THIS WEEK

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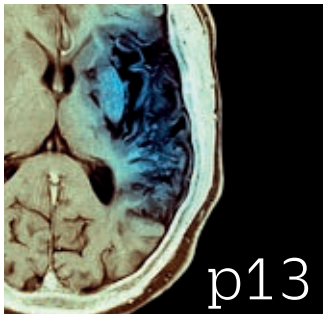

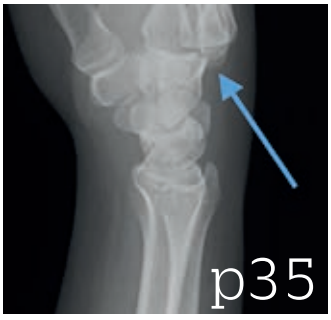

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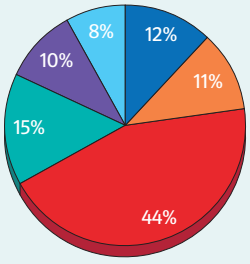
PICTURE OF THE WEEK

Members of *The BMJ* editorial team took to the stage at the Grosvenor House Hotel in London's Park Lane last week after being announced the winners in the magazine of the year (business media) category in the annual awards of the Professional Publishers Association. *The BMJ* beat nine other shorlisted publications, including *Pulse* and *HSJ*. Holding the award (centre) is Fiona Godlee, *The BMJ*'s editor in chief; Tim Brooks, chief executive of BMJ, is on the far right of the picture. The event, the "Oscars" of the periodical publishing industry, was hosted by the DJ and television presenter Lauren Laverne (third from left).

THEBMJ.COM POLLS

Last week's polls asked: **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

Online highlights from thebmj.com

THIS WEEK IN 1915

R Fortescue Fox, in his report on British health resorts, laments the fact that the war has precluded British invalids from availing themselves of the continental spas. On the other hand he thinks perhaps these facilities had been regarded with undue favour when compared to their UK counterparts. Although resorts in Europe are considered a national asset and governments invest in their utilisation and development—not the case in the UK—a table comparing the temperature of the medicinal waters—which shows Castellammare (78°F, 26°C) at the top of the list and Bath (in spring) (52°F, 11°C) at the bottom—reveals another major point of difference and probably a key factor in British patients' preference for the continent.

Cite this as *BMJ* 1915;2:81

RESPONSE OF THE WEEK

Anyone is entitled to seek advice about medical symptoms from anyone. Often a neighbour, the butcher, the hairdresser all have input, but the seeker weighs their advice appropriately. The problem is the pseudo-authenticity of the internet and people place much more trust in its content than is deserved.

The other problem is perspective. The internet gives none. The symptom "can't breathe" can connote heart failure, asthma, or a stuffy nose. How to place these in the proper context often requires a healthcare professional.

Dr Google is nowhere to be found when responsibility needs to be assigned.

Gerald P Corcoran, physician, Needham, MA, US'A, in response to, "Evaluation of symptom checkers for self diagnosis and triage: audit study"

BMJ 2015;351:h3480

Twenty top papers to mark *The BMJ*'s two digital decades

To mark the 20th anniversary of *The BMJ*'s website, the journal asked 20 UK and international readers, authors, friends, and former colleagues to name an outstanding article published since the mid-1990s. We asked readers to nominate their most memorable paper. Here is a selection of your feedback.

"A major omission is David Sackett's 'The sins of expertness and a proposal for redemption' *BMJ* 2000;320:1283. This should be compulsory reading for researchers, journal editors, and especially conference organizers. Sadly the latter seem to remain blissfully unaware in my own specialty of diabetes!"

David Kerr, director of research and innovation, William Sansum Diabetes center
Santa Barbara, USA

"I am disappointed that the 50 year follow-up of the British Doctors' Study was not included. This was the culmination of a whole series of papers that were fundamental in stopping the smoking epidemic, and also showed the power of cohort studies. In the same issue was a reprint of the first publication: same research project, same subjects, same first author, but 50 years apart. Unique and important."

James A Dickinson, professor of family medicine, University of Calgary, Canada

View all rapid responses for this article online http://bit.ly/20yearsRR

LATEST BLOGS

Who has a legal duty to fund post-trial treatment?

If someone has been in a clinical trial, do they have a legal right to ongoing treatment for as long as treatment is clinically appropriate where the clinical trial was a success for that patient? And if they do then who should fund the ongoing treatment? David Lock discusses this problem.

http://bit.ly/post-trial_treatment

Defining child poverty

The UK government's plan to dispense with the current definition of child poverty based on relative income, and replace it with measures of "worklessness," is highly concerning, say a group of paediatricians and researchers. While no single measure of child poverty can capture the full picture, now more than ever a measure based on income is important, and the government's response to the shameful levels of child poverty in the UK should not be to obfuscate this.

http://bit.ly/defining_child_poverty

Welfare cuts and suicide risk

The new Conservative government has announced its intention to reduce the number of suicides in the UK. This is a worthy goal, says psychiatry trainee Anna Mead-Robson, but is it compatible with impending cuts to the welfare budget?

http://bit.ly/welfare_cuts_suicide_risk

Too hot to handle—hyperthermia in athletes

A new focus on heat management has been developed in an array of sports over the past 10 years, looking at the effects of raised temperatures on body physiology, sporting performance, and long term morbidity/mortality of the athlete. Toby Shipway finds out about the physiological effects of high temperature environments on top athletes.

http://bit.ly/athletes_heat

EDITOR'S CHOICE

A dose of humility

No harm will be done if we make compassion and empathy an essential part of the therapeutic package

Paracetamol has come in for a bit of a kicking in recent months (*BMJ* 2015;350:h1186). So we asked James Dear and colleagues to comment (p 7). They confirm that important questions about this most commonly used drug remain unanswered. The evidence of effectiveness is patchy and depends on the condition: it's good for postoperative dental pain; okay for headache, though not as good as other analgesics; of small and probably clinically irrelevant benefit for hip and knee pain; no better than placebo for back pain; and without enough evidence of benefit for the common cold. As for its safety, nearly 60 years of widespread use are reassuring. But there are simmering concerns about subclinical liver and cardiovascular effects and questions about whether or not to intervene in cases of small therapeutic overdose.

So, no clean bill of health for paracetamol, but it's effective for some conditions, and like all drugs it should be used with care. What then of two other commonly prescribed types of drugs: antidepressants and non-steroidal anti-inflammatory drugs? Both are associated with gastrointestinal bleeding but not, when used alone, with intracranial haemorrhage. However, Ju-Young Shin and colleagues have found that, when these two classes of drugs are used together, as they often are, there is an increased risk of intracranial haemorrhage (p 13). They base their conclusions on a retrospective population cohort study of more than four million people in Korea.

In a linked editorial Stewart Mercer and colleagues call the increased risk substantial: the absolute risk in the first 30 days of combined treatment is around 0.05% when compared with antidepressants alone (p 10). They also say that the risk in people treated for longer periods may be considerably higher. This presents challenges for clinical practice: pain and depression often go hand in hand. Under these circumstances, they say, knowing patients and their wishes well and "taking an empathic, person centred approach may be as important as having better guidelines and a better evidence base."

Does homeopathy offer a harm free alternative for these common ailments? Yes, says Peter Fisher (p 14). Several large observational studies have concluded that doctors who use homeopathy in their practice have better patient outcomes at equivalent cost and use fewer antimicrobial drugs. Doctors should recommend it as part of integrated care, he says.

Edzard Ernst is not impressed (p 14). Agreeing with the findings of a recent "comprehensive, independent, and rigorous" evaluation, he finds no good evidence that homeopathy works other than through non-specific and placebo effects. Claims that homeopathic remedies are at worst harmless leave him equally cold. "Even a placebo can cause harm, if it replaces an effective therapy," he says.

I too am unconvinced by homeopathy. But the other stories in this week's journal suggest the need for a good dose of humility about some conventional medicines too. And no harm will be done—indeed there is good evidence of benefit, says Ernst—if we make compassion and empathy an essential part of the therapeutic package.

Fiona Godlee, editor, *The BMJ*
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Cite this as: *BMJ* 2015;351:h3857

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