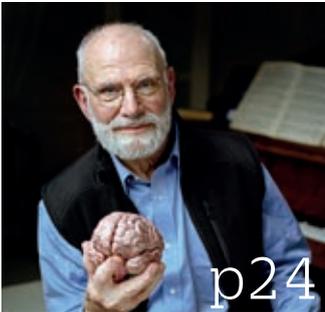


# THIS WEEK

Articles in this print journal have already been published on [thebmj.com](http://thebmj.com) and may have been shortened. Full versions with references and competing interests are on [thebmj.com](http://thebmj.com)



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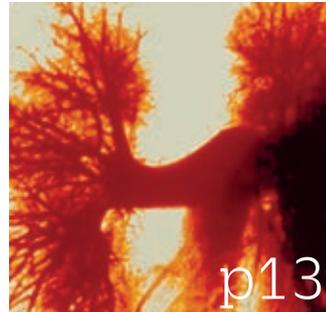
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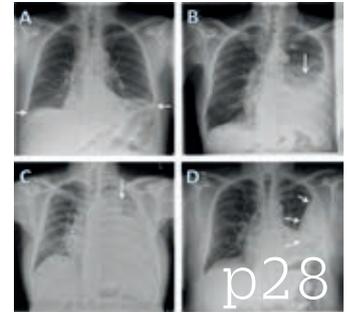
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## Women doctors sharing #ILookLikeASurgeon

834 women doctors (54% vs. 46% male doctors) tweeting #ILookLikeASurgeon. Twitter. August 5 to August 27 2015.



### PICTURE OF THE WEEK

The recent #ILookLikeASurgeon Twitter campaign, where female surgeons have been posting selfies of themselves with the hashtag #ilooklikeasurgeon (pictured), has gone viral with over 40 000 tweets and 100 million impressions on Twitter. The three doctors who launched the campaign have blogged about how it started and developed. Initially launched to highlight an ongoing gender bias in medicine and particularly surgery, the campaign has also adopted a spirit of racial and ethnic inclusion. Male surgeons have also joined in to show support and challenge the traditional stereotypes and lack of diversity associated with surgery.

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# Online highlights from thebmj.com



## LATEST BLOGS

### Dancing the dance

A patient blogs on why she thinks the system for managing long term care needs to change. "If I don't dance to the tune of the care system I don't get the care I need to survive," she says, "You, the nurse or the doctor, are the only ones who can give me those things; so I play your game." She offers solutions on how she thinks the system can be improved.

• <http://bmj.co/dance>

### Playing the long game

Billy Boland worries that the pace of change and constant state of crisis in the NHS means that staff are at risk of burnout. The realisation that he potentially still has another 30 years of work until retirement has prompted him to think about how to pace himself and manage the many challenges that are yet to come.

• <http://bmj.co/longgame>

### The NHS and immigration

The NHS has long benefited from immigration to maintain its workforce. But while politicians often cite this contribution as an example of the merits of international migration, the ethical questions it poses are rarely voiced. George Gillett analyses the worrying power dynamic in the migration of healthcare workers, which sees the world's poorest countries train medical professionals, only to lose them to their more economically developed neighbours.

• [http://bmj.co/nhs\\_immigration](http://bmj.co/nhs_immigration)

### Seven day services lack definition

Earlier this year, Prime Minister David Cameron announced that the NHS would run a seven day service by 2020. But since lots of doctors already work evenings and weekends, what exactly are "seven day services," and how will they differ from what we already have? Abi Rimmer, BMJ Careers news reporter, tries to get some answers.

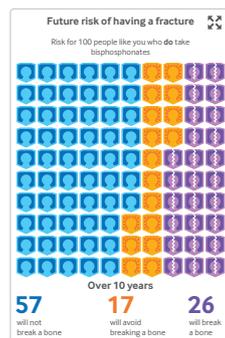
• [http://bmj.co/defining\\_7\\_day](http://bmj.co/defining_7_day)

### Making patients' data available

Richard Smith blogs about a recent symposium he attended, which focused on the sharing of patients' data and all its attendant benefits and risks. Getting patients to share their data remains a hard sell, Smith fears, since "the downside—somebody's health records being made public—is horrible, concrete, and easy to understand, whereas the upside remains vague, aspirational, and largely opaque to the public."

• [http://bmj.co/smith\\_patient\\_data](http://bmj.co/smith_patient_data)

## STATE OF THE ART



Bisphosphonates reduce the risk of fracture by suppressing bone resorption and increasing bone strength, and they have been widely used for the prevention and treatment of osteoporosis. However, their use remains a clinical challenge. Our latest State of the Art clinical review summarises the evidence underpinning the rationale for using bisphosphonates in patients with osteoporosis and those at high risk of fracture. It will discuss the practical aspects of management, such as whether and how to start bisphosphonates, and monitoring and stopping treatment.

• [BMJ 2015;350:h1622](http://bmj.com/2015/350/h1622)

## RESPONSE OF THE WEEK

The National Institute for Health and Care Excellence (NICE) made a major error by mentioning referral to the General Medical Council and sanctions for GPs who "overprescribe" antibiotics. A more sophisticated multifaceted approach is needed to improve antibiotic prescribing, which includes interventions such as feedback of data on practice and individual level prescribing, development of new rapid near patient tests for bacterial infections, and a public education campaign. Most importantly, GPs need a contract that gives them adequate time and funding to deal with their workload. Trying to get through 50-60 patient consultations in a day and deal with all the associated administrative work is not a recipe for a high-quality primary care system.

Azeem Majeed, professor of primary care, Imperial College London, London, UK, in response to, "Margaret McCartney: Blaming doctors won't reduce antibiotic overuse"

• [BMJ 2015;351:h4697](http://bmj.com/2015/351/h4697)

## POPULAR ONLINE



Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality, cardiovascular disease, and type 2 diabetes

• [BMJ 2015;351:h3978](http://bmj.com/2015/351/h3978)

The debate over digital technology and young people

• [BMJ 2015;351:h3064](http://bmj.com/2015/351/h3064)

Light to moderate intake of alcohol, drinking patterns, and risk of cancer

• [BMJ 2015;351:h4238](http://bmj.com/2015/351/h4238)

## THIS WEEK IN 1915

Various lay publications have recently reported the story of "Dr X" who, in 1872, shot and killed an unoffending passerby. He was found not guilty on the ground of insanity and detained at Broadmoor. He was a man of education and literary tastes, and he filled his tiny room with books, leaving only the narrowest passage between them. Dr X, from Broadmoor, became one of the most important contributors to the first *Oxford English Dictionary*. The public "gapes with wonder at the conjunction of madness with scholarship," but the author of this short piece reminds us that



"a highly intellectual and learned man is no more immune from insanity than a yokel or a boor." He goes on, unfortunately, to say that "every paranoiac is a

potential homicide" and that "no paranoiac should be allowed at large" and all are a "grave danger to the community."

• Cite this as [BMJ 1915;2:413](http://bmj.com/1915/2/413)

## EDITOR'S CHOICE

## What to do about the “weekend effect”

**Using these data to beat up on senior doctors, most of whom already work at weekends, is neither constructive nor evidence based**

Does being admitted to hospital at the weekend increase your risk of dying in the next 30 days compared with admission during the week? If so, is your death avoidable, and would a fully operational seven day service prevent it? A new analysis by Nick Freemantle and colleagues in *The BMJ* sheds some light on these questions but leaves many more to be answered (p 16).

The findings confirm these authors' previous work published in 2012 (doi:10.1258/jrsm.2012.120009). They find that patients admitted on Saturdays and Sundays have an increased relative risk of death of 10% and 15%, respectively. They also find a smaller increased risk of death for patients admitted on Mondays and Fridays, extending the “weekend effect” to those days. They conclude that around 11 000 more patients die each year within 30 days if they are admitted between Friday and Monday than if they're admitted on other days of the week. When adjustments are made for the fact that patients admitted at weekends are sicker, the increased risk of death within 30 days is less but still present and, in the authors' words, not ignorable.

What these figures actually mean is now hotly debated. The secretary of state for health seized on them before they were published to support his call for more senior consultants to work at weekends. This leap, from a statistical excess of deaths in patients admitted at weekends to a solution focused on more senior medical staff working at weekends, is just one way in which these data are being abused and the public misled.

The weekend effect is real, concludes Helen Crump in her review of the evidence (p 14). Paul Aylin confirms this in his Editorial but explains that we are left with a range of possible explanations (p 7). These need to be scrutinised before assumptions and suggestions harden into policy. The evidence is conflicting but seems to point more to the importance of a fully functioning service than to simply needing more senior medical cover. One study found no weekend effect on intensive care units, which have more consistent staffing levels. Another found that the weekend effect was not reduced if stroke specialists did ward rounds seven days a week but was affected by the level of nurse staffing. This link between nurse staffing and overall hospital mortality has been reproduced, says Aylin, in a recent very large European study.

Whether the right answer is more senior medical cover or an overall improvement in staffing levels at weekends, the cost is likely to be substantial, as Martin McKee points out, possibly exceeding the cost per quality adjusted life year threshold set by NICE (p 22).

Clearly something needs to be done to reduce the risk of death in patients admitted to hospital at weekends. But using these data to beat up on senior doctors, most of whom already work at weekends, is neither constructive nor evidence based. We need a dispassionate look at the existing evidence, a focused effort to improve the evidence base, and a collaborative debate about the best response.

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