

THIS WEEK

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p3

NEWS & VIEWS

- 1 News and research news
- 6 **BMJ Confidential:**
James Cave

FEATURES

- 15 **COVER** Twenty top papers to mark *The BMJ's* two digital decades
David Payne

ANALYSIS

- 18 **COVER** Person centred coordinated care: where does the QOF point us?
Martin McShane and Edward Mitchell

VIEWS

- 20 Letters
- 22 Observations
- 23 Margaret McCartney, Blog
- 24 Personal view
- 25 Obituaries



p8

EDITORIALS

- 7 New NICE guidance on referral for cancer
Monumental, evidence based, but not "less is more"
Kevin Barraclough
- 8 Contribution of behavioural science to antibiotic stewardship
Belated recognition of its importance
Sarah Tonkin-Crine et al
- 9 **COVER** Fifty million people use computerised self triage
A global opportunity, not a threat
Jeremy C Wyatt
● RESEARCH, p 11
- 10 "Beyond aid" investments in private healthcare in developing countries
The UK government's investment in commercial hospital chains merits greater scrutiny
Benjamin M Hunter and Susan F Murray



p11

RESEARCH

- 11 **COVER** Evaluation of symptom checkers for self diagnosis and triage: audit study
Hannah L Semigran et al
● EDITORIAL, p 9
- 12 Performance of alternative strategies for primary cervical cancer screening in sub-Saharan Africa: systematic review and meta-analysis of diagnostic test accuracy studies
Joël Fokom-Domgue et al
- 13 Evidence based community mobilisation for dengue prevention in Nicaragua and Mexico (*Camino Verde, the Green Way*): cluster randomised controlled trial
Neil Andersson et al
- 14 Specific SSRIs and birth defects: bayesian analysis to interpret new data in the context of previous reports
Jennita Reefhuis et al



p36

EDUCATION

CLINICAL REVIEW

- 27 **COVER** Normal lower limb variants in children
Andrea Yeo et al
● thebmj.com
1 CPD/CME hour

PRACTICE

THERAPEUTICS

- 32 **COVER** Antivirals for herpes simplex viruses
Shailendra Sawleshwarkar and Dominic E Dwyer
● thebmj.com
0.5 CPD/CME hour
- 35 Endgames
- 36 Minerva



The top papers to mark *The BMJ's* two digital decades
● FEATURES, p 15

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PICTURE OF THE WEEK

Cancer survivor Luna Caden admires the double helix sculptures that will appear across London as part of Cancer Research UK's DNA trail. The art installation is part of the charity's final year of fundraising to raise £100m for the Francis Crick Institute, a centre of biomedical research and innovation that is due to open in 2016. The sculptures have been designed by leading artists, designers, and sculptors from across the world. The front row of sculptures (arranged here outside St Paul's Cathedral) are by (from left): Guy Portelli, Orla Kiely, Ai Weiwei, Thierry Noir, and Ted Baker. They will be auctioned at Christie's in September to raise money for the campaign. For more information on the London art trail, visit www.cruk.org/crick or follow #DNATrail

THEBMJ.COM POLL

Last week's polls asked:

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



YES 74% NO 26%

Total votes cast: 366

☒ BMJ 2015;350:h3196

This week's poll:

Which paper should *The BMJ* be most proud of publishing?

- Establishing a standard definition for child obesity
- Multiple imputation for missing data in epidemiological and clinical research
- The scandal of poor medical research
- Evidence based guidelines or collectively constructed "mindlines"
- Zinc supplementation started during diarrhoea on morbidity and mortality in Bangladeshi children
- What worries parents when their preschool children are acutely ill

☒ BMJ 2015;351:h3660

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THIS WEEK IN 1915



Troops receive daily rations of around a pound of bread and a pound of preserved meat. Not all of this is eaten, as the author of a report on waste found. He was informed that some farmers were feeding their pigs “camp swill”—made up of leftover rations. The author’s curiosity led him to inspect a barrel of the feed. He found a “viscid fluid of unpleasant odour, from which bubbles of gas were slowly rising” that many farmers blamed for the digestive troubles of their swine. Another story tells of a woman who asked a few soldiers to throw any old crusts they might have to her chickens. She soon realised to her dismay that “the fowls were likely to suffer a fate like that of Tarpeia under the avalanche of bread discharged.” The author suggests that deliberate waste of food should be deemed as serious a breach of discipline as the waste of ammunition.

• Cite this as *BMJ* 1915;2:61

RESPONSE OF THE WEEK

Within living memory the hospice movement has rescued patients with an established terminal illness from dying in an acute hospital bed to ensure a dignified death.

The new group of poorly served patients are the very elderly, with multiple comorbidities, who develop a life threatening illness, often pneumonia, only to die within a few hours or a few days following emergency admission to an acute hospital.

The first decision in such situations “to prevent undignified interventions at the end of life” would be to avoid hospital admission in the first place.

So ahead of advance directives about DNACPR and discussions about ceilings of care should come DNH, “Do Not Hospitalise”

Or as a reminder to everyone of the fundamental importance of patient autonomy in making such a “care denying” advance directive perhaps it should be PDNSMH, “Please Do Not Send Me To Hospital.”

Stephen Hall, crematorium medical referee, Tunbridge Wells, UK, in response to, “When and how to discuss ‘do not resuscitate’ decisions with patients”

• *BMJ* 2015;350:h2640

POPULAR ONLINE

Suspected cancer (part 2—adults): reference tables from updated NICE guidance

BMJ 2015;350:h3044

How medicine is broken, and how we can fix it

• *BMJ* 2015;350:h3397

Raised inflammatory markers

BMJ 2012;344:e454

LATEST BLOGS

Forty years of the Declaration of Tokyo

It is now 40 years since the World Medical Association adopted the Declaration of Tokyo on Guidelines for Physicians Concerning Torture. It was necessary then, says Julian Sheather, but the tragedy is how necessary it remains. When we know that states across the globe still torture with impunity and with the “war on terror” having also taken a toll, he calls for health professionals and their associations to redouble their commitment to the declaration.

• http://bit.ly/40_declaration_tokyo

Showing patients what they are worth

Jeremy Hunt’s latest idea to save money in the NHS is to print the cost of drugs on their packaging. This would reduce waste and improve patient adherence to drug regimens, he argues. Not so, says Tom Moberly. He points out that there is a lack of evidence to support the measure. Moreover it is a bad idea in principle as we should trust patients.

• http://bit.ly/drug_prices



Standing up to disrespectful doctors

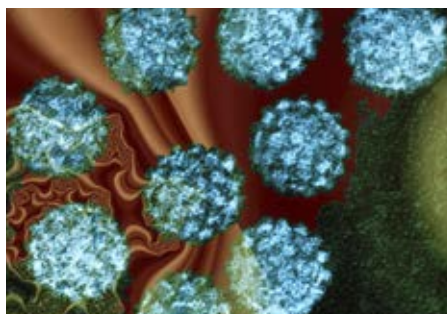
The recent case of a patient recording offensive comments made about him by a medical team during a colonoscopy will make depressing reading for all those who work hard to maintain the trust of patients. The case is a reminder to doctors that they can be recorded by patients at any time, says blogger Marika Davies, and that where they encounter colleagues who make derogatory comments, they should take a stand.

• http://bit.ly/standing_up_disrespectful Drs

STATE OF THE ART

This week our state of the art review is human papillomavirus infection (HPV) and cervical cancer. Cervical cancer is the sixth most common cancer in women in developed countries and the second most common cancer in resource limited countries. Cervical cancer is preventable because it has a long pre-invasive phase and is easily identified by clinical and histopathological examination.

HPV is a necessary factor in the development of cervical cancer and is one of the most common and contagious infections in the world with



a lifetime cumulative risk of at least 80%. Molecular and epidemiological research has led to the development of strategies for detection and early intervention. Newer tests for oncogenic subtypes of HPV can predict the risk of future development of cervical cancer.

This review summarises the current understanding of HPV related disease and examines the role of HPV testing as a screening tool for cervical cancer.

• *BMJ* 2015;350:h1622

EDITOR'S CHOICE

Content is king

It's clear that print is far from dead, and we are now fully redesigning the print journal for the first time since 2007

You can help shape *The BMJ*

We want to make *The BMJ* into the most informative, useful, and enjoyable experience for you, our readers (and lapsed readers). You're invited to contribute by joining our user panel. If you join, we'll send you occasional invitations to user research and new product ideas about *The BMJ*.

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We're continuing to mark the 20 years since *The BMJ* launched on the internet. In 1995, with the then web editor, Tony Delamothe, at the helm, bmj.com was innovative by being the first medical journal website. Under our digital editor, David Payne, it has continued to lead the way, aiming to offer the very best access, interaction, and experience that technology can provide.

But rather than itemising these developments and plans, we have chosen to celebrate this 20th anniversary by highlighting the content hosted on the website in the past two decades. Twenty readers and contributors have each chosen one outstanding article, and the result is our top 20. As David Payne says (p 15), they are "an extraordinary mix of editorials, research papers, analysis, and comment, including an investigation, on topics as wide ranging as the MMR vaccine scare, death, evidence based medicine, and the use of stirrups for pelvic examinations."

We invite you to vote for your favourite of the six most highly cited of these 20 articles (thebmj.com/thebmj), to look through the ones that got away (thebmj.com/content/351/bmj.h3660/rr), and to tell us in a rapid response what you would have chosen.

I've already made my top 20 selection, but here I list some more of my favourites from the past two decades—this is Editor's Choice, after all. Victor Montori and colleagues changed how I thought when they introduced me to the idea of minimally disruptive medicine (*BMJ* 2009;339:b2803). Beata Wieseler and colleagues showed us what a courageous regulator can do when IQWiG, Germany's equivalent of NICE, insisted on being given access to all the data on reboxetine (*BMJ* 2010;341:c4942). Peter Gøtzsche and colleagues set

the standard for articles to be published in our new Analysis section—well written, hard hitting, evidence based, controversial—when they reported on the failure of patient information leaflets to give the whole story about mammography (*BMJ* 2009;338:b86). And for me the most iconic: the articles that uncovered the hidden data on Tamiflu (thebmj.com/tamiflu).

Talking of iconography, it is perhaps ironic that we chose to illustrate our celebration of the website's first 20 years with images of the print magazine's covers. It's clear that print is far from dead, and we are now fully redesigning the print journal for the first time since 2007. The new design—more readable, browsable, colourful, engaging, and informative—will be launched in the autumn. If you'd like to help by giving us your views on some prototypes, please contact Jonathan Black (jblack@bmj.com).

More images will be a feature of the new look, in print and online. Our infographics summarising NICE's guidance on referral for suspected cancer are an example of what's in store (*BMJ* 2015;350:h3036; 2015;350:h3044). In his editorial about the guidance, Kevin Barraclough has high praise but also reservations (p 7). There is no doubting the evidence behind the guidance, he says. But will lowering the threshold for referral to a positive predictive value of 3% mean that he will retire from general practice only to spend his remaining years being investigated in outpatient clinics?

I conclude from all this that content is king, images are the future, and minimally disruptive medicine must be our goal.

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

Cite this as: *BMJ* 2015;351:h3720



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