

THIS WEEK

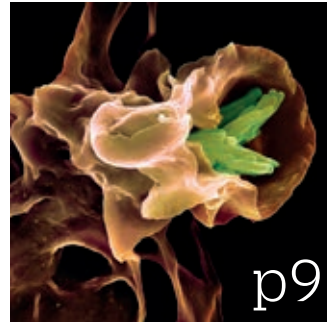
Articles appearing in this print journal have already been published on thebmj.com, and the print version may have been shortened



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- 2 Primary care telephone triage does not reduce workload, study finds
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- 3 Minimum unit price on alcohol would affect heavy drinkers 200 times more than moderate drinkers
GP antibiotic prescribing rose by 40% in 12 years

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The BMJ website is fully responsive, which means that its pages automatically fit the different screen sizes of desktop and laptop computers, tablet devices, and smartphones.

The new design is also less cluttered, which should mean that browsing is easier and pages load faster, with more prominent links to *The BMJ's* campaigns, investigations, and advice for authors.



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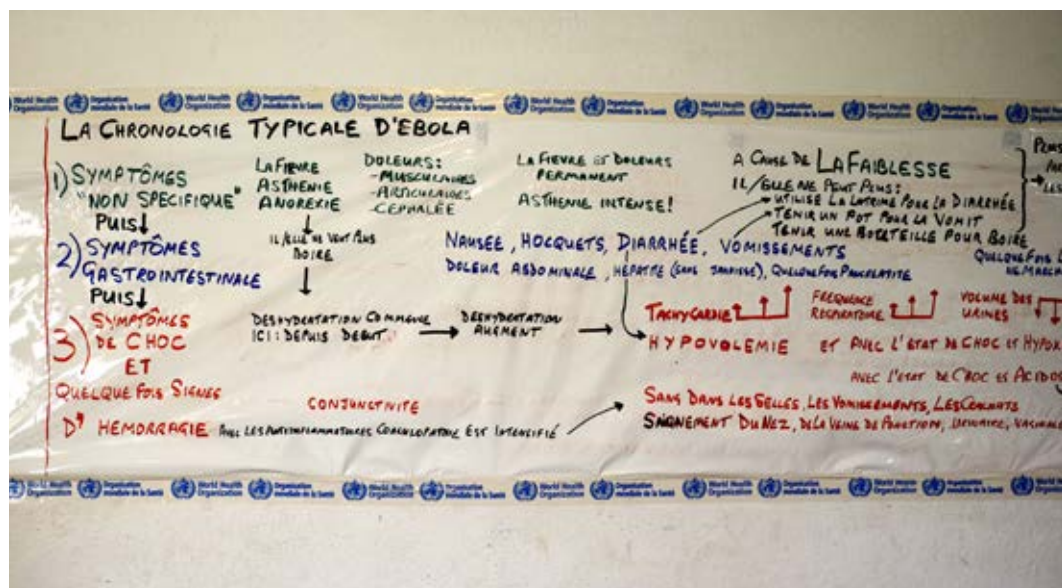
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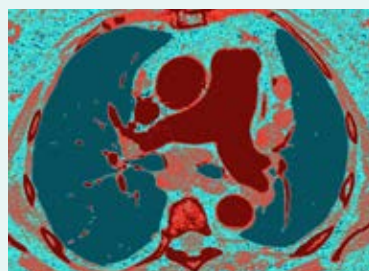


PICTURE OF THE WEEK

A chart provided by the World Health Organization pinned to a wall at the health centre in Gueckedou, Guinea, outlining the symptoms of Ebola virus infection. Ebola was first detected in this remote town, where more than 80% of those infected have died, earlier this year.

● FEATURE, p 14; LAST WORDS, p 37

RESPONSE OF THE WEEK



The NICE guidance recommends a primary prevention systematic strategy to identify all those at risk of cardiovascular disease. Is this not the NHS Health Check programme? Why is it not referenced in the guidance? What other primary care systematic strategy should be put in place to identify those at risk if it is not the NHS Health Check approach being developed by Public Health England?

Anthony J Morkane, consultant in public health, Derbyshire County Council, Matlock, UK, in response to "Mass treatment with statins" (*BMJ* 2014;349:g4745)

MOST READ

- Mass treatment with statins
- The epidemic of pre-diabetes: the medicine and the politics
- Dabigatran: how the drug company withheld important analyses
- Association between alcohol and cardiovascular disease: Mendelian randomisation analysis based on individual participant data
- Evidence based medicine: a movement in crisis?

THEBMJ.COM POLL

Last week's poll asked:

Should boys be vaccinated against HPV as well as girls?

86% voted yes (total 310 votes cast)

● *BMJ* 2014;349:g4783

This week's poll asks:

Should GPs prescribe statins for primary prevention of cardiovascular disease?

Practice:

● *BMJ* 2014;349:g4386

● Vote now on thebmj.com



EDITOR'S CHOICE

The path of non-conformity

Power over patients and authors comes easily to doctors and editors. Courage is harder and it tends, like Mandela, not to choose the path of conformity

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What is courage? Is courage possible without fear? Nelson Mandela believed that courage was not the absence of fear but the triumph over it. Each news report brings us stories of courage, from the inhumanity of Europe's battle trenches of a century ago to the humanitarian and public health crisis in Gaza today, and yet no statesman of Mandela's calibre is able to guide us to a less fearful place.

Courage is also treating patients with Ebola disease, writes Margaret McCartney, who sympathises with the fear that health workers might feel and admires those who risk their lives to save patients (p 37). Ebola has now spread across four densely populated countries in west Africa in less than six months, killing over 700 people, as Sophie Arie's feature describes (p 14). Aid agencies warn that the outbreak is out of control and that air travel could spread the virus almost anywhere.

People seeking assisted dying may cherish life but are now willing to accept death. A recent editorial (*BMJ* 2014;349:g4349) led to a debate on the merits of *The BMJ* declaring a stance on this topic. Assisted dying goes against why many of us become doctors, says one reader (p 17). *The BMJ*'s position will create publication bias, because opponents of assisted dying will no longer submit articles, argues another (p 17). The volume of letters in this issue and on thebmj.com suggests that, if anything, critics of *The BMJ*'s stance have been encouraged to write in. "The journal hasn't closed its mind to opposing points of view," the editorialists reply (p 17).

Like courage, debate is everywhere in this week's issue. The Oxford professor Rory Collins demanded retraction of two articles that contained a factual error

overestimating the level of side effects of statins (*BMJ* 2013;347:f6123; *BMJ* 2013;347:f6340). The error was corrected, but Collins still wanted full retraction.

The BMJ convened a panel to independently investigate our handling of the articles, Collins's complaint, and whether or not retraction was appropriate. The panel reported last week, and endorsed *The BMJ*'s decision not to retract the articles, expressed surprise at Collins's reluctance to debate publicly in *The BMJ*, and suggested improvements to *The BMJ*'s editorial processes. *The BMJ* will act on this advice, writes editor in chief Fiona Godlee (p 8), and will continue to publish on both sides of the statins debate and increase calls for the release of trial data so that independent assessments of benefits and risks of statin treatment can be made. The full report of the panel, the submissions it received, and an interactive timeline of events are online (thebmj.com/statins).

What does all this heavyweight debate mean for Mr Lowrisk, keen on golf but confused by statins (p 12)? Or even a South Asian professor in Scotland who is at risk of coronary heart disease but able to understand numbers needed to treat (p 19)? Evidence is all well and good, concludes Raj Bhopal, but the values and beliefs of the medical profession will probably wield the most influence in the public's decision making. Indeed, power over patients and authors comes easily to doctors and editors. Courage is harder and it tends, like Mandela, not to choose the path of conformity.

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