

THIS WEEK

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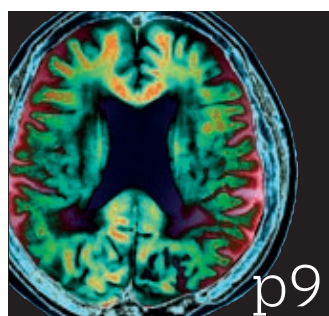
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AKHTAR SOOMRO/REUTERS

PICTURE OF THE WEEK

Men sleep on the floor of a mosque in Karachi, Pakistan, in a bid to keep cool during the recent heatwave that has killed more than 1500 people in the south of the country. Authorities declared a state of emergency as temperatures soared to as high as 49°C during Ramadan, the holy month during which Muslims are required to fast until sundown.

thebmj.com News, *BMJ* 2015;350:h3477

THEBMJ.COM POLLS

Last week's polls asked:

Is informed consent impossible at the end of life?

YES 42% NO 58%

Total votes cast: 91

• bit.ly/1NguxRu

Should doctors in Australia boycott working in its immigration centres?

YES 44% NO 56%

Total votes cast: 129

• *BMJ* 2015;350:h3269



This week's polls:

Should the Wellcome Trust and the Gates Foundation divest from fossil fuels?

• *BMJ* 2015;350:h3196

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THIS WEEK IN 1915

Technique of analgesia in intranasal surgery



An article under the above heading appears in the journal for 26 June, and in it the use of cocaine and adrenaline for intranasal anaesthesia is deprecated, and a complicated and lengthy technique advised. Now, for the past five years I have operated, both in private and in hospital, on the turbinal bones and nasal septum, both under cocaine-adrenaline anaesthesia, without a single bad result that could in any way be ascribed to the anaesthetic, and, what is more, without any of the symptoms, such as marked excitability, difficulty breathing, etc, that Dr Wilson describes.

My technique is simple: The nose is packed with ribbon gauze soaked in a mixture of 20% cocaine and adrenaline—equal parts of each—half an hour before the time fixed for the operation. The patient walks to the operating theatre, the packing is removed, the operation is performed, and after the nose has been plugged with Simpson's sponge splints and half an ounce of brandy and 10 grains of aspirin have been administered, the patient returns to bed.

• Cite this as *BMJ* 1915;1:1050

POPULAR ONLINE

How medicine is broken, and how we can fix it

• *BMJ* 2015;350:h3397

Raised inflammatory markers

• *BMJ* 2012;344:e454

The Darwin Awards: sex differences in idiotic behaviour

• *BMJ* 2014;349:g7094



TWEETS

@bengoldacre: Here is our new editorial in *The BMJ*. Some advice for CMO and

@acmedsci: "How medicine is broken, and how we can fix it" <http://bmj.com/cgi/content/full/bmj.h3397>

@TimHarford: "How medicine is broken, and how we can fix it"—@BenGoldacre and Carl Heneghan. Excellent.

@RichardLehman1: "How medicine is broken, and how we can fix it" @bmj_latest in <1000 words. If you haven't read it you must...

@EQUATORNetwork: @bengoldacre @cebmblog in @bmj_latest on looking forward not back to better conducted and reported trials

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LATEST BLOGS

CCGs are not adopting new technologies quickly enough

According to a new report, clinical commissioning groups are not adopting new technologies that could save money and improve patient care. The report is based on a freedom of information request that was sent to 211 CCGs. Barbara Harpham discusses who has opted to use innovations and where improvements need to be made.

• http://bit.ly/ccgs_technology



Learning lessons from the collapse of dermatology services in Nottingham

Dermatology services came close to collapse after elective dermatology services were transferred from an NHS trust to the private provider Circle. Much has been written about the case, which has been described as "an unmitigated disaster." David Eedy, president of the British Association of Dermatologists, discusses what other CCGs can learn from the case and what it reveals about the issues dermatology services are facing in general.

• http://bit.ly/dermatology_nottingham

Is it time to unplug?

In a world of ubiquitous smart devices, we live in a state of near permanent connection to the internet, with a recent Ofcom report indicating that online time for most adults has doubled over the past decade. What is less understood, however, is if this has any adverse health consequences. In this blog, psychiatrist Richard Graham considers whether our increasing screen time is problematic or even a sign of "addiction."

• http://bit.ly/time_to_unplug



India's medical curricula are abetting outdated constructions of gender and sexuality

From the physiology textbook that advocates heterosexuality to the forensic medicine textbook that suggests "treatment of homosexuality," too many of India's medical textbooks are encouraging all too prevailing stereotypes about gender and sexuality. Tushar Garg calls for these textbooks to be revised urgently.

• http://bit.ly/india_med_textbooks

RESPONSE OF THE WEEK

In its news report on Jeremy Hunt's speech on how he proposes to tackle the current crisis in NHS general practice in England, *The BMJ* gives the inaccurate impression that Hunt's "new deal for general practice" has been broadly welcomed by general practitioners.

In fact, the response from grassroots GPs has been overwhelmingly negative, with a perception among GPs that what the secretary of state for health is offering them is "far too little, far too late," and that his proposals will have no significant impact in tackling recruitment, retention, and workload problems in general practice. Indeed, other than the two GPs quoted in the article (Maureen Baker and Chaand Nagpaul), it is hard to find any GP who has spoken out in favour of Hunt's proposals on any public forum.

Azeem Majeed, professor of primary care, Imperial College London, London, UK, in response to, "Hunt promises more investment in general practice in return for seven day access."

• *BMJ* 2015;350:h3380

EDITOR'S CHOICE

Climate change: things we can do

It is wrong to profit from an industry whose core business threatens human and planetary health

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Those of us who've been banging on about the threat of climate change to human health for longer than we care to remember should take heart. Hot on the heels of the Pope's encyclical on the environment, we have an encyclical of a different kind, from the Lancet Commission on Health and Climate Change.

Pope Francis's intervention is as unusual as it is welcome (<http://bit.ly/1dul5vP>). While previous papal encyclicals have been directed mainly at Roman Catholics, Pope Francis seeks to "enter into a dialogue with all people about our common home." Basing his strongly worded comments explicitly on environmental science, he says that "the planet is reaching breaking point" and urges courageous action.

Because of its opposition to contraception the Catholic church is not without its critics. Perhaps unsurprisingly, the Pope makes no concession on population control, putting the blame for catastrophic environmental degradation on unequal and excessive global consumption and waste. But population growth is listed among the underlying causes of climate change in the Lancet Commission's report, along with increasing consumption and the growing carbon intensity of development (<http://bit.ly/1KqNWkl>).

The Lancet Commission's report, careful in its planning and ambitious in scope, should help to shift the debate away from further rehearsals of the evidence on climate change, towards much needed solutions. Where its earlier 2009 report positioned climate change as the greatest threat to public health in the 21st century (www.thelancet.com/series/health-and-climate-change), the new report presents dealing with climate change as our greatest public health opportunity. As well as tackling

the threats to human survival from severe weather events, conflict, and population displacement, a low carbon emission world promises a healthier, more active population and a more equitable society.

The report outlines what policy makers and governments need to do: establish carbon pricing, quickly phase out coal powered energy, move towards sustainable cities, take account of health when making decisions, and invest in public health research, monitoring, and surveillance.

But time is short. As reported in an editorial this week (p 7) and previously explained in a *BMJ* Analysis article on the science of climate change (*BMJ* 2014;349:g5178), the consensus is that greenhouse gas concentrations need to stop rising within about 23 years if we are to avoid a global temperature rise of more than 2°C. What the Pope describes as the "immensity and urgency of the challenges we face" should force us to be clear about where we should place our efforts. The Lancet Commission encourages health professionals to be active as role models and advocates for change.

Our editorial and an open letter in the *Guardian* (<http://bit.ly/1GMIHGH>) call for divestment from fossil fuel companies and re-investment in renewable energy (p 3). The BMA and more than 200 institutions have committed themselves to this action. The Wellcome Trust and the Bill and Melinda Gates Foundation are the world's two largest health charities. On the grounds that it is wrong to profit from an industry whose core business threatens human and planetary health, they should now do the same.

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