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JOHN MOORE / GETTY IMAGES, US;
L'IRIS D'OR, 2015 SONY WORLD PHOTOGRAPHY AWARDS

PICTURE OF THE WEEK

Omu Fahnbulleh stands over the body of her husband, Ibrahim, after he fell and died in a classroom used for Ebola patients in Liberia's capital, Monrovia, in the summer of 2014. This photograph, *Blue Room*, is one of a series chronicling the early days of the recent Ebola outbreak by US photographer John Moore, for which he has been named photographer of the year in this year's L'Iris d'Or/Sony World Photography Awards. **EDITORIAL, p 7, FEATURE, p 16**

THEBMJ.COM POLL

Last week's poll asked:

In whose hands is the NHS in England safest?

Conservatives	25%
Labour	53%
Lib Dem	8%
UKIP	4%
Other	10%

Total votes cast: 199

▶ [BMJ 2015;350:h1887](#)

This week's poll:

What should the new UK health secretary's top priority be?

Mental health
NHS finance
Cancer
Waiting times
Workforce
Other

▶ bmj.co/election

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THIS WEEK

Articles in this print journal have already been published on thebmj.com and may have been shortened. Full versions with references and competing interests are on thebmj.com



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Stephen Shortell et al

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Sophie Arie
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Morton Dion and Colin Bicknell

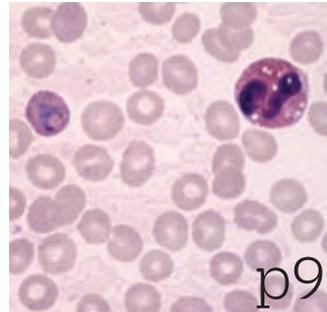
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Kim Holt
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Christopher J Gill
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Thousands died while we argued over the wrong questions
Christian A Gericke
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Donald W Light and Joel Lexchin



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David Pace et al
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Noortje van Herwaarden et al



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● thebmj.com
1 CPD/CME hour

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PRACTICE POINTER

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0.5 CPD/CME hour
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Interstitial lung diseases
● CLINICAL REVIEW, p27

Picture shows a coloured computed tomography through the chest of a patient with pulmonary fibrosis

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Online highlights from thebmj.com

THIS WEEK IN 1915

The following prescription, attributed to a Dr Cannon, has, according to the *Canadian Medical Association Journal* for April, been widely recommended as a sure cure for the German measles: Mix some Woolwich powders with tincture of iron and essence of lead, and administer in pills; have ready a little British army (a little goes a long way), some Brussels sprouts, and French mustard; add a little Canadian cheese and Australian lamb, and season it with the best Indian curry. Set it on a kitchener, and keep stirring until quite hot. If this does not make the patient perspire freely, rub the best Russian bear's grease on his chest and wrap in Berlin wool. As to diet, the patient must on no account have any peace soup until the swelling in the head has quite disappeared.

• [BMJ 1915;1:832](#)



POPULAR ONLINE

Serotonin and depression

• [BMJ 2015;350:h1771](#)

The Darwin Awards: sex differences in idiotic behaviour

• [BMJ 2014;349:g7094](#)

Televised medical talk shows—what they recommend and the evidence to support their recommendations

• [BMJ 2015;350:h1585](#)

RESPONSE OF THE WEEK

While on sabbatical in East Timor in 2014, I spent five weeks teaching junior Timorese doctors how to use their smartphones to find evidence based answers to the clinical queries they faced every day. As the hospital library was rather limited in resources, junior doctors usually made healthcare decisions based on past experience.

In a few short weeks, they discovered available resources at their fingertips. By using their smart phones, they learnt to search PubMed and access articles available through HINARI (a WHO database that provides free access to medical journals for developing countries).

Teaching health professionals in developing countries how to search for evidence and then how to appraise that evidence to determine its suitability for their particular setting by using available online resources through their smart phone is one way to promote evidence based practice in these settings.

David Berger, district medical officer, emergency medicine, Broome Hospital, Australia, in response to: "Top Medicare billing doctor is arrested for fraud."

• [BMJ 2015;350:h2091](#)

LATEST BLOGS

Shaping the ends of our lives

Julian Sheather wonders how we can make decisions about how we want to approach death until we are in the shadow of it. "Will we hold to the ideals we formed when we were healthy, or will fear, or pain, or desperate hope overturn them?" he asks.

Linking prevention and treatment—the only way to stop HIV infections

Alvaro Bermejo argues that attempts to tackle HIV have been hampered by strategies that inadvertently end up pitting HIV treatment against preventing new infections. "This approach will never gain traction," he says, before suggesting how we can make real strides against HIV

• <http://bmj.co/socialmediastudents>

The Baltimore riots

John W McEvoy, a US physician at Johns Hopkins Hospital in Baltimore, reflects on the recent riots that have rocked the city. He urges people collectively to take responsibility and "comprehensively address the root cause of social problems in Baltimore and other US cities."

• <http://bmj.co/baltimore>



Medical students and social media

The educational opportunities that digital technologies provide are developing fast—with teachers often left catching up with their digitally native students.

Marika Davies looks at the possibilities and the pitfalls that await students and their teachers as they navigate the online world

• <http://bmj.co/socialmediastudents>

ON SOCIAL MEDIA

"We not only eat food with too much salt and sugar; we simply eat far too much food. Eating too much food means we are not hungry, and when we are not hungry our taste buds are not very sensitive. Perhaps this is why we keep reaching for the salty and sugary foods . . . because we can taste something in them."

Posted by Positively Hungry

• [BMJ 2015;350:h1936](#)



EDITOR'S CHOICE

Towards a better epidemic

Such long range thinking comes as a welcome alternative to the attention deficit that usually afflicts the disasterazzi

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The consensus seems to be that no one had a particularly good Ebola epidemic, with the exception of the charity Médecins Sans Frontières (MSF). This begs the question of who makes these judgment calls, and what was the last “good” epidemic you can remember?

The World Health Organization got it in the neck for delivering too little, too late, and its own report last week joined in the criticisms (*BMJ* 2015;350:h2144). MSF thought the problems went wider than WHO. The international response had been a “global coalition of inaction,” its report concluded (*BMJ* 2015;350:h1619). “For the Ebola outbreak to spiral this far out of control required many institutions to fail,” said its director. MSF also noted that the affected countries hadn't always made the right choices—not easy for some of the poorest countries on earth.

In this week's journal Christian Gericke continues the generally critical line, saying that the epidemic attracted medical ethics commentators “like bees to a honey pot” (p 7). Were they of any use? He thinks that the short term use of experimental drugs (and their complex ethical challenges) attracted far more attention than it deserved and distracted from the urgent business of controlling the epidemic. He quotes approvingly the bioethicist Udo Schüklenk's criticism of WHO's recommendation to provide access to experimental drugs as “pointless grandstanding in the face of a pandemic that requires a public health response.”

In her feature Sophie Arie considers WHO's support of clinical trials for experimental drugs as a bottle half full rather than empty (p 16). A year after the first case of Ebola virus disease was reported, several phase II and III trials of vaccines and other treatments are under

way—“a process that normally can take as long as 10 years was compressed into a year.”

At least a dozen other neglected infectious disease pathogens have the potential to pose a similar threat to Ebola, and Arie describes how an international group of scientists has argued for fast tracking experimental vaccines and treatments for these, so that they're available at the beginning of a disease outbreak. Such long range thinking comes as a welcome alternative to the attention deficit that usually afflicts the disasterazzi, as they flit from one trouble spot to the next.

Closer to home, Kim Holt discusses two recent reports on NHS whistleblowing (p 5). She quotes a shocking sentence from Anthony Hooper's review into the GMC's handling of cases involving whistleblowers: “An employer might use the process of making an allegation to the GMC about a doctor's fitness to practise as an act of retaliation against a doctor because he or she raised concerns, or, simply, as an inappropriate alternative to dealing with the matter in house.”

So, is this grounds for abandoning the NHS to its sorry fate and heading for the private sector? Not if you're cardiologist John Dean, who explains why he's renounced private practice (p 24). He concludes: “Perhaps the rulers of healthcare should draw an uncrossable line between private and public medicine and tell doctors to choose.” Many readers will hope such an action is way down the priority list of the new health secretary (whose identity was unknown as *The BMJ* went to press).

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Cite this as: *BMJ* 2015;350:h2419



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