain tissue, has been fully restored with no complications.

RESPONSE OF THE WEEK

It's been dawning on me for some time now that the main source of bad health reporting does not stem from journalists but from university press releases, and hence from the authors themselves, who approve the press releases.

The spin placed on dubious results is often profoundly shocking. It has more to do with PR than with truth. It's asking too much of journalists, who are working to short deadlines, to expect that they'll read the paper in detail to see through the PR guff. That isn't really their job anyway.

David Colquhoun, research professor, UCL, London, UK, in response to "Research press releases need better policing" (*BMJ* 2014;348:g2868)

MOST READ

The survival time of chocolates on hospital wards: covert observational study
Qualitative research methodologies: ethnography
Vitamin D and multiple health outcomes: umbrella review of systematic reviews and meta-analyses of observational studies and randomised trials
PLAB and UK graduates' performance on MRCP(UK) and MRCGP examinations: data linkage study
Bad medicine: gabapentin and pregabalin

BMJ.COM POLL

Last week's poll asked: "Should women athletes with high testosterone be banned from competing unless they have interventions to lower it?"

79% voted no
(total 708 votes cast)

► *BMJ* 2014;348:g2926

This week's poll asks:

"Is there such a thing as humane capital punishment?"

► *BMJ* 2014;348:g2670

► Vote now on bmj.com



MARTIN RICKETT/PA



Donald Morton, p 25

COMMENT

ANALYSIS

20 Sex, health, and athletes

Recent policy introduced by the International Olympic Committee to regulate hyperandrogenism in female athletes could lead to unnecessary treatment and may be unethical, argue Rebecca Jordan-Young, Peter Sönksen, and Katrina Karkazis

LETTERS

22 The waste in NHS sight tests

23 New group B meningococcus vaccine

PERSONAL VIEW

24 Medicine still needs feminism

Helena Watson

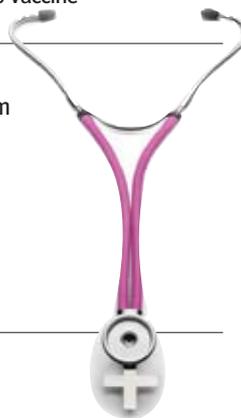
Equal opportunities? p 24

OBITUARIES

25 Donald Morton

Leading authority in melanoma research and treatment

26 Philip Kramer Bondy; David Robert Hadden; Judith Frances Hornby; Thomas Lind; Ashley John Miller; Thomas Hugh Willson



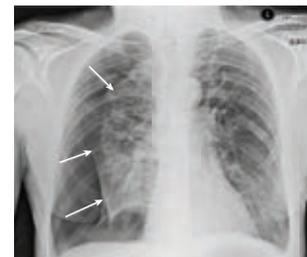
LAST WORDS

37 Research press releases need better policing
Margaret McCartney

BMJ blog of the week: Providing healthcare in a Syrian refugee camp Päivi Hietanen and Matthew Richard

EDUCATION

CLINICAL REVIEW

27 Spontaneous pneumothorax
Oliver Bintcliffe and Nick Maskell

Secondary pneumothorax, p 27

PRACTICE

RATIONAL TESTING

32 Ordering and interpreting hepatitis B serology
Scott A Davison and Simone I Strasser

ENDGAMES

36 Quiz page for doctors in training

MINERVA

38 The antidepressant effects of eating fish, and other stories

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EDITOR'S CHOICE

The danger in the next big thing

The positive noise about a new drug emerges quickly. Cautionary messages take longer to be heard, by which time the latest wonder drug may have achieved blockbuster sales

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What is the next big thing? How do we know it when we see it? Is it the burger flipping robot that creates 360 different varieties of burger? It might be the 3D printing technology that is heralded as part of a new industrial revolution (p 38). Our picture of the week, inevitably rendered in glorious two dimensions, is a plastic skull created with 3D printing and used in an operation in a Dutch hospital. However, this plastic skull is not to be confused with helmets that don't seem to work in the treatment of infant skull deformities (p 8).

With drugs, we're usually informed about the next best thing by a company marketing campaign, a grand announcement at a major conference, or a study published in a medical journal. In fact, usually all three. The positive noise about a new drug emerges quickly. Cautionary messages take longer to be heard, by which time the latest wonder drug may have achieved blockbuster sales—and probably raised concerns about harm.

The incretin based drugs were one such product, the “new darlings of diabetes treatment,” and the biggest breakthrough, apparently, since the discovery of insulin nearly 100 years before. Reviews of the safety profiles of these drugs by the US Food and Drug Administration and the European Medicines Agency prompted an investigation by *The BMJ*, which last year identified the risk of pancreatic damage (*BMJ* 2013;346:f3680). Two studies in this week's issue, a systematic review and meta-analysis of mostly industry funded trials and a cohort study drawn from the UK Clinical Practice Research Datalink practice database, indicate that any risk of acute pancreatitis is likely to be small. Given the available evidence, it is hard to be conclusive, and the potential for pancreatitis should be

discussed with patients (pp 11, 12).

The next best thing in the world of torture tends to keep a lower profile. Waterboarding was exposed as a frequently used interrogation method in Abu Ghraib, Guantanamo, and the US Central Intelligence Agency's secret prisons. But what role did doctors play in the abuse of detainees in the “war on terror”? A new report by the Institute of Medicine as a Profession and the Open Society Foundations finds that doctors were “monitoring oxygen saturations during waterboarding, watching for edema in detainees forced to stand in stress positions, and helping increase psychological distress by sharing prisoners' individual health information with interrogators” (p 10). The report calls for the medical profession to unflinchingly reject involvement in abusive interrogations and suggests legislation to discourage unethical conduct by health professionals towards prisoners.

In an argument to revive a previously best thing, Helena Watson explains why feminism in medicine needs a revival (p 24). Readers may struggle with the word feminism, says Watson, as it has been tarnished by the caricature of a man hating fundamentalist. An example of women's broader struggle is an unethical new policy introduced by the International Olympic Committee requiring women with hyperandrogenism to lower testosterone concentrations to compete. The policy effectively outlaws natural physiological variation and condones unnecessary medical intervention (p 21). Perhaps this latest industrial revolution is missing its own age of enlightenment? **Kamran Abbasi, international editor, *The BMJ*** kabbasi@bmj.com

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