

THIS WEEK

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p15

NEWS & VIEWS

- 1 News and research news
- 6 **BMJ Confidential:**
Liam Smeeth

ANALYSIS

- 15 **COVER** Civilian deaths from weapons used in the Syrian conflict
Debarati Guha-Sapir and colleagues

FEATURES

- 18 **COVER** Which app should I use?
Stephen Armstrong
- 20 The junior doctor contract row: how did we get here?
Tom Moberly

VIEWS

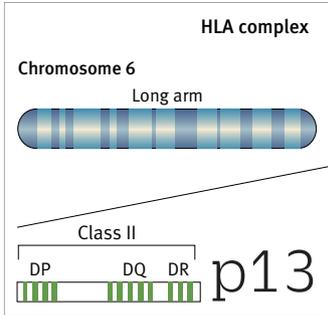
- 21 Letters
- 23 Margaret McCartney, Blog
- 24 Personal view
- 25 Obituaries



p8

EDITORIALS

- 7 **COVER** Calcium supplements do not prevent fractures
Revisit recommendations to increase intake beyond a normal balanced diet
Karl Michaëlsson
● RESEARCH, pp 11, 12
- 8 Leadership by example: saying no to health industry board membership
Prohibition is the best way to safeguard scientific and clinical integrity
David Rothman
● RESEARCH, p 14
- 9 Pharmacogenetics begins to deliver on its promises
Those promises include safer and smarter use of drugs
Alain Li-Wan-Po
● RESEARCH, p 13
- 10 Recording casualties of war
Why better data are important
Hamit Dardagan
● ANALYSIS, p 15



HLA complex

Chromosome 6

Long arm

Class II

DP

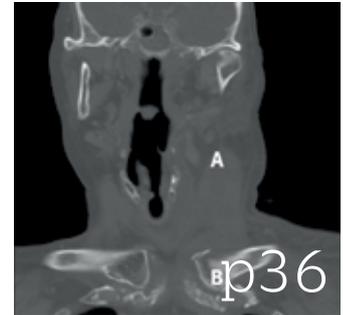
DQ

DR

p13

RESEARCH

- 11 **COVER** Calcium intake and bone mineral density: systematic review and meta-analysis
Vicky Tai et al
● EDITORIAL, p 7
● RESEARCH, p 12
- 12 **COVER** Calcium intake and risk of fracture: systematic review
Mark J Bolland et al
● EDITORIAL, p 7
● RESEARCH, p 11
- 13 Use of HLA-B*58:01 genotyping to prevent allopurinol induced severe cutaneous adverse reactions in Taiwan: national prospective cohort study
Tai-Ming Ko et al
● EDITORIAL, p 9
- 14 Prevalence and compensation of academic leaders, professors, and trustees on publicly traded US healthcare company boards of directors: cross sectional study
Timothy S Anderson et al
● EDITORIAL, p 8



p36

EDUCATION

CLINICAL REVIEW

- 27 **COVER** Cardiac rehabilitation
Hasnain M Dalal et al
● thebmj.com 1 CPD/CME hour

PRACTICE THERAPEUTICS

- 32 **COVER** Initial drug treatment in Parkinson's disease
Sharon Muzerengi and Carl E Clarke
- 35 Endgames
- 36 Minerva

BMJ CAREERS

News: Ballot on industrial action by junior doctors • Medicine remains rewarding • Principles of medical training • Appreciative inquiry
[Followed by jobs and courses](#)



Calcium and bone health
● pp 7, 11, 12

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The Editor, *The BMJ*
BMA House, Tavistock Square,
London WC1H 9JR

Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418

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ROMEO RANOCO/REUTERS

PICTURE OF THE WEEK

A boy covers his nose while a worker fumigates a residential area in Paranaque city, Metro Manila, the Philippines, on 26 September 2015. The country's Department of Health has urged members of the public to increase their defences against dengue fever after it recorded a 16.5% increase in cases this year with a total of 78 808 people affected from 1 January to 5 September, according to local media.

THEBMJ.COM POLLS

Last week's poll asked:
Are appraisals a useful way to assess performance?

YES: 25% NO: 75%

Total votes: 158

• [BMJ 2015;351:h4437](#)



This week's poll:
Does the new junior doctor contract justify industrial action?

• [BMJ 2015;351:h5212](#)

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RESPONSE OF THE WEEK

The government has a monopoly over junior doctors and their training. There is no progression in the UK without going through the NHS. The government is just wielding the power it knows it holds over the junior doctors.

So what to do? Go back into these hopeless negotiations? Seems absolutely pointless to me. Strike? It would never be done en masse, would threaten patient care, and would turn the public against the profession.

The only solution, it seems to me, is to work to rule. The exact rules they are enforcing on us. I think that with BMA backing, junior doctors should charge for their time over the hours that they are paid for. You can name your price, but something in the region of £50-100/hour seems enough.

It seems almost petty to do this. I hate moaning about the profession as it has huge positives. But I really can't think of how else to counter this incredibly vindictive attack.

Matthew H Jones, trust grade doctor, Bath, UK, in response to "Problems with the new junior doctor contract"

• [BMJ 2015;351:h5077](#)

POPULAR ONLINE

Increased mortality associated with weekend hospital admission: a case for expanded seven day services?

• [BMJ 2015;351:h4596](#)

Mental illness, challenging behaviour, and psychotropic drug prescribing in people with intellectual disability

• [BMJ 2015;351:h4326](#)

No correction, no retraction, no apology, no comment: paroxetine trial reanalysis raises questions about institutional responsibility

• [BMJ 2015;351:h4629](#)



OVERHEARD ON TWITTER

[@DrSeanMon](#)

Flicking through my pile of guilt and found @Maccatune front and centre in this week's @bmj_latest—nice mugshot!

[@BraveBosom](#)

I need access to medical journals to make decisions about my body. Thx @tessajrichards @bmj_latest for leading the way! #MedX #PMINetwork

[@JohnTorousMD](#)

@bmj_latest on importance of patient participation. Exciting new models of academic publishing. #digitalhealth



Twitter @bmj_latest

LATEST BLOGS



Challenging the stereotype of a surgeon

The key hurdles for future surgeons, at exam, selection, and progression do not discriminate against women. So why is surgery still different for women, asks Scarlett McNally. She calls for more strong female role models and also wants to encourage female surgeons to take on high profile roles.

• <http://bmj.co/surgeons>

Taking complaints seriously

Making complaints is hard, says Jane Feinmann. Patients may worry about being seen as a nuisance. However, good doctors don't make judgments about people who make complaints, she writes, and it's important to encourage patients to have the confidence to speak up in a consultation and seek their doctor's help in managing examples of unsafe care.

• <http://bmj.co/complaints>

Mental health issues among medical students

A recent survey of 1122 medical students found that 343 of them were affected by mental health issues, with 80% of those 343 students stating that the support they received (if any) was poor. Junior doctor Patrice Baptiste says that this lack of support is unacceptable, and calls for clearer networks of support to be established across all medical schools and communicated properly to students.

• http://bmj.co/med_students_health

Life saving science?

William Cayley considers a recent opinion piece in the *New York Times*, which called for more rapid dissemination of news and data about "medical breakthroughs." The instantaneous and social nature of the web is certainly tantalising, he says, but to advance the sharing of information too rapidly risks over-enthusiasm for interventions, which may not in the end help, or which may even harm.

• http://bmj.co/life_saving_science

THIS WEEK IN 1915

The number of patients who arrived at the base hospitals with gunshot wounds to the scalp is large. As their injuries are apparently superficial and their symptoms few or none, they usually come down as "sitting cases," and on arrival there is a tendency to overlook the fact that among them there is a fairly high percentage of cases with definite injury to the skull, or to the skull and brain. A careful examination of the patient should be made, and any disturbance of the cerebral function or lesion of cranial nerves observed. If unconsciousness is caused at the time of injury by the force



of the bullet or piece of shell that is concentrated on a very small area of the skull, the chances are considerable that at least fracture, and possibly injury of the brain has been caused. Owing to the difference in velocity of the missile, and therefore to the difference in momentum imparted to the

tissues displaced when the skull is struck, an injury to the skull or brain is usually far less severe when caused by a non-penetrating shrapnel bullet or piece of shell than when caused by a non-penetrating rifle bullet which strikes the shell tangentially.

• Cite this as [BMJ 1915;2:498](#)



EDITOR'S CHOICE

Medicine by numbers

The data underline the urgent need to ban the use of indiscriminate weapons in populated areas

What's the evidence that any of the 150 000 health apps available in Europe actually work? Not much, says Stephen Armstrong (p 18). But apps are not heavily regulated. Few apps are categorised as "medical devices" that need regulation by the Medicines and Healthcare Products Regulatory Agency. The NHS Choices Health Apps Library lists apps found to be clinically safe and legally compliant. Meanwhile the Royal College of Physicians advises its members to use only apps that have a CE certificate. The government proposes a four stage assessment of apps, ranging from a crowdsourced initial stage to robust independent assessment, possibly involving NICE. But it's unclear whether this assessment will have legal force; and it might process at most 10 000 apps a year.

Also lacking good evidence are calcium supplements or increased dietary calcium for reducing fracture risk in older people. Two research articles by Mark Bolland and colleagues (pp 11, 12) make it plain that dozens of trials with tens of thousands of participants have shown only a tiny effect on bone density in people who otherwise have a normal varied diet and no clinically relevant effect on fracture risk. Why then, asks editorialist Karl Michaëlsson (p 7), do so many organisations continue to recommend intake of high levels of calcium and vitamin D that can't be achieved by diet alone? The profitability of the supplements industry might play a part, he speculates, noting how difficult it is to identify the influence of industry on people who write dietary recommendations.

Such interests are, of course, rife in medicine. Timothy Anderson and colleagues (p 14) have

quantified the links between academic leaders and US healthcare companies. In 446 publicly traded companies, they identified 279 directors affiliated with 85 non-profit academic institutions who collectively received nearly \$55m (£36m) in individual payments (median individual compensation \$193 000) alongside tens of thousands of company shares. Although some academic institutions place limits on the amounts their staff can receive from companies, David Rothman asks in a linked editorial (p 8), "Why is \$5000 a day acceptable but not \$50 000?" He recommends just saying no: non-profit medical leaders should be excluded from directorships of healthcare companies.

It may seem obvious that explosives and chemical weapons used in conflicts such as the current one in Syria affect civilian men, women, and children as well as combatants. Not so clear are how large the effects and how disproportionately they affect different populations.

Debarati Guha-Sapir and colleagues (p 15) use the registries of violent deaths produced by human rights groups and non-governmental organisations to reveal the numbers behind the devastating effects of aerial bombardment and ground level explosives that have killed tens of thousands of Syrian civilians. As Hamit Dardagan notes in his linked editorial (p 10), these data underline the urgent need to ban the use of indiscriminate weapons in populated areas. We must hope these numbers prove persuasive.

Theodora Bloom, deputy editor, *The BMJ*
tbloom@bmj.com

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