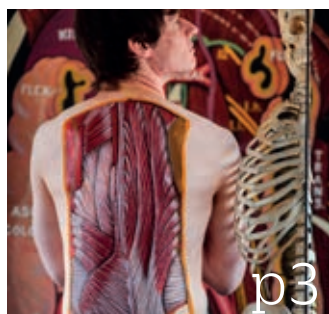


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Articles in this print journal have already been published on thebmj.com and may have been shortened. Full versions with references and competing interests are on thebmj.com



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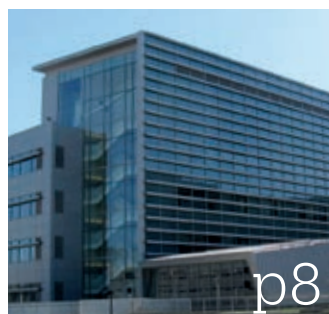
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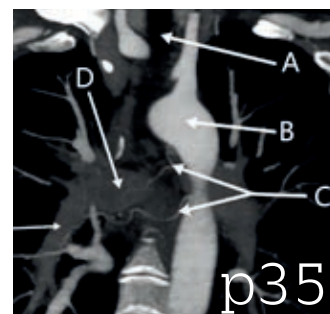
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Online highlights from thebmj.com



THIS WEEK IN 1915

A 37 year old man was admitted to hospital, having been in a "strange manner" for two days after having a cold. After five days he died, and a postmortem examination found an artificial denture lying in a "foul irregular cavity" in the oesophagus, its upper end being about one inch below the cricoid. The stomach contained two pints of blood and death was due to haemorrhage. The patient had not, however, complained of a sore throat and had taken liquid and solid food in the days before his death. The teeth were thought to have been swallowed during a fit some days before his admission to hospital.

• Cite this as *BMJ* 1915;1:1003

LATEST BLOGS



Down the wire

How can patients be retrieved from difficult to reach parts of the Northern Territory, Australia? Toby Shipway recently found out as he took part in a training programme to teach him how to retrieve patients safely by winching them into a helicopter—a job that is not for the faint hearted.

• http://bit.ly/down_the_wire

Medical education—from classroom to curriculum

Is medical education evidence based enough? No, says Neel Sharma. He thinks that we need more research to assess whether medical teaching methods work.

• http://bit.ly/medical_ed

Cancer drug prices and olaparib

Regular NICE watcher James Raftery comments on NICE's provisional rejection of olaparib for a genetic subset of ovarian cancers.

• http://bit.ly/nice_olaparib

Could 3D avatars help solve ethical dilemmas?

The use of simulation in medical education has been questioned as virtual reality can never match human experience. However, immersive virtual reality is now being considered as a potential learning tool for ethical dilemmas. Marika Davies reports.

• http://bit.ly/virtual_ethics

ON SOCIAL MEDIA



A rapid response to a news story entitled, "Scrap NHS 111, and 'strangle at birth' any similar proposals, say GPs" has caused a stir among some doctors. Here are some of the tweets responding to it.

Ian Watson @ipmwatson

Stand back, close eyes, big breath in, hold, breathe out and think relax. Hmmm, might need to do that a few times more!!

Adam Janjua @Janjua

Perhaps the 111 algorithms need to be looked at rather than blaming GPs for everything that doesn't necessarily go as planned.

Simon Ross Devau @sydeveau

Difficult to safety net when most 111 staff not clinical. Personally hate 111, but agree not enough GPs to offer good OOH service.

POPULAR ONLINE

GMC's supposedly independent training review included secret meetings with politicians

• *BMJ* 2015;350:h2400

Choosing wisely in the UK: the Academy of Medical Royal Colleges' initiative to reduce the harms of too much medicine

• *BMJ* 2015;350:h2308

Does long term use of psychiatric drugs cause more harm than good?

• *BMJ* 2015;350:h2435

RESPONSE OF THE WEEK

Aside from the fact that we live in a world that discourages "movement," a major issue [affecting why people don't exercise] is lack of awareness of the physical activity recommendations.

This is incumbent not only on health professionals, but clearly governments wanting folk to move are not using the most accessible/current/ideal methods to raise community awareness.

In New South Wales, Australia, only one in five parents of young children and one in five students aged 12-16 years could correctly report the recommendation.

Promoting something in the absence of awareness is bound to fail.

Louise L Hardy, child obesity epidemiologist, Charles Perkins Centre, University of Sydney, Australia, in response to, "Why don't people exercise, even a little?"

• *BMJ* 2015;350:h3024

PODCASTS

• Listen to an interview with Ian Roberts, one of the authors of the analysis article talking about why the knowledge system underpinning health is broken (*BMJ* 2015;350:h2463). He explains how it's possible for made-up data to make it all the way into, and possibly change the outcome of, a Cochrane review, without anyone checking the veracity of it.

• There is also an interview with Jan Blustein, an author on a second analysis article in *The BMJ* this week, discussing her paper on considering the latent, long term risks of caesarean delivery for child health.

BMJ 2015;350:h2410



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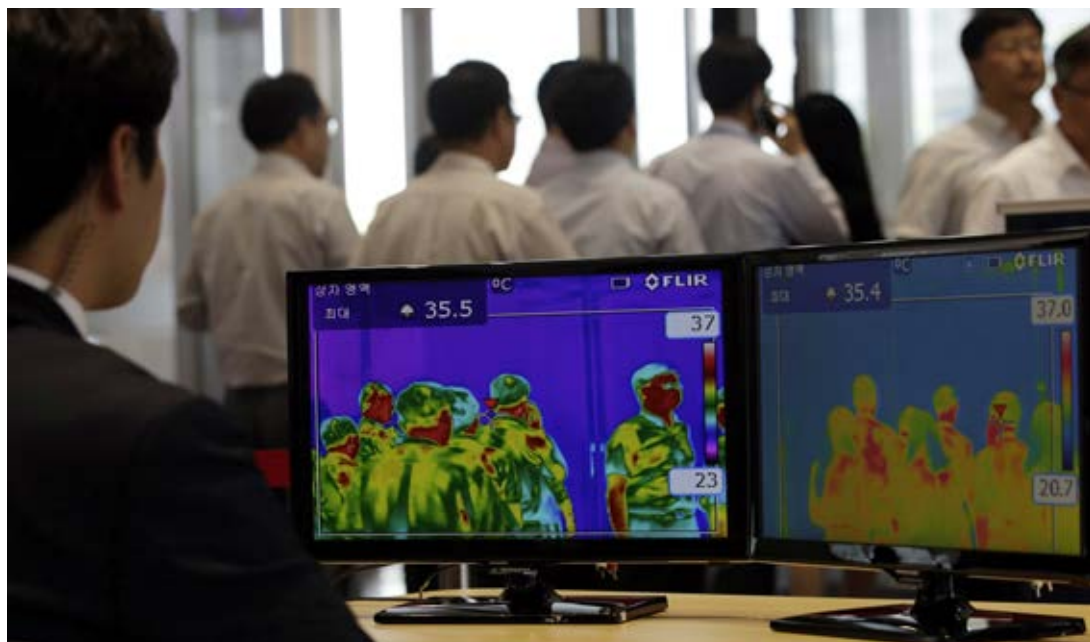
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LEE JIN-MAN/AP/PA

PICTURE OF THE WEEK

Thermal camera monitors show the body temperature of visitors and employees in the lobby of an office building in Seoul, South Korea, this week, as the country's health authorities seek to contain an outbreak of the Middle East respiratory syndrome (MERS). South Korea believes that the outbreak of MERS may have peaked there, and experts said that the next several days would be critical in determining whether the government's efforts have successfully halted a disease that has killed seven people and infected nearly 100 in the country. South Korea's MERS outbreak is the biggest to date outside Saudi Arabia, where the virus has killed over 400 people since 2012.

LAST WEEK'S POLL ASKED

Who was the best UK health secretary?

TOTAL 138

Jeremy Hunt	Andrew Lansley	Andy Burnham	Alan Johnson	Patricia Hewitt	John Reid	Alan Milburn	Frank Dobson	Stephen Dorrell	Virginia Bottomley	William Waldegrave	Ken Clarke
4%	1%	7%	14%	2%	2%	12%	37%	4%	3%	2%	12%

THIS WEEK'S POLL ASKED

Should UK and overseas trained doctors have to sit the same test to be admitted to the medical register?

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EDITOR'S CHOICE

Conflict of interest: forward not backward

It's a mistake to suggest that rigorous standards should be revisited

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The *New England Journal of Medicine (NEJM)* has refuelled the smouldering debate on conflicts of interest. In a surprising series of articles and an editorial by its editor in chief, Jeffrey Drazen, the journal seems to signal a retreat from current efforts to tackle financial conflicts of interests in medicine (<http://bit.ly/1B00oV7>, <http://bit.ly/1QIntgz>, <http://bit.ly/1dtfszB>, <http://bit.ly/1eOdmrK>).

There has been no shortage of critical response, including in *The BMJ*. In an editorial I and colleagues conclude that it's a mistake to suggest that rigorous standards should be revisited (p 10). And an accompanying article (p 24) by three former editors of *NEJM*, Robert Steinbrook, Jerome P Kassirer, and Marcia Angell, calls its series of articles "a seriously flawed and inflammatory attack" that tries to rationalise conflicts of interest in the medical profession. They fear a further weakening of conflict of interest policies at *NEJM* and hope that its stance will serve as a wake-up call.

Other contributions to the debate come from bloggers (<http://bit.ly/1KmTcV1>, <http://bit.ly/1HmFbFQ>). Indeed it's hard to find support for *NEJM*'s move. The *Lancet*'s Richard Horton comes closest (*Lancet* 2015;385:2238). The truth, he says, lies somewhere between these extremes.

So where is this common ground? No one doubts the need for a vibrant drug and devices sector that serves patients and populations. Nor does anyone seriously question that, to deliver this, the industry must interact with researchers and understand the needs of patients and clinicians. And there is little dispute that non-financial conflicts of interest—such

as academic passion and personal belief—are just as important, if harder to track.

Has the debate been useful? Horton thinks so. And I agree. Two clarifications in particular. Firstly, this is not a moral but a practical issue. As Steinbrook and colleagues say, it should not be insulting to suggest that a person's judgment can be affected by financial relationships. "The concern is not whether physicians and researchers who receive money have been bought by the drug companies . . . The essential issue is that it is impossible for editors and readers to know one way or another."

Secondly, the same person or people shouldn't be asked to produce the evidence and appraise it. As our editorial says, "These are different professional responsibilities, and they clash." *The BMJ*'s new policy on conflicts of interest among authors of educational articles seeks to make clear this distinction (*BMJ* 2014;349:g7197). Ironically, we took as our model *NEJM*'s former policy, which set similar rules. These are hard to implement, but we are determined to push on, evaluating as we go.

Our aim is not only to ensure that our educational content can be trusted but to encourage culture change in medicine in the interests of patients and the public. We seek experts in all fields of medicine who do not have relevant financial relations with the industry. If you are such a person and would like to contribute, please email us (editor@bmj.com) so we can add you to our growing database.

Fiona Godlee, editor in chief, *The BMJ*
fgodlee@bmj.com

Cite this as: *BMJ* 2015;350:h3176

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