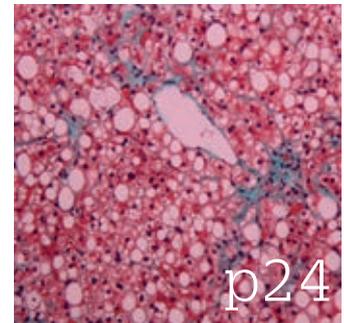
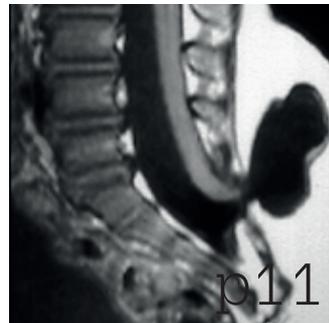


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Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened



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The BMJ website is fully responsive, which means that its pages automatically fit the different screen sizes of desktop and laptop computers, tablet devices, and smartphones.

The new design is also less cluttered, which should mean that browsing is easier and pages load faster, with more prominent links to *The BMJ's* campaigns, investigations, and advice for authors.



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PICTURE OF THE WEEK

Doctors bow in reverence to the body of 11 year old Liang Yaoyi, of Shenzhen, China, who died of a brain tumour in June and donated his liver and kidneys. According to *China Daily*, on his deathbed Liang told his mother "There are many people doing great things in the world. They are great, and I want to be a great kid too." Through social media, the picture has helped to highlight the importance of organ donation, in China and around the world.

RESPONSE OF THE WEEK

There is finesse in the affairs of humans, and we doctors should be allowed the leeway to respond to that finesse in an appropriate fashion. We should not be bullied by an unreflective, 'one size fits all' healthcare machine, especially when the evidence of any utility is lacking.

What happened to 'treat the patient not the disease'? Doctors and patients need to wrest back control from the healthcare automaton. Readers of *The House of God* by Samuel Shem will remember the phrase 'Get Out of My Emergency Room!'

Well... 'Get Out of My Consultation Room!'

David W Berger, district medical officer, emergency medicine, Broome Hospital, Broome, Australia, in response to, "Case finding' in dementia is simply screening with no evidence of benefit" (*BMJ* 2014;349:g4791)

MOST READ

Mass treatment with statins

Evidence based medicine: a movement in crisis?

Jeremy Hunt's bizarre ideas show that he doesn't understand general practice

The epidemic of pre-diabetes: the medicine and the politics

Why the Assisted Dying Bill should become law in England and Wales

THEBMJ.COM POLL

Last week's poll asked:

Should all UK emergency departments include GP staff?

78% voted yes (total 284 votes cast)

▶ *BMJ* 2014;349:g4654

This week's poll asks:

Should boys be vaccinated against HPV as well as girls?

▶ *BMJ*
2014;349:g4783▶ Vote now on
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EDITOR'S CHOICE

Essential fruit, vegetables—and lists

Perhaps we need an evidence based checklist of “five foods and drinks NOT to consume each day,” which would include refined sugar and sugary drinks

We all know eating fruit and vegetables is good for us, and a study in *The BMJ* this week adds to the now substantial body of evidence (p 9). Wang and colleagues' systematic review and dose-response meta-analysis from 16 prospective cohort studies shows that higher consumption of fruit and vegetables was significantly associated with a lower risk of all cause mortality. They interestingly also observed “a threshold around five servings of fruits and vegetables a day after which the risk of all cause mortality did not reduce further.”

The question of the health benefits of eating five, or more than five, daily portions of fruit and vegetables seems to be a topic that will be debated for some time to come (*BMJ* 2014;348:g2434). For now government advice remains that we should be consuming “at least” five servings of fruit and vegetables a day, which would seem to be in line with the most recent research.

Unfortunately, the benefits of healthy eating and lifestyle advice don't seem to be getting through to many people. The authors of the latest clinical review (p 24) report that non-alcoholic fatty liver disease (NAFLD) is now more common worldwide than alcoholic liver disease, because of the epidemic of obesity: prevalence of NAFLD is now 20% in the general population (and up to 70% in patients with type 2 diabetes). The authors say, “Patients with suspected or confirmed NAFLD should be given lifestyle advice on sustainable weight reduction as well as advice about reduction of alcohol intake” because obesity and alcohol may act synergistically to promote liver disease. With this in mind, are we as a profession going far enough to help provide practical advice for patients? Over and above endorsing public health advice

about the benefits of five portions of fruit and vegetables a day, perhaps we need a similar evidence based checklist of “five foods and drinks NOT to consume each day,” including refined sugar and sugary drinks.

Staying on the topic of lists, this week's Analysis (p 14) looks at the World Health Organization's list of essential medicines, which they say has led to “global acceptance of essential drugs as a powerful means to promote health equity worldwide.” But they say that a “more structured” and evidence based approach to accepting drugs for inclusion on the list would be a big step forward in terms of consistency and transparency.

And finally, promoting health equity was a major goal of the pioneering HIV and AIDS researcher Joep Lange, whose obituary we publish this week (p 22). Lange died, with 297 others, aboard Malaysian Airlines MH17. In 1992, on his first visit to Africa, he wrote, “It became my mission to do something about the terrible global inequality in access to life-saving medicines.”

Noting the contrast between the efficient infrastructure that allows the penetration of sugary drinks into all corners of the world and the difficulty in establishing a method for the safe delivery of drugs, he said, “If we can get cold Coca-Cola and beer to every remote corner of Africa, it should not be impossible to do the same with drugs.” WHO's list of essential medicines has made a good start and should be supported. Wouldn't it be great if we could achieve further improvements in access to essential drugs—but without the sugary drinks?

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