NEWS

UK news Annual health checks do not reduce mortality, says Cochrane review, p 3
World news Antidoping agency savages Lance Armstrong's doctors, p 6
References on news stories are in the versions on bmj.com

bmj.com
High Court quashes GMC suspension of consultant

Patients who have bariatric surgery get inadequate care before and afterwards, finds national inquiry

LIFE IN VIEW/SPL

Many patients did not even get dietary advice before having surgery, found the review

Zosia Kmietowicz LONDON

A review of patients who had bariatric surgery in the United Kingdom has found a catalogue of failings in their treatment, with more than two thirds having no psychological counselling before they were referred and only a third being followed up adequately.

Improvements are needed across the whole of the care pathway, with more emphasis on specialist support before and after surgery, says the report by the National Enquiry into Patient Outcome and Death (NCEPOD).[1]

Obesity is estimated to cost the UK health services £5bn every year. The number of bariatric weight loss procedures in England has nearly doubled in two years from just over 4200 in 2008-9 to 8000 in 2010-11.

Ian Martin, NCEPOD's clinical coordinator in surgery and coauthor of the report, said that weight loss surgery was being seen, and often sold, as a quick fix to obesity problems.

"Bariatric surgery is a radical procedure with considerable risks, as well as benefits. It shouldn't be undertaken without providing full information and support to patients. But, when we reviewed cases we found examples of inadequate processes from start to finish—even the basics, such as giving patients dietary advice and education before decisions to operate are taken, were sometimes lacking," he said.

The inquiry reviewed the case notes and care of 381 patients who had bariatric surgery on the NHS (223) or in private hospitals (173) in England, Wales, Northern Ireland, the Isle of Man, Guernsey, and Jersey.

The reviewers found there was no evidence that about a third of patients (28%) had received input from a dietitian at any point before their surgery. And although psychological disorders are common among obese patients, most patients having surgery (61%) had no input from a psychologist, and in those that did this took place after they were referred.

The main problem with postoperative care was delays in follow-up; nearly half the patients (154 out of 348 (44%)) had their first follow-up appointment more than six weeks after they were discharged, said the reviewers. But there was also a lack of involvement of dietitians and clinicians in the follow-up appointment.

Reviewers also found that 14 out of 96 (14%) hospitals undertook weight loss surgery on patients who did not meet NICE guidance, that readmission rates within six months were high at 18% (58/315 patients), and that consent forms were inadequate in a quarter of cases

Martin commented, "Consent often happens on the day the patient is admitted for surgery. This means there is no time for patients to reflect on their choices and have the opportunity to ask further questions about the risks and benefits."

Cite this as: *BMJ* 2012;345:e6890

Social care can reduce demand on hospitals for end of life care, report says

Adrian O'Dowd LONDON

Appropriate use of social care services by people nearing the end of their life can ease pressure on hospitals, but current usage varies widely across England, says a report by the health think tank the Nuffield Trust.

The study, which was funded by the Department of Health's national end of life care programme, tracked the ways that more than 73 000 people used publicly funded health and social care services during the last months of their lives.[1]

Drawing on information from the population across seven different local authority areas in England, the authors linked different datasets to see what types of hospital services and local authority funded social care services people used in the months leading up to death.

The proportion of people using social care in the months approaching death varied twofold across local authorities. And although hospital costs rose sharply in the final few months of a person's life, social care costs rose gradually up to their death.

The costs of social care for people at the end of their life were reasonably predictable, said the authors, who argued therefore that the economic risk to the government of funding all social care at the end of life—currently means tested—would not be great.

People with the highest social care costs had relatively low average hospital costs, which suggested that use of social care could prevent the need for hospital care.

Martin Bardsley, head of research at the Nuffield Trust and an author of the report, said, "Our study suggests how social care might be effectively substituted for hospital care" for people at the end of life.

Cite this as: *BMJ* 2012;345:e6951

IN BRIEF

Scottish judges reject appeal on cigarette vending machines: An attempt by the tobacco industry to halt a ban on cigarettes being sold in vending machines in Scotland has been thrown out by the Court of Session. Britain's biggest vending machine operator, Sinclair Collis, owned by Imperial Tobacco, argued that the ban infringed free trade laws, but the court rejected this argument.

Bangladeshi tanneries are causing ill health: The campaigning group Human Rights Watch has berated the government of Bangladesh for failing to enforce health and safety legislation in the leather tanneries in the Hazaribagh neighbourhood of Dhaka and delaying plans to relocate and improve the factories. Workers complained of skin diseases and respiratory illnesses from chemicals and limb amputations caused by dangerous tannery machinery, and nearby slum dwellers complained of fevers, skin diseases, respiratory problems, and diarrhoea caused by the tanneries' pollution of air, water, and soil.[1]

Cranberry juice is unlikely to prevent cystitis: An updated systematic review from the Cochrane Library says that women would have to consume two glasses of cranberry juice a day for long periods to prevent one urinary tract infection. The researchers therefore concluded that current evidence did not support a preventive role for cranberry juice.[2]

First private abortion clinic opens in Northern Ireland: Marie Stopes Northern Ireland is to open the first private abortion service in the country on 18 October. Medical abortion up to nine weeks' gestation will be offered in line with the law. Short and long term contraceptive options, emergency contraception, HIV testing, sexually transmitted infection testing and treatment, and ultrasonography will also be available.

WHO condemns attacks on health facilities in Syria: WHO has called for halts to the violence in Syria so that patients can reach health facilities and drugs, vaccines, and medical equipment can be supplied. It also called for protection for all health personnel. Two thirds of public hospitals have been affected by the conflict, and 29% of those affected are out of service, WHO said. And 271 of 520 ambulances have been damaged or affected, of which 177 are out of service.

Cite this as: *BMJ* 2012;345:e6974

GlaxoSmithKline grants researchers access to raw clinical trial data

Rebecca Coombes BMJ

GlaxoSmithKline has taken steps to open up more clinical data behind its drug trials, just months after the company was fined a record amount for ethical breaches.

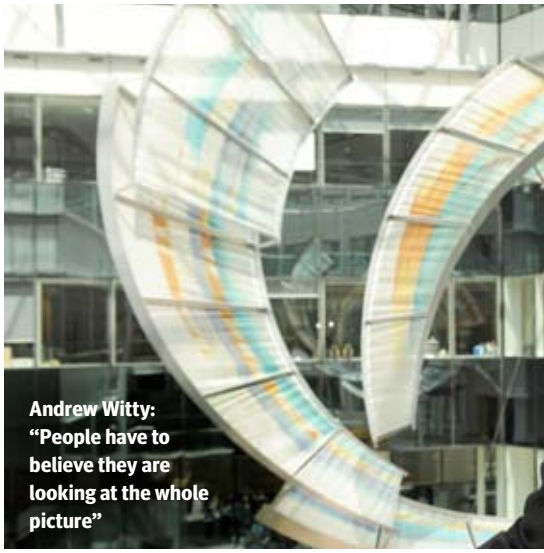
From January all anonymised patient level data that sit hidden behind the results of clinical trials of its approved and failed drugs will be available without charge through a secure website once access has been approved.

Andrew Witty, GSK's chief executive, said that the move sprang from a desire to dismiss the perception that drug companies are always "hiding something."

"People have to really believe they are looking at the whole picture," he said at the launch of the initiative on 11 October at the Wellcome Trust in London. "We will make available the raw data at patient level from all our trials—you can't get anything more granular than that."

The announcement comes after GSK was fined a record $3bn (£1.9bn; €2.3bn) in July for several offences, including hiding negative findings from trials of the drug paroxetine (Seroxat) and for failing to report safety data on the antidiabetes drug rosiglitazone (Avandia).[1]

GSK is the first major drug company to open up data in this way, a move that Witty hoped would lead to further drug discovery. Crucially, it gives scientists the freedom to use the clinical trial data without working with GSK, either to examine findings more closely or to combine data with different studies in further research. It opens up the possibility of researchers mining data relating to the trials of controversial and discredited drugs, such as rosiglitazone.



Andrew Witty: "People have to believe they are looking at the whole picture"

GSK/PA

To access data, researchers have to get permission from an independent panel of experts. The panel of gatekeepers, which would not "just be made up of friends of GSK," said Witty, would consider requests on their scientific merits.

"We don't want people with no understanding of data to go through and make random conclusions. The panel will ask, 'Do you have a protocol, are you asking a legitimate research question, and will you publish the results?'" said Witty. "Just as patients have given us this data, we shouldn't then say this data is available to anyone."

Children say ADHD drugs don't turn them into robots

THE BROTHERS MCLEOD/ADHD VOICES PROJECT

Zosia Kmietowicz LONDON

Claims by some observers that stimulant drugs used to treat attention-deficit/hyperactivity disorder (ADHD) rob children of their "authenticity" and moral responsibility have been refuted by a study that was based on interviews with patients.

Responses from 151 children in the UK and the US showed that those who were taking stimulants believed that the drugs helped them pause rather than lash out so that they made better decisions and had more control over their behaviour.

Ilina Singh, reader in bioethics and society at King's College, London, carried out the ADHD VOICES (voices on identity, childhood, ethics, and stimulants) study to investigate some of the controversies over treatment with stimulant drugs such as methylphenidate.[1]

The study, funded by the Wellcome Trust, involved interviews with children aged between 9 and 14 years who were taking stimulants for ADHD, had a diagnosis but were not taking treatment, or were controls.

Singh said that the study did not substantiate critics' claims. "The ethical presumptions about stimulant drugs were largely not supported by this study. This is not an endorsement of stimulant drugs, but it is an evidence based investigation of harms. We assumed they were harms, [but] we do not find support [for them] from children's experiences. The prevalence of these assumptions is hurting children; the drugs are not," she said.

Cite this as: *BMJ* 2012;345:e6947

Once approved, trial data from 2007 and beyond would be automatically available, although data relating to trials staged before this date would be "less easy" to access. This was because pre-2007 trial data weren't collected in a standard electronic format, but GSK said that its commitment to opening up the data remained the same.

Mark Walport, director of the Wellcome Trust, said that GSK's move was bold and innovative. "Real breakthroughs do not come out of nowhere but are borne of scientists sharing knowledge."

At the same time GSK's tuberculosis "compound library" is to be made freely available. This will make public the company's proprietary compounds that have shown signs of activity against tuberculosis.

Cite this as: *BMJ* 2012;345:e6909

Annual health checks do not reduce mortality, says Cochrane

Jacqui Wise LONDON

General health checks do not reduce morbidity or mortality and should not be included as part of a public health programme, say Cochrane researchers who carried out a systematic review of the evidence.

The review, published in the Cochrane Library, included 14 trials involving 182 880 people.[1] Nine of the trials studied the risk of death and included 155 899 participants. Health checks had no effect on the risk of death or on the specific risk of death from cardiovascular disease or cancer.

Neither did the researchers find an effect on the risk of illness, although one trial found an increased number of people that health checks identified as having hypertension and high cholesterol concentrations, and one trial found an increased number with chronic disease.

The review did not find that health checks had an effect on the number of admissions to hospital, disability, worry, the number of referrals to specialists, additional visits to doctors, or absence from work, but most of these outcomes were poorly studied.

None of the trials compared the total number of new prescriptions, but two of four trials found an increased number of people using drugs for high blood pressure. Two of four trials found that health checks made people feel healthier, but the researchers said that this result was not reliable.

"From the evidence we've seen, inviting patients to general health checks is unlikely to be beneficial," said the lead researcher, Lasse Krogsbøll, of the Nordic Cochrane Centre in Copenhagen. "One reason for this might be that doctors identify additional problems and take action when they see patients for other reasons."

Another reason for the lack of effect may be that people at high risk of developing disease may not attend general health checks when invited to do so. Another problem identified by the researchers was that most of the trials were old, making the results less applicable to today's settings. They said that any further research should focus on the individual components of health checks.

The researchers said that health checks could lead to unnecessary treatment and cause harm by diagnosing conditions that would not cause symptoms or death.

Private healthcare companies widely promote annual health checks, but the Cochrane researchers said that this practice is not supported by the best available evidence.

Peter Mace, assistant medical director at Bupa Health and Wellbeing UK, said, "Bupa health assessments aim to help people to stay healthy, and our doctors work closely with people to address areas of risk that are specific to them."

Cite this as: *BMJ* 2012;345:e7001

RESEARCH NEWS, p 14

NHS will be paperless by 2015, says commissioning board

Matthew Limb LONDON

Paper records should be "eradicated" from the NHS as early as 2015, the NHS Commissioning Board's national director for patients and information has said.

Tim Kelsey said he was "pushing" for a switchover to digital records by the end of 2015 and admitted it would be a "bold" move.

But a senior figure at the NHS Confederation said the deadline could prove "too ambitious."

Kelsey, a former *Sunday Times* journalist who co-founded the Dr Foster organisation that publishes consumer guides to UK health services and comparative health data online, spoke at the Healthcare Efficiency through Technology Expo in London on 9 October.

He said the commitment to a paperless NHS would be in the NHS Commissioning Board's new operational mandate which the government is expected to issue soon. This would mean an end to referral letters and "lost" patient records.

He said, "The time has come to fully unleash the power of information technology in health and social care."

He said it was a realistic aim for the NHS to give up using paper by the end of 2015 although this deadline was not yet specified in the mandate.

Kelsey said he was "incredibly privileged" to be able to influence the future direction of the NHS, in terms of the take up of information technologies and patient involvement, and that the NHS Commissioning Board would implement plans that would "finally nail the data infrastructure."

IAN HOOTON/SPL

He said that from April 2013 the NHS would routinely "extract" more data from primary care. The NHS would be able to track patients more effectively as data linking primary and secondary care would be made more widely available.

Also, from next April, the NHS will launch a "multichannel platform" bringing together NHS Choices and the 111 non-emergency service, which will allow people to order prescriptions and book GP appointments online.

Frances Blunden, senior policy manager at the NHS Confederation, said, "Some working practices can be hard to change, and for a health service as large as the NHS 2015 may be too ambitious a deadline."

Cite this as: *BMJ* 2012;345:e6888

IAN HOOTON/SPL

Delivering change is a "brutally exposing business," GPs are told

Matthew Limb LONDON

Doctors were ambitious to radically transform health services in London but could "easily be crushed" by the weight of expectation and bureaucracy, a leading NHS manager has said.

Ruth Carnall, chief executive of the NHS London strategic health authority, said that GPs and their colleagues on clinical commissioning groups would find that delivering change was a "brutally exposing business."

She said this was being shown by current attempts to reconfigure services in northwest London, where a proposal that nine emergency departments be reduced to five has met fierce opposition.

"Clinicians trying to lead change can be put under enormous scrutiny and pressure," she said. She said that they could become stressed and disillusioned by the tendency of politicians who oppose the closure of local services "to reduce complex, finely balanced arguments to a soundbite" but should resist compromising clinically necessary service changes solely in response to political pressure.

Carnall was speaking at a conference, "Progressing healthcare in London," held at the health think tank the King's Fund on Thursday 11 October.

NHS London was working to support the creation of clinical commissioning groups by April 2013, when strategic health authorities and primary care trusts are to be abolished.

NHS

Ruth Carnall: GP groups were likely to see problems of reconfiguration as insurmountable

Carnall said that the authority had overseen many improvements in healthcare since it was established in 2006 and that its changes were saving thousands of lives but that there was much "unfinished business."

She regretted that NHS London had not invested "more time, energy, and money" supporting GPs as leaders or done more to improve mental health and the care of patients with cancer. History showed that it took far too long to reconfigure hospital services in the capital and to close unsustainable units, she said. The process was so "open ended"—it had taken 20 years to resolve the future of Chase Farm Hospital, for example—that the clinical commissioning groups were likely to see it as "insurmountable."

Cite this as: *BMJ* 2012;345:e6950

Vending machines in US display calories

Edward Davies BMJ, NEW YORK

Manufacturers of sugary drinks will put calorie counts and health information on their vending machines for the first time starting next year in two US cities.

REUTERS

An advertisement created by New York City Health Department shows an amputee with soft drinks

Under the "Calories Count Vending Program" firms such as the Coca-Cola Company and PepsiCo have agreed to work with government leaders, food service operators, and vending companies on the scheme, which will begin in 2013.

Labels listing the number of calories per container will be added to selection buttons, and more lower calorie drinks will be offered in the machines, which will initially be available only in government buildings in Chicago and San Antonio. But the program is scheduled for a national rollout, according to the American Beverage Association—the trade group behind the initiative.

This latest move in the battle over sugary drinks comes just weeks after New York city's mayor, Michael Bloomberg, won the right to ban sugary drinks larger than 16 oz (455 mL) from the city and a month after McDonald's agreed to list calorie counts on every menu board.

San Antonio's mayor, Julián Castro, said that the engagement of industry in public health was a welcome step.

Cite this as: *BMJ* 2012;345:e6884

Hysterectomy can be performed on woman against her will

Clare Dyer BMJ

A High Court judge in London has given doctors the go ahead to perform a risky but potentially lifesaving hysterectomy on a woman with cancer of the uterus who denied that she had the disease.

Mr Justice Holman ruled that it would be lawful for an unnamed NHS trust in the south of England to carry out the operation on the 61 year old woman with schizophrenia, who lacked the mental capacity to make an informed decision.

The judge, sitting in the Court of Protection in London, was told that the woman, named only as K, had diabetes and asthma and weighed 20 stone (127 kg). But her three adult sons wanted her to live, and they and the doctors caring for her believed that the benefits of the operation would outweigh the risks.

If untreated, doctors said, the cancer could spread to her bowels and bladder, causing her "pain and indignity before death."

The official solicitor for England and Wales, acting for K, argued that the operation would be too risky, carrying a 5-10% chance of death.

Mr Justice Holman said that K "has a delusional belief that she does not have cancer at all."

He added, "She has cancer of the uterus. She could be cured by a potentially lifesaving operation. She herself lacks the capacity to make an informed decision. She opposes and is resistant to the operation."

The judge granted the trust a declaration that performing the proposed surgery under general anaesthetic would be lawful "notwithstanding K's refusal to consent to such treatment."

Cite this as: *BMJ* 2012;345:e7006

Trust refers surgeons to GMC for refusing to take part in breast unit review

Clare Dyer BMJ

Two breast surgeons at Mid Staffordshire NHS Foundation Trust have been referred to the UK General Medical Council after refusing to cooperate in a review of the breast cancer unit by the Royal College of Surgeons.

The college was asked by healthcare commissioners to look at breast cancer surgery at the trust after a peer review by the Greater Midlands Cancer Research Network described the multidisciplinary team as "deeply dysfunctional" and raised concerns about the safety of patients.[1]

The surgeons, Raafat Gendy and Raghavan

Judge upholds doctors' care plan for profoundly damaged 3 year old boy

Clare Dyer BMJ

A profoundly brain damaged 3 year old boy in foster care should not be given life prolonging treatment when his condition deteriorates, despite the wishes of his birth mother, a High Court judge has ruled. The boy, named only as KH, has been in local authority care since shortly after birth and lives with foster parents.

Neither birth parent has the mental capacity to take decisions about medical treatment. But the unnamed NHS trust caring for the boy in the north of England took the case to court when his mother objected to parts of the advance care plan being drawn up for her son.

K contracted viral encephalitis when he was 5 weeks old, resulting in "devastating and widespread brain destruction," said Mr Justice Peter Jackson. He cannot communicate and functions below the level of a newborn baby. He has severe dystonia, severe and progressive scoliosis and deformity of the ribcage, gastric reflux and frequent vomiting, and is fed through a tube.

Dr S, a consultant paediatric neurologist at the main children's hospital caring for him, drew up an advance care plan to take effect when K's condition seriously worsened. The detailed plan, to be reviewed regularly, included provisions that K should not be intubated or ventilated, given cardiac resuscitation, or be admitted to hospital for blood sampling if he developed pneumonia.

K's mother was "acutely and understandably anxious to do everything possible for KH, but I find that the medical view is to be preferred," the judge said.

Cite this as: *BMJ* 2012;345:e6910

Dissection and resurrection

Zosia Kmietowicz LONDON

This wax model of a skull, created by the anatomical model maker Joseph Towne for the 1851 Great Exhibition in Hyde Park, is part of the Doctors, Dissection, and Resurrection Men exhibition at the Museum of London. At the time it was made, Londoners were fearful of the "resurrection men," who stalked the city's graveyards to feed the habits of surgeons in search of bodies to dissect. The exhibition includes findings from an archaeological dig in 2006 at the Royal London Hospital in Whitechapel, which uncovered 262 historical burials, many showing signs of dissection. The exhibition runs until 14 April 2013 at the Museum of London, 150 London Wall, London EC2Y 5HN.

Cite this as: *BMJ* 2012;345:e7009

Vidya, said in a statement issued to a local newspaper, the *Staffordshire Newsletter*, "We do not believe that the Royal College of Surgeons invited review mechanism would address the relevant issues because it does focus only on the surgical practice, which is irrelevant to the current concerns, rather than looking at the whole service."

They said that they were "keen to take part in a broad-based review" and added, "The unsatisfactory Cancer Peer Review report was related to repeated problems in appointing a lead clinician and the uploading of incorrect operation policy on three occasions.

"The breast team has worked in harmony before and had satisfactory feedback from patients, GPs, and external reviewers."

The peer review report, resulting from a visit last March, found a lack of support among surgeons for the new appointment of a lead clinician and only 9.7% compliance with standards drawn up by the National Cancer Action Team programme.

"There was evidence of open hostility and lack of engagement between some clinical members of the MDT [multidisciplinary team] and the trust management," it said. "This is incompatible with an open safety culture and may interfere with problems being identified and dealt with at an early stage."

A spokesman for the GMC said, "We have recently received a referral from Mid Staffordshire NHS Foundation Trust. We are reviewing this new information and, if necessary, we will restrict the doctors' practice while we investigate concerns."

Robert Courteney-Harris, medical director at the trust, said that commissioners had requested a review by the Royal College of Surgeons "because of concerns around certain aspects of this service." Under the regulations for a review by the college, surgeons have to agree to participate before the review can go ahead.

"The two surgeons in the breast service refused to participate in a review and so this requirement could not be met," said Courteney-Harris. "The RCS asked me to refer the two surgeons to the General Medical Council because of their unwillingness to cooperate, which I have done.

"I am in discussions with the RCS as to whether they will now carry out a review without the participation of the two surgeons, and I am also looking at other organisations which might be able to carry out a review if the RCS review does not go ahead."

Cite this as: *BMJ* 2012;345:e6985

Antidoping agency savages Lance Armstrong's doctors

PETER DEJONG/AP/PA

The evidence that Lance Armstrong's doctors were involved in doping was overwhelming

Edward Davies BMJ, NEW YORK

Doctors who had received life bans from working in all sports earlier this year in relation to the Lance Armstrong doping conspiracy have been heavily and repeatedly criticized in the full report into the investigation.

Luis Garcia del Moral and Michele Ferrari, who worked with the cyclist during his seven year Tour de France reign, were both banned for life in July by the US Anti-Doping Agency, while a third team doctor, Pedro Celaya, is contesting the charges and taking the decision to arbitration.

Ferrari may also face charges in Italy, where doping is a criminal offence. In an interview with the Associated Press the Paduan prosecutor Benedetto Roberti, who has been leading an investigation into Ferrari for several years, said that his investigation was "coming to a close." Parts of his investigation were used in the 200 page report from the Anti-Doping Agency.

The "reasoned decision" of the agency, released on 10 October, repeatedly condemned the physicians for their involvement in the conspiracy, saying that "there exists overwhelming evidence that Lance Armstrong surrounded himself with a team of doctors and other key support staff members who were themselves heavily involved in doping."[1]

Evidence from the US cyclist George Hincapie, a team mate of Armstrong who admitted taking performance enhancing drugs and who was quoted in the report, outlined some of the detail of Ferrari's involvement. The report said, "Dr Ferrari provided Hincapie [with] training plans which included notations for when he was to take EPO [erythropoietin], blood transfusions and testosterone. Hincapie recalled that Dr Ferrari would place a dot on some days and a circle on other days to indicate the amount of EPO to be taken and that Dr Ferrari was present on occasion when Hincapie received injections of EPO."

Emma O'Reilly, a team employee who also testified, recalled how Celaya and colleagues flushed "tens of thousands of dollars of doping products down the toilet of the team camper," fearing a police raid during the 1998 Tour de France.

Armstrong has refused to respond to the allegations presented in the report, but one of his lawyers, Timothy Herman, issued a rebuttal statement before the report's release, saying that it would "be a one sided hatchet job—a taxpayer funded tabloid piece rehashing old, disproved, unreliable allegations based largely on axe grinders, serial perjurers, coerced testimony, sweetheart deals, and threat induced stories."

Cite this as: *BMJ* 2012;345:e6912

There should be no informal age "cut offs" for surgery, says report

Jacqui Wise LONDON

Decisions about a patient's suitability for surgery should be based on their overall health or biological age rather than their chronological age, warns a new report from the Royal College of Surgeons and the charity Age UK.[1]

The authors examined treatment rates across eight areas of surgery and looked at how these varied with age. Among the examples cited in the report was the finding that the incidence of breast cancer peaked in patients in the 85 years or more age group while the surgery rate peaked in the mid-60s and then fell sharply from the age of 70.

Similarly, the rate of elective knee replacement and hip replacement surgery for patients in their late 70s or more dropped consistently from 2008 to 2011. And surgical treatment rates for prostate cancer did not match the number of new cases being diagnosed among older age groups.

The report says that these trends have several possible explanations. For example, the risk of treatment could outweigh the benefits for a patient, or alternative non-surgical treatment may be better. However, the report also says that doctors may not always make a comprehensive and objective assessment of a patient and instead make assumptions about fitness in older age.

There may also be barriers before a patient even reaches a surgeon. For example, some symptoms could be dismissed as an inevitable part of ageing rather than a potential sign of ill health. This could mean that a disease was at a more advanced stage by the time of diagnosis, so that surgical treatment was no longer possible.

Norman Williams, president of the college, said, "It is alarming to think that the treatment a patient receives may be influenced by their age. The key is that it is a decision based on the patient rather than how old they are."

The report makes 25 recommendations. It says that clinicians should inform patients if surgery has been ruled out when it would normally be considered and should give reasons. There should be no informal age "cut offs" and geriatricians should be involved more routinely in multidisciplinary teams for conditions that are common in older people.

Cite this as: *BMJ* 2012;345:e6957

BMA calls for minimum 1% increase in doctors' pay for 2013-14

Caroline White LONDON

All doctors, including general practitioners, should be awarded at least a 1% pay rise next year to account for years of pay freezes and below inflation pay increases, the BMA has said.

The government has instructed the independent Review Body on Doctors' and Dentists' Remuneration (DDRB) to consider awarding doctors a pay rise of 1% for 2013-14, but has suggested that the body does not need to make any recommendations on the gross contract uplift for general practitioners.

Earlier this week, NHS Employers called for the current public sector pay freeze to be extended for a further year for all NHS staff, arguing that the NHS could not afford any pay uplift without cutting jobs and compromising patient care.[1]

In its annual submission of evidence to the DDRB, the BMA says that it fully recognises the need for pay restraint in the current economic climate. But it argues that pay levels for all doctors have been eroded as a result of pay caps, rising inflation, and increased pension contributions.

Cite this as: *BMJ* 2012;345:e6876