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Prominent Canadian researcher loses libel case against documentary makers

Petition calling for health secretary's resignation exceeds 200 000 supporters

Abi Rimmer *THE BMJ*

Doctors have expressed their increasing anger with the health secretary for England, Jeremy Hunt, through social media, an online petition, and a campaign which calls for a vote of no confidence in the minister.

The online petition (<https://petition.parliament.uk/petitions/104334>) was launched in response to Hunt's announcement that he was prepared to impose a new consultant contract. The new contract, Hunt said in a speech on 16 July, would include the removal of consultants' right to opt out of non-emergency work outside normal working hours.¹

Ash Sadighi, who launched the petition, said that Hunt had "alienated the entire workforce of the NHS by threatening to impose a harsh contract and conditions on first consultants and soon the rest of the NHS staff."

So far the petition has received more than 200 000 signatures. Parliament considers all petitions that get more than 100 000 signatures to a debate. In response to reaching 10 000 signatures the government said that the consultant contract was a "major barrier" to seven day services in the NHS.

The response said, "The Government feels it is under an obligation to the public to do all it can to make NHS care at the weekend as safe as during the week through the delivery of seven day services this Parliament and that is what it will continue to do."

Big up the NHS, an online blog (www.bigupthenhs.com) and Facebook group reacted by encouraging doctors and other healthcare workers to tweet their views using the hashtag #WeNeedToTalkAboutJeremy.



Health Secretary Jeremy Hunt was criticised for tweeting a picture of himself on a hospital visit with legible patient details on a board in the background. He retweeted the picture with the details obscured

Some doctors used this combination with #I'mInWorkJeremy to show the health secretary that they were already working at nights and weekends.² Others expressed broader concerns; for example, the oncologist Clive Peedell tweeted, "If Jeremy Hunt wants to talk about avoidable deaths then let's focus on the £200m cut to the public health budget #WeNeedToTalkAboutJeremy."

Some doctors have raised their concerns about planned changes to the contract for junior doctors. Ralph Mitchell, a GP trainee,

tweeted, "Staggered to hear how much of a pay cut doctors will be taking. Some juniors up to 40% particularly GP trainees #weneedtotalkaboutjeremy."

Doctors on the Facebook page of GP Survival, a new membership organisation for GPs, warned that GP trainees would lose the supplement they currently get to bring their pay in line with hospital trainees. One GP said, "If we lose this it will result in a significant pay cut—in the face of a recruitment crisis this seems crazy."

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IN BRIEF

NICE issues new guidance on end of life care: The National Institute for Health and Care Excellence has issued a draft guideline on how dying patients should be cared for in their final days, to provide much needed guidance for clinicians after the abolition of the use of the Liverpool care pathway in July 2013.

Most doctors accused of sexual assault are cleared: Sexual assault allegations against doctors have risen by two thirds over 11 years, from 12 in 2003 to 20 in 2013, said the Medical Defence Union. In total there were 167 cases of doctors being accused of sexual assault over the 11 years, but most doctors were cleared.

New grassroots movement to champion general practice: A new membership organisation for GPs has been set up to give voice to the issues it says are threatening the viability of primary care. GP Survival (generalpracticesurvival.com) was set up because of the dissatisfaction among GPs with the organisations that currently represent GPs, including the BMA and the Royal College of General Practitioners.

Cannabis psychosis affects men disproportionately: Four times as many men as women in England are admitted to hospital with cannabis psychosis, a study in *Advances in Dual Diagnosis* has found (doi:10.1108/ADD-12-2014-0039). Cannabis use is twice as common among men. One of the researchers, Ian Hamilton, said that the "puzzling" results could be due to more men with combined mental health and cannabis problems being identified.

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IN BRIEF

Female genital mutilation occurs throughout England and Wales:

An estimated 137 000 women and girls in England and Wales have undergone genital mutilation, with the highest prevalence in the south London borough of Southwark (47.4 per 1000 girls and women aged 14-59), a study says.¹ All the 10 boroughs with the highest prevalence were in London. Outside the capital, a high prevalence was also seen in Manchester (16.2 per 1000), Slough (15.5), Bristol (14.8), Leicester (12.9), and Birmingham (12.4). No borough was free of the practice, which has been illegal in the United Kingdom since 1985.

Government departments' handling of death needs review, says charity:

The National Council for Palliative Care has called for a review into how dying, death, and bereavement are dealt with across government departments and public bodies.² It said that much has been achieved since the first national End of Life Care Strategy in 2008 but that the scale and rate of change needed to be stepped up. It would like the government to consider following the example of Ireland, whose prime minister recently announced such a review.

Most children know about e-cigarettes: More than a fifth (22%) of 11 to 15 year olds in England have used e-cigarettes at least once, and most (88%) had heard of them, show new figures from the Health and Social Care Information Centre, from a survey of more than 6000 schoolchildren. Less than a fifth (18%) of pupils had ever used cigarettes, a continuing decline since 2003, when 42% of pupils had ever used cigarettes. For the first time pupils were asked about "legal highs." Half (51%) had heard of them, and 6% had been offered them, although only 3% said that they had used them.

**Prosecutors ask for life sentence for executive associated with salmonella outbreak:**

US federal prosecutors have recommended a life sentence for Stewart Parnell, the former owner of Peanut Corporation of America, who was convicted on 71 counts, including charges of conspiracy, wire fraud, and obstruction of justice, in connection with a multi-state outbreak of *Salmonella enterica* serovar Typhimurium in 2008 and 2009. More than 700 people became ill and nine died.

Italian doctors face fines for overprescribing: Italy's government is seeking efficiency savings of €10bn (£7bn) in its health system in the next three years, and one strategy will be to fine doctors who prescribe too many tests or drugs. The health minister, Beatrice Lorenzin, told the newspaper *La Repubblica* that "no one is going to stop necessary medical tests, but we have to avoid doing 12 of them when they're not needed." But Costantino Troise, secretary of the Anao-Assomed medical union, said that intimidating doctors was not the way to cut prescribing costs.

Hong Kong hospital apologises over tests: Tuen Mun Hospital in Hong Kong has apologised to 10 000 patients who had tests for the enzyme alkaline phosphatase done on a machine that was wrongly calibrated for two years. The enzyme readings were based on normal concentrations for the opposite sex. Since August 2013, 4634 men have been affected, and 1425 have died. They may have been told that their reading was normal when it was raised.

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AllTrials co-founder Ben Goldacre says some drug companies are "stuck in the past"

**Investment managers back greater clarity in clinical trials so investors are not misled**

Nigel Hawkes LONDON

Pension funds and asset managers with more than €3.5 trillion (£2.45trn) of assets under management have put their weight behind the AllTrials (alltrials.net) campaign, which is seeking greater transparency in the conduct of clinical trials.

Arguing that investors often commit their money to drug company shares on the basis of trials completed long before the drugs are marketed, the 85 strong investor group said that clarity and transparency are vital if investors are not to be misled.

Helena Viñes Fiestas, of BNP

Paribas, which helped assemble the investor group, said, "With company valuations and expected revenue streams a key component of the stock selection process, it is essential that companies publish complete and accurate information on trial results so that investment decisions can be fully informed."

In addition to BNP Paribas Investment Partners the group included 65 UK local authority pension funds; the investment arm of the Wellcome Trust, Europe's largest medical charity; and RobecoSAM, an investment house focusing on sustainability.

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Alteplase is safe to use within existing treatment guidelines, says independent review

Ingrid Torjesen LONDON

The thrombolytic drug alteplase is safe and effective for licensed use up to 4.5 hours after the onset of symptoms of acute ischaemic stroke in patients for whom it is licensed, an independent expert group set up by the UK Medicines and Healthcare Products Regulatory Agency has concluded.¹

The MHRA's review was announced in August 2014,² after concerns about the drug were raised by Roger Shinton, a former consultant physician at Birmingham's Heartlands Hospital, in a letter to the *Lancet*.³

The expert group reviewed all available evidence on alteplase, which included extensive published literature, and data from the holder of the marketing

authorisation. The group agreed that alteplase did increase the risk of death in around 2% of patients but that its benefits, in terms of reducing disability and later death from conditions such as pneumonia and thrombosis, outweighed this risk when it was used up to 4.5 hours after the onset of symptoms.

Ian Weller, who chaired the group, said, "The evidence shows that, for every 100 patients treated with alteplase... after three to six months around 10 more in every 100 are disability free when treated within three hours. In addition, five more patients in every 100 are disability free when treated between three and 4.5 hours after a stroke."

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RESEARCH NEWS

BLOOD PRESSURE

Variability is associated with higher risk of heart disease

Greater variability in blood pressure between clinic measurements is associated with a higher risk of cardiovascular disease and death, a study has found. The study, in the *Annals of Internal Medicine* (doi:10.7326/M14-2803), followed 25 814 people with hypertension but no cardiovascular disease events for 28 months.

The results showed that 1948 people died, 606 had strokes, and 921 developed heart failure over a mean follow-up period of 2.7 to 2.9 years. The incidence of fatal or non-fatal myocardial infarction, stroke, heart failure, and all cause mortality increased progressively with variability in systolic blood pressure. Study participants in the highest fifth for systolic blood pressure variability ($SD \geq 14.4$ mm Hg) had a 30% higher risk of fatal coronary heart disease or non-fatal myocardial infarction than those in the lowest fifth ($SD < 6.5$ mm Hg) (hazard ratio 1.30 (95% confidence interval 1.06 to 1.59)), after data were adjusted for potentially confounding variables, including adherence to antihypertensive therapy.

Also, the risk of all cause mortality among participants in the highest fifth was 58% higher (1.58 (1.32 to 1.90)), risk of stroke was 46% higher (1.46 (1.06 to 2.01)), and risk of heart failure was 25% higher (1.25 (0.97 to 1.61)).

Further analysis of the study showed that higher variability of diastolic blood pressure was also associated with higher risk of cardiovascular disease events and mortality.

Cite this as: *BMJ* 2015;351:h4080

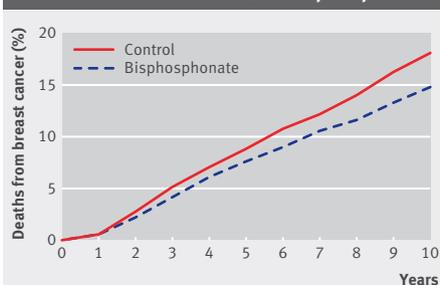
BREAST CANCER

Bisphosphonates after treatment reduce deaths

Aromatase inhibitors and bisphosphonates can extend the lives of women with breast cancer, studies in the *Lancet* have shown (doi:10.1016/S0140-6736(15)61074-1, doi:10.1016/S0140-6736(15)60908-4).

Aromatase inhibitors were already known to reduce the risk of recurrence of breast cancer more effectively than tamoxifen, but the effect on survival was unknown. To investigate this the researchers in the first study combined the results of nine clinical trials including 31 920 women who had used aromatase inhibitors and tamoxifen. All of the women were postmenopausal and had oestrogen positive breast cancer.

Breast cancer mortality among postmenopausal women who did or didn't take bisphosphonates



Overall the results showed that women's breast cancer was less likely to recur if they took an aromatase inhibitor than tamoxifen (relative risk 0.70 (95% confidence interval 0.64 to 0.77)). Taking an aromatase inhibitor also reduced the chances of dying from breast cancer during treatment (0.79 (0.67 to 0.92)) and for five years after treatment stopped (0.89 (0.81 to 0.99)).

In the second study researchers looked at data on 18 766 women with early breast cancer who were treated with a bisphosphonate or placebo for two to five years. They found that, in postmenopausal women, bisphosphonates reduced the risk of breast cancer recurrence (relative risk 0.86 (0.78 to 0.94)), distant recurrence (0.82 (0.74 to 0.92)), bone recurrence (0.72 (0.60 to 0.86)), and breast cancer mortality (0.82 (0.73 to 0.93)). Of those who took bisphosphonates 85.3% were alive after 10 years, compared with 82% of controls.

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CANCER

Young men are most likely to plan fertility preservation

Among patients with cancer, young men being treated with drugs that may affect their fertility are much more likely to take part in discussions over fertility preservation arrangements than are young women, but uptake in both sexes remains low, concludes a US study published in *Cancer* (doi:10.1002/cncr.29328). Better strategies are needed for dealing with reproductive issues among young patients with cancer, it says.

Guidelines recommend that oncologists discuss the possibility of infertility with patients of reproductive age and offer referral for fertility preservation. But figures from the US and the UK indicate that many oncologists do not follow this advice.

To explore the factors affecting discussion and action on fertility

preservation, researchers asked 459 adolescents and young adults who had been given a diagnosis of cancer in 2007 or 2008 to complete questionnaires. The results showed that more than 70% of the patients reported that they had been told that cancer treatment may affect their fertility. But male patients were more than twice as likely as females to report that fertility preservation options had been discussed before their treatment started (71% versus 34%).

Nearly a third (87 of 283) of the young men reported making arrangements for fertility preservation, 4.5 times the proportion of young women (6.8% (12 of 176)).

Cite this as: *BMJ* 2015;351:h4068

OTITIS MEDIA WITH EFFUSION

Nasal balloon shows promise when used in primary care

A simple procedure with a nasal balloon can reduce the effect of hearing loss and avoid the unnecessary and ineffective use of antibiotics in children who have otitis media with effusion, a study in the *CMAJ* has found (doi:10.1503/cmaj.141608).

The effectiveness of the studied procedure has been shown only in small trials in hospitals. The open randomised controlled trial found that auto-inflation with a rubber nasal balloon—whereby the child blows through each nostril into a nozzle to inflate the balloon—was feasible and effective in primary care.

The trial enrolled 320 children aged 4 to 11 from 43 family practices in the UK who had recent histories of otitis media and effusion with confirmed fluid in one or both ears. The children were randomly assigned to a control group who received standard care or to a group who received standard care with auto-inflation three times a day for 1-3 months.

The children who received auto-inflation were more likely to have normal middle ear pressure both at one month (47.3% and 35.6%, respectively) (adjusted relative risk 1.36 (95% confidence interval 0.99 to 1.88)) and at three months (49.6% and 38.3%, respectively) (1.37 (1.03 to 1.83)) and to have fewer days with symptoms.

Compliance with the procedure was 89% at one month and 80% at three months, and adverse events were mild, infrequent, and similar between groups, the authors reported.

Cite this as: *BMJ* 2015;351:h4081



Pankaj Sharma

Addicted to playing polo



PETER LOCKE

PANKAJ SHARMA is professor of neurology at Royal Holloway, University of London and consultant neurologist at Imperial College. His principal research interest is in the genetics of stroke, especially in high risk Asian communities in the UK and around the world. He has established one of the world's largest international stroke biorepositories for South Asian people, and his work has helped identify genes causally associated with stroke. He is a frequent media commentator on stroke and brain disorders and was named the UK's top Asian doctor at the 2015 British Indian Awards, an annual event to celebrate the achievements of leading British Asians.

What single unheralded change has made the most difference in your field in your lifetime?

"A paper from *Nature* in 1992 describing an association between a genetic polymorphism and myocardial infarction. It inspired me to join the field of polygenic disorders and contributed to demonstrating the need to create large, well characterised biobanks"

What was your earliest ambition?

To be an electronic engineer. I tried it for a year before realising that I preferred talking to people rather than to wires and circuit boards.

What was the worst mistake in your career?

Wanting to be an engineer; I would have been terrible.

What was your best career move?

I would have been equally content to follow several career interests, such as neurology, gerontology, and surgery. But, when told by a UK neurology professor that I would never have a career in British neurology, the choice was made for me: neurology it was, and I've never looked back.

Where are or were you happiest?

Every time my team makes a new discovery. It's a great feeling, knowing that we are the first people in the world to have discovered it.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?

My father was in the Indian diplomatic service. Being immersed in that world from an early age, I learnt that being unable to please all of the people all of the time makes politics a tough gig. It's easy to criticise if you're not the one with whom the buck stops.

Who is the person you would most like to thank and why?

My parents, sister, wife, and children, for their unquestioning support and love.

To whom would you most like to apologise?

To the patients I couldn't help and to those with whom I made mistakes. I should have worked harder, sorry.

If you were given £1m what would you spend it on?

Invest it and distribute the annual proceeds to charities such as Plan International, a development organisation promoting children's rights.

What single unheralded change has made the most difference in your field in your lifetime?

A paper from *Nature* in 1992 describing an association between a genetic polymorphism and myocardial infarction. It inspired me to join the field of polygenic disorders and contributed to demonstrating the need to create large, well characterised biobanks, which are now revolutionising our understanding of common diseases.

Do you support doctor assisted suicide?

No. Give an inch, and someone (some day) will take a mile.

What book should every doctor read?

The Norm Chronicles by Michael Blastland and David Spiegelhalter: a user-friendly guide to statistics that doctors could use when explaining risk to patients. Every two cigarettes smoked takes 30 minutes off your life, but stopping smoking at age 40 adds nine years to your life expectancy.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

Frank Sinatra singing (*I Did It*) *My Way*. Well, I did, mostly.

What is your guiltiest pleasure?

Playing polo. Thrilling, yet dangerous. Addictive, but financially crippling. Avoid at all costs!

If you could be invisible for a day what would you do?

Sit in on Oval Office meetings to see how "Nudge theory" works on a global scale.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*? What TV programmes do you enjoy?

Clarkson treats authority with disdain, and for that I have considerable empathy—but there is a line that shouldn't be crossed. Individuals, their cultures, and nations have to be treated with respect. So: *Top Gear* on a Friday evening; *Civilisation* on a Sunday afternoon.

What is your most treasured possession?

My inscribed, antiquarian book collection. To be able to hold, open, smell, and read from the same book once held by greats such as Edward Jenner is living history. Oh, and my Alfa Romeo Spider.

What, if anything, are you doing to reduce your carbon footprint?

Regrettably, my commitments mean that I fly long haul frequently. Less of a footprint, more an elephant pad.

Summarise your personality in three words

Generous. Disciplined. Maverick.

Where does alcohol fit into your life?

Only occasionally; it interrupts driving my Spider. But, if you're offering, Bollinger.

What is your pet hate?

Firstly, people who follow rules. Secondly, people in power who fail to support juniors: they forget that they were juniors once.

If you weren't in your present position what would you be doing instead?

I'd possibly be a journalist. They get to be in the most interesting places at the most interesting times.

Cite this as: *BMJ* 2015;351:h3960