

EDITORIALS

- 773 Management of acute bronchiolitis**
Inhaled adrenaline shows promise in outpatients, but treatment for inpatients remains unclear, says Francine M Ducharme
» *Research*, p 808
- 774 Statins and pneumonia**
Better evidence than can be provided by observational studies is needed to determine the association, say Vineet Chopra and Scott A Flanders
» *Research*, p 810
- 775 Supporting patients to make the best decisions**
Must be a core component of what it means to be a health professional, say Martin Marshall and Jo Bibby
» *Features*, p 792 » *Observations*, p 797
- 777 Climate change, ill health, and conflict**
Are interrelated, so collaboration between medical and military professions is needed, say Lionel Jarvis and colleagues
- 778 Improving the management of COPD**
Must start with strategies to increase the rate of diagnosis, says D M G Halpin
- 780 Home mechanical ventilation**
National registries would reduce variations in care and improve patient safety, say Matt P Wise and colleagues

LETTERS

- 781 GH in idiopathic short stature; SACN iron recommendations; Atypical antipsychotic drugs**
- 782 Osteoarthritis excess mortality; New mental health strategy; Evidence based policy making; National alcohol plans**

NEWS

- 783 Hospital doctors and nurses should sit alongside GPs on commissioning boards**
Health secretary will “pause” and listen to staff over reform bill
- 784 Use of cancer drugs fund varies widely**
Emergency surgery must improve, say surgeons
Doctors must disclose all links with drug firms
- 785 Changes to fees in personal injury cases are set to save the NHS millions**
Immunity for expert witnesses abolished
- 786 Payment by results works against integrated care**
G20 pathologist suspended for conduct
- 787 Summary records are revitalised with new opt-out letter**
Break in audit of maternal and perinatal deaths raises alarm
- 788 Surgeon who removed healthy organs gets four years in prison**
Organ donation rate rises by 14.5% in Spain after doctors get new guidance
Dutch smokers are ignorant of harms of passive smoking, study finds
- 789 South African HIV strategy involves condom use, mine workers, and widespread screening**

SHORT CUTS

- 790 What's new in the other general journals**

FEATURES

- 792 Welcome to the century of the patient**
To mark the signing of the Salzburg statement on shared decision making, the *BMJ* brought together 14 doctors, patients, academics, and policy makers to discuss how to involve patients in decisions about their health.
Anne Gulland reports
» *Editorial*, p 775
- 794 Salzburg statement on shared decision making**
- 796 Innovation in healthcare:**
Finalists reflect a wealth of potential

OBSERVATIONS

REALITY CHECK

- 797 Power to the people** Ray Moynihan

MEDICINE AND THE MEDIA

- 798 Do proposed libel law reforms go far enough?**
The government's draft Defamation Bill meets only half the demands of campaigners.
Clare Dyer considers whether this is enough to prevent the chilling effect on legitimate scientific debate that the current law enables

LOBBY WATCH

- 799 Office of Health Economics** Jane Cassidy

ANALYSIS

- 800 How the secretary of state for health proposes to abolish the NHS in England**
Allyson Pollock and David Price examine the proposed statutory changes to the NHS and raise concerns that the government's role could be reduced to that of payer
- 804 Can the government's proposals for NHS reform be made to work?**
The new health bill is contentious, and growing professional opposition to some aspects could undermine the reforms. Kieran Walshe and Chris Ham suggest some changes that may help the government to make its reforms work
- 806 Commentary: Fixing the policy may not sort out the politics**
Nigel Edwards

RESEARCH

- 807 Research highlights:**
the pick of *BMJ* research papers this week
- 808 Steroids and bronchodilators for acute bronchiolitis in the first two years of life: systematic review and meta-analysis**
Lisa Hartling, Ricardo M Fernandes, Liza Bialy, Andrea Milne, David Johnson, Amy Plint, Terry P Klassen, Ben Vandermeer
» *Editorial*, p 773



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Editorials, pp 773, 774, 778, 780
Research, pp 808, 810
Practice, pp 821, 823

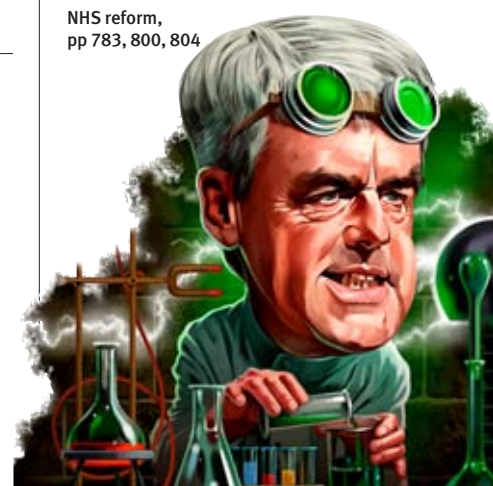


Conflict and climate change, p 777



Maternal and perinatal deaths, p 787

NHS reform,
pp 783, 800, 804



- 809 Protective efficacy of co-trimoxazole prophylaxis against malaria in HIV exposed children in rural Uganda: a randomised clinical trial**
Taylor G Sandison, Jaco Homsy, Emmanuel Arinaitwe, Humphrey Wanzira, Abel Kakuru, Victor Bigira, Julius Kalamya, Neil Vora, James Kublin, Moses R Kamya, Grant Dorsey, Jordan W Tappero
- 810 Effect of statin treatment on short term mortality after pneumonia episode: cohort study**
Ian Douglas, Stephen Evans, Liam Smeeth
» *Editorial*, p 774
- 811 Statin treatment for primary prevention of vascular disease: whom to treat? Cost-effectiveness analysis**
J P Greving, F L J Visseren, G A de Wit, A Algra

CLINICAL REVIEW

- 812 Diagnosis and management of transient ischaemic attack and ischaemic stroke in the acute phase**
K S McArthur, T J Quinn, J Dawson, M R Walters

PRACTICE

PRACTICE POINTER

- 818 How to minimise risk of acquiring tuberculosis when working in a high prevalence setting: a guide for healthcare workers**
Tara Harrop, James Aird, Guy Thwaites

10-MINUTE CONSULTATION

- 821 Frequent exacerbations in chronic obstructive pulmonary disease**
Christina George, Will Zermansky, John R Hurst

LESSON OF THE WEEK

- 823 Rebound hypoxaemia after administration of oxygen in an acute exacerbation of chronic obstructive pulmonary disease**
Binita Kane, Peter M Turkington, Luke S Howard, Anthony G Davison, G John Gibson, B Ronan O'Driscoll

OBITUARIES

- 825 Edwin Dennis Kilbourne**
Discovered way to mass produce influenza vaccines
- 826 Bernard Brooks; Peter Gooderham; Harrison Shaw McCallum; Robin Gordon Mitchell; Graham Pogrel; John Gilbert Sanderson**

VIEWS AND REVIEWS

PERSONAL VIEW

- 827 Bring back browsing**
Jerome P Kassirer

REVIEW OF THE WEEK

- 828 Better Doctors, Better Patients, Better Decisions: Envisioning Health Care 2020** edited by Gerd Gigerenzer and J A Muir Gray
Iona Heath

BETWEEN THE LINES

- 829 Paternalistic over-ride**
Theodore Dalrymple

MEDICAL CLASSICS

- 829 The Gift Relationship: From Human Blood to Social Policy** by Richard Titmuss
Parita Mukta

COLUMNISTS

- 830 Doctors' children**
Des Spence
- Stand up for straight statistics**
Mary E Black

ENDGAMES

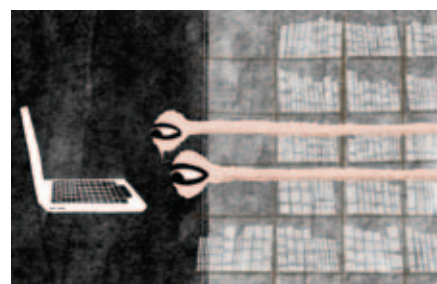
- 831 Quiz page for doctors in training**

MINERVA

- 832 Straightening teeth in postmenopausal women, and other stories**



Statins for pneumonia, pp 774, 810



Browsing to learn, p 827



A vaccine researcher has died, p 825

Time for a break?
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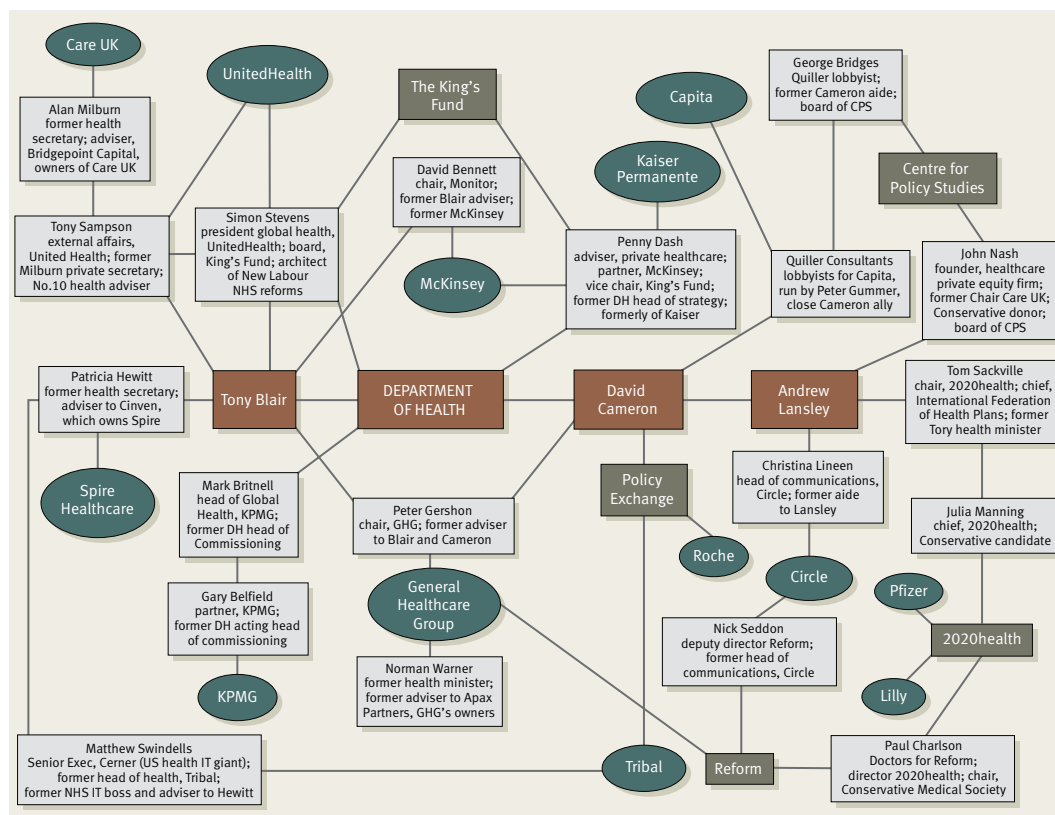
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GRAPHIC OF THE WEEK

Private healthcare companies have built a dense and largely opaque network of political contacts in the United Kingdom to influence policy in their interests and get the reforms they want. This lobbying network features in a book, *The Plot Against the NHS*, by Colin Leys and Stewart Player, published on 14 April. See www.powerbase.info/index.php/Private_Healthcare_Network_Map

See **ANALYSIS**, pp 800, 804

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THE WEEK IN NUMBERS

60% Proportion of the world's population that will be living in cities by 2030 (**Editorial**, p 777)

2014 Year from which all NHS hospitals must become foundation trusts (**Analysis**, p 800)

13% Mortality in the six months after diagnosis of pneumonia among statin users; for non-statin users it was 20% (**Research**, p 810)

900 000 Estimated number of stroke survivors in England (**Clinical Review**, p 812)

3 months Time spent in countries with high tuberculosis incidence after which UK guidelines recommend occupational health review (**Practice**, p 819)

QUOTE OF THE WEEK

“It's time that an educated and informed community challenged the power of vested interests in medicine, notably doctors' associations, private health insurers, and drug companies”

Ray Moynihan, author, journalist, and conjoint lecturer, University of Newcastle, Australia, on citizens' involvement in their healthcare (**Observations**, p 797)

See **EDITORIALS**, p 775, **FEATURE**, p 792, **VIEWS AND REVIEWS**, p 828

EDITOR'S CHOICE

Ctrl-Alt-Pause

The [Andrew Lansley] rap's release coincided with the government's realisation that it has lost the battle for England's hearts and minds over its reforms

The popular uprisings in north Africa and the Middle East could never have happened as they did without the new social media. Yet, for the creators of Facebook, YouTube, Twitter, and Google these were outcomes that they could never have envisaged.

It's fanciful to imagine that the current NHS reforms could provoke a similar uprising in England, rather than just a drubbing of the government via the ballot box. Nevertheless, it's intriguing to watch the new social media take on the Health and Social Care Bill.

A few weeks ago Martin McKee and friends described how Twitter was providing immediate scrutiny of the bill and giving a voice to those who usually go unheard (*BMJ* 2011;342:d948). Since then, the Andrew Lansley Rap has gone viral thanks to YouTube (www.youtube.com/watch?v=DL1jPqQtdNo). In as many words as appear in this column each week, MC NxtGen skewers the government's health reforms and still has room to reference the health secretary's relationship with the food industry and his claims for parliamentary expenses. A quarter of a million people have now watched the video, and "likes" are outnumbering "dislikes" by forty to one. All harmless fun? Maybe—except that the surest way to undermine a person's authority is to turn them into an object of ridicule.

The rap's release coincided with the government's realisation that it has lost the battle for England's hearts and minds over its reforms. Last weekend's newspapers trailed stories of the reforms being diluted or delayed. A gang of peers was said to be waiting to mug the bill when it arrived in the House of Lords. So it was a downcast secretary of state who told the House of Commons on Monday that "we propose to take the opportunity to take a natural break in the passage of the bill, to pause, listen and engage with all those who want the NHS to succeed" (p 783).

This week's journal provides some useful reading for the break. Allyson Pollock and David Price, academics at Barts and the London, think the government's Plan A would result in a competitive

market of corporate providers, despite the absence of evidence that such markets bring cost efficiency, improved quality, and greater equity. They propose eight key amendments to preserve comprehensive healthcare throughout England (p 800).

We asked Kieran Walshe of Manchester Business School and Chris Ham, chief executive of the King's Fund, to suggest a Plan B. Their suggestions focus on three main areas: general practice commissioning consortiums and primary care, competition and choice, and system governance and accountability (p 804).

It's clear from both articles that the government's real intentions over the role of competition have emerged as the great, disconcerting unknown in the reforms. Andrew Lansley did himself no favours when he refused to share with a Commons select committee the legal opinion on the effect of European Union competition law on the NHS under the reforms (doi:10.1136/bmj.d2180). We've just posted a detailed discussion of the issue online (doi:10.1136/bmj.d2071), which will appear in the print journal on 16 April.

In his commentary discussing the challenges the government now faces, Nigel Edwards, acting chief executive of the NHS Confederation, says that fixing the technical issues is only part of the problem (p 806). "Fixing the politics, telling the story, and containing the anxiety that has been created may be much harder." A strong narrative about why the inevitable upheaval is worthwhile is missing. And "even if the case for change is strong, the government has not made the case that this particular set of reforms is the answer."

We'll know whether the government has been listening when we see what it comes up with—after the break.

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Career Focus, jobs, and courses appear after p 830

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