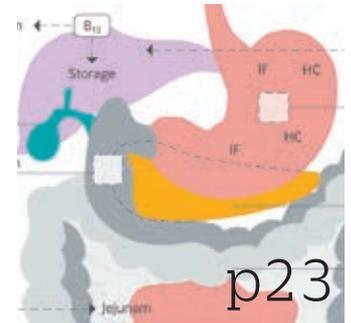
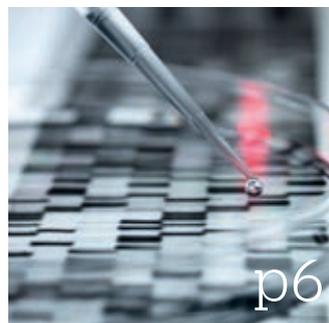


# THIS WEEK

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.



## VIEWS

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#### 12 Should patients be able to email their general practitioner?

Demand for better access to primary care is ever rising, but is email the answer? Elinor Gunning says that patients want it and that careful planning can mitigate worries about safety and security. Emma Richards is not so sure and thinks clearer guidance and resourcing are needed first

### ANALYSIS

#### 15 Perioperative $\beta$ blockade: guidelines do not reflect the problems with the evidence from the DECREASE trials

The trials underpinning initiation of perioperative  $\beta$  blockers in patients with ischaemic heart disease

having high risk surgery have largely been discredited, and the remaining evidence points to an increased risk of death. However, changes to the European guidelines have been slow. Graham Cole and Darrel Francis call for improvements to permit guideline experts to perform rapid amendments when required

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6 September 2014 Vol 349

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## PICTURE OF THE WEEK

Nagheme King and her husband, Brett, being pushed into a police car on their way to court in Spain. The plight of Mr and Mrs King and their five year old son, Ashya, gripped the nation this week after they were separated in a legal wrangle following a disagreement over his care. Mr and Mrs King were held in custody in Spain after a warrant was issued for their arrest for removing the boy from Southampton General Hospital, where Ashya, who has a brain tumour, had been receiving treatment. His parents claimed that the NHS was unable to treat Ashya's brain tumour using proton beam therapy. At the time *The BMJ* went to press this week, the Crown Prosecution Service had just announced that it wished to drop the case and allow the family to be reunited.

## RESPONSE OF THE WEEK

Elderly patients, particularly if confused, may be unable to provide a suitable urine specimen. Or any urine specimen.

Two learning experiences.

Firstly, as a naïve house officer on a geriatric ward I ordered lots of MSUs for culture. Few results ever came back, and when I enquired, the nurses explained that getting a clean catch urine specimen from most of the patients on the ward was nearly impossible and so most of my forms were quietly relegated to a drawer.

Secondly, as a naïve new GP I accompanied a consultant on a domiciliary visit to a mildly confused patient. He requested that I obtain a urine specimen. Unfortunately by the time the patient had gone into the bathroom, she could not remember what she was there for.

Which leaves evidence of acute inflammation as the only bases for diagnosing a UTI in many old and frail patients.

Judith H Harvey, retired GP, London, UK, in response to, "Investigation of suspected urinary tract infection in older people" (*BMJ* 2014;349:g4070)

## MOST READ

- The fight is on: military metaphors for cancer may harm patients
- Associations between active commuting, body fat, and body mass index: population based, cross sectional study in the United Kingdom
- Lower urinary tract symptoms in men
- Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis

## THEBMJ.COM POLL

Last week's poll asked:

Should universities offer part time undergraduate degrees in medicine?

**61%** voted no (total 483 votes cast)

► News: *BMJ* 2014;349:g4897

This week's poll asks:

Should patients be able to email their doctor?

Head to Head: ► *BMJ* 2014;349:g5338

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## EDITOR'S CHOICE

## How guidelines can fail us

**We hear of a secrecy agreement signed by the guideline authors that is so secret that even its existence must be kept secret**

Should patients be offered  $\beta$  blockers if they have ischaemic heart disease and are about to undergo high risk surgery? Guidelines from the European Society of Cardiology say that they should, citing evidence that it prevents perioperative myocardial infarction. Others are unconvinced and say that the recommendation should be revoked. Initially set at class I, the strongest level, the recommendation was retained in 2011 even though key randomised trials were discredited. In the most recent update of the guidance, published last month, the recommendation stands, albeit at class IIb.

How does this stack up against the remaining trial evidence? A 2013 meta-analysis that excluded the discredited trials, found that perioperative  $\beta$  blockade in patients at risk was harmful, associated with a statistically and clinically significant increase in mortality. And the authors of that meta-analysis tell a strange and unsettling story of subsequent events (p 14), one hard to reconcile with the belief that medicine serves the best interests of patients and the public.

Those of us who thought we had seen an end to guidelines drawn up among vested interests behind closed doors will be disappointed. In Graham Cole and Darrel Francis's account, we hear of a secrecy agreement signed by the guideline authors that is so secret that even its existence must be kept secret. Where is the openness on which science depends? We hear of guidelines being led by the authors of the major trials—in this case the very trials that turned out to have corrupted the evidence base. Where is the scope for critique of researchers who are in positions of power? We hear of what I would consider to be too close a relationship between the society and its

journal. Where is the space for dissenting voices?

I will be interested to know whether readers share the authors' disquiet about distorted priorities. When the series of randomised trials was discredited and the senior author, Don Poldermans, dismissed from his post, the European Society of Cardiology's statement concluded, "We are saddened by Prof Poldermans' situation." Cole and Francis in contrast saw more to be sad about in the patients who may have died as a result of guidelines that were based on falsified and fictitious data. Using the discredited research group's own formula, they calculated that the number of iatrogenic deaths may have reached 800 000, with half of those occurring after the research had been discredited. This estimate, with caveats and cautions, was published in the society's journal, the *European Heart Journal*, but the article was almost immediately removed. A substantially revised version, without the mortality estimate, is due to be published, but we have posted the original article as an appendix on thebmj.com (*BMJ* 2014;349:g5210).

Let me quote from it: "Professional failure in clinical research is not uncommon. If readers are not watching carefully, journals are not listening seriously, and guideline writers are not free to act swiftly, future failures may again risk enduring harm with global reach. The aviation profession has led the way in systems to prevent, recognize, study, and learn from professional failures. Clinical medicine is now following the same path. We must develop similar systems for research."

**Fiona Godlee, editor in chief, *The BMJ***  
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Cite this as: *BMJ* 2014;349:g5448

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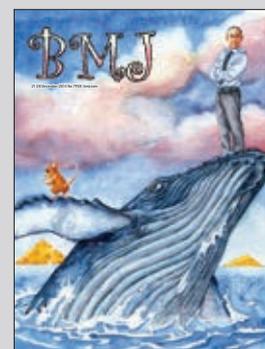
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The deadline for submissions for this year's Christmas issue is 15 September



Go to <http://submit.bmj.com> for more details about online submission. And remember to mention in your covering letter that your article is intended for the Christmas issue (it's not always obvious). No spoofs, please.