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## PICTURE OF THE WEEK

Four-year old Skyla Lapham, a “graduate” of St George’s Hospital’s neonatal unit, with television presenter Susanna Reid at “A Garden for First Touch at St George’s” at RHS Chelsea Flower Show. The Patrick Collins-designed garden was built by St George’s Medical School graduates and parents of children in the unit and won a Silver Gilt Medal at the show.

## RESPONSE OF THE WEEK

In general, the men in the communities where female genital mutilation is practised have no idea what happens to their teenagers. It is “secret women’s business.” The reaction by these men when shown a video of the process, as has been done in one place in Ethiopia, almost without exception, is horror and revulsion. The implication is that open and graphic publicity has the potential to change the culture.

Stephen H Raymond, obstetrician and gynaecologist, Royal Hobart Hospital, Tasmania, Australia, in response to, “Collecting data on female genital mutilation” (*BMJ* 2014;348:g3222)

## MOST READ

Adverse effects of statins

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

Qualitative research methodologies: ethnography

Bad medicine: gabapentin and pregabalin

India’s two finger test after rape violates women and should be eliminated from medical practice

## BMJ.COM POLL

Last week’s poll asked: “Should smokers be advised to cut down as well as quit?”

**89%** voted yes  
 (total 945 votes cast)

▶ *BMJ* 2014;348:g3211

This week’s poll asks:

“Can regulatory approaches to cannabis use reduce health and social harms more effectively than prohibition?”

▶ *BMJ* 2014;348:g3382

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## EDITOR'S CHOICE

## Both ends of the stethoscope

**Problem solving and goal setting are essential skills that can be used to great effect by everyone**

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Politics influences health policy and practice. With the European and local council election results just out, priority setting may well be at the front of our minds.

Within that context, a longitudinal study in this week's journal seeks to assess whether targeted spending in deprived areas has reduced the health outcomes gap. The study by Barr and colleagues (p 13) looks at the impact of a government initiative that saw the NHS resource allocation formula adjusted to achieve this objective across the 324 local authorities in England.

The authors examined the association between NHS spending and changes in mortality from avoidable causes. They found that there was a reduction in absolute health inequalities between deprived and affluent areas.

In a linked editorial, Azeem Majeed and Michael Soljak (p 8) confirm that the study results are encouraging, adding that it provides evidence for continuing to target NHS resources at deprived areas. However, they suggest that the wider determinants of health such as education, housing, and employment all have a part to play.

Also in the journal this week, a retrospective analysis of large in-hospital data registry by Donnino and colleagues focuses on the timing of delivery of adrenaline (epinephrine) during in-hospital cardiac arrest in patients with an initial non-shockable rhythm (p 14). The study found a stepwise decrease in hospital survival for every minute that adrenaline was delayed. But a linked editorial by Gavin Perkins and Jerry Nolan (p 7) highlights the impact of confounders such as the reasons for causes of delay in time to administration

of adrenaline, which makes the effectiveness of the intervention more difficult to disentangle within this study. So what then are the implications for clinical practice? Perkins and Nolan suggest that adrenaline should continue to be used if currently included in protocols and, if not, they advise waiting for the results of ongoing clinical trials.

From long established treatments to advances in technology, a feature by Marc Wittenberg suggests that ultrasound scanners could replace the stethoscope as the symbol of the medical profession in the future (p 15). This is because of exciting improvements in their portability, reliability, and cost.

And finally, two compelling articles focus on the key to getting it right in the consultation. An analysis article by Natalie Joseph-Williams and colleagues (p 17) challenges clinicians to draw on patients' knowledge and considerable expertise to achieve success jointly when managing long term conditions. The authors say that patients need to know that their input is valued, and they highlight that there are two experts in the clinical encounter.

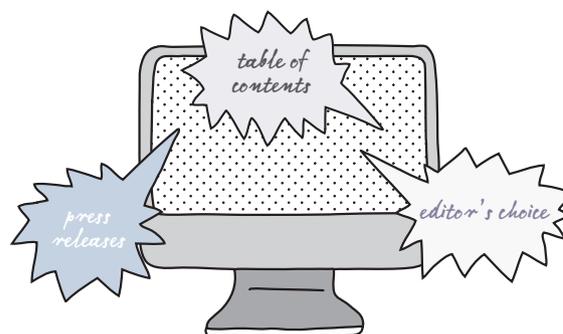
A personal view by Anya de longh (p 23), a patient and self management coach, says that helping patients to find quality of life in difficult circumstances by developing tools such as problem solving and goal setting are essential skills that can be used to great effect by everyone, and as she says, to "manage life at both ends of the stethoscope."

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