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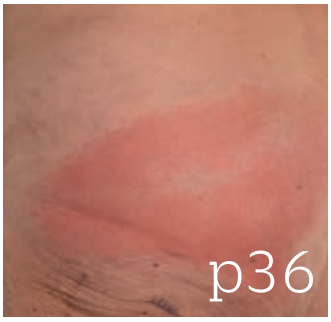

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PICTURE OF THE WEEK

Staff at a trauma hospital run by Médecins Sans Frontières in Kunduz, Afghanistan, seek cover in one of the remaining parts of the building after sustained bombing at the weekend. The charity has condemned the aerial attack that left 22 people dead and many injured. **NEWS, p 4; BMJ BLOGS bmj.co/kunduz**

THEBMJ.COM POLLS

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

YES: 86% NO: 14%

Total votes: 160

BMJ 2015;351:h5212

This week's poll:
Do GPs need a new contract?

BMJ 2015;351:h5331

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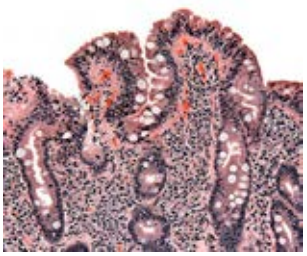
Online highlights from thebmj.com

STATE OF THE ART

This week our state of the art review is celiac disease and non-celiac gluten sensitivity. Celiac disease is a multisystem immune based disorder that is triggered by the ingestion of gluten in genetically susceptible individuals. The prevalence worldwide is about 1%, although most people with the condition are undiagnosed.

Clinical features are diverse and include gastrointestinal



symptoms, metabolic bone disease, and infertility. Although a gluten-free diet is effective in most patients, it can be burdensome and can limit quality of life; consequently, non-dietary therapies are being developed.

This review summarises the latest evidence on the pathophysiology, diagnosis, and management of celiac disease, and future areas of research. It also discusses non-celiac gluten sensitivity as it is a cause of increasing interest in gluten-free diets in the general population.

BMJ 2015;351:h4347

RESPONSE OF THE WEEK

Anderson and colleagues have performed a valuable service in quantifying the extent to which leaders in nonprofit academic medical centers also serve on the boards of investor-owned health businesses. Rothman is right, however, in saying that this obvious conflict of interest should be prohibited altogether, not just "reconciled," as suggested by Anderson and his colleagues.

There is nothing "potential" about this conflict: it is actual. As Thompson said in his seminal 1993 article, a conflict of interest is a function of the situation, not of whether it leads to discernible bias. The mission of academic medical centers is different from the mission of investor-owned health businesses, and people who pledge to serve both are kidding themselves, at best.

Marcia Angell, physician/faculty, Harvard Medical School, Cambridge, MA, USA, in response to, "Prevalence and compensation of academic leaders, professors, and trustees on publicly traded US healthcare company boards of directors: cross sectional study

BMJ 2015;351:h4826

POPULAR ONLINE

Increased mortality associated with weekend hospital admission: a case for expanded seven day services?
BMJ 2015;351:h4596

Restoring Study 329: efficacy and harms of paroxetine and imipramine in treatment of major depression in adolescence
BMJ 2015;351:h4320

No correction, no retraction, no apology, no comment: paroxetine trial reanalysis raises questions about institutional responsibility
BMJ 2015;351:h4629

THIS WEEK IN 1915

Hubert Chitty, assistant surgeon to the Bristol Royal Infirmary, writes about life aboard a hospital ship in the Mediterranean. The ship can carry 350 "cot cases" and an equal number of "walkers", and the staff is made up of eleven surgeons, four nursing sisters, and an unspecified number of St John Ambulance men. Chitty speaks highly of the Turkish enemy who have allowed the ship to anchor close to shore and carry out their work in security. The Turks are "clean fighters" who seem to respect the Geneva Convention and have not impeded the rapid evacuation of wounded. Chitty notes that "the Turk does not seem to love the bayonet," and that these types of wound are rare, more common are injuries from bombs and bullets. Cases are brought from the shore in barges, the "walkers" are fed, dressed, and taken to shore hospitals, while the "cot cases" are nursed on board and operated on immediately if necessary. When the ship's cots are full it will go on to Alexandria, Malta, or England to discharge its patients, take in stores and coal, be cleaned and then return to the scene of the action.

Cite this as *BMJ* 1915;2:529

LATEST BLOGS

What makes the new global goals different?

After three years of negotiations, we have a new sustainable development agenda for global action: The Global Goals. Arthy Santhakumar welcomes the inclusiveness promised by the new goals, "Leave no-one behind," but says that the primary responsibility for translating these new promises into decisive action will rest with national leaders and, by extension, all of us, who must hold our governments to account.

http://bmj.co/global_goals

Working as a policy adviser in the US Marines

What's it like working as the special assistant to the assistant commandant and senior program liaison for community health integration in the United States Marine Corps? Well, with a job title like that, it's no surprise that the job involves a variety of tasks, from travelling to Afghanistan to look after the rehabilitation programme of injured soldiers, to setting up an electronic medical records system for the Marines. Tracey Koehlmoos blogs about what else she managed to achieve in this role.

http://bmj.co/marines

If Volkswagen staff can be criminally charged so should fraudulent scientists

The news that Volkswagen staff may be criminally prosecuted for manipulating emission tests raises again the question of whether scientific fraud should be a criminal offence, writes Richard Smith. He looks at a case of research misconduct that he thinks should have led to criminal charges, and sadly notes that it would be possible to produce a list of many equally egregious cases where criminal charges would have been the right response.

http://bmj.co/Volkswagen

How can research publication be improved?

The current status of medical research literature is depressing, says Mona Nasser. He reports from the EQUATOR/REWARD conference where the topic of how to reduce research waste and improve research publications was discussed. Our mantra for research publication should be accuracy, completeness, and transparency, he says, and the responsibility to ensure this lies with everyone, not just researchers and journal editors.

http://bmj.co/researchwaste

EDITOR'S CHOICE

Loosening the grip

Nothing is more certain than guidelines, regulation, and death

When cautious, evidence informed writers such as Christiane Muth and Paul Glasziou describe a study as "pioneering work," we should pay attention (p 7). Our systems are besieged by ageing populations and multimorbidity. We struggle to find effective and affordable solutions. Research evidence may be limited by the age range of the study population and generally focuses on single therapies. The reality of medical care is different: older patients with complex chronic diseases, taking many drugs. Our evidence base and guidelines tend not to cater for the messiness of clinical problems.

Applying several guidelines to patients with multimorbidity carries risks, explain Muth and Glasziou. Are the treatment effects equivalent to those seen in patients with a single disease? Might we precipitate potentially harmful interactions? Multiple guidelines mean multiple treatments, surely placing an undue burden on patients?

To answer the question of effectiveness, Mary Tinetti and colleagues (p 13) studied three year survival in older patients with multimorbidity taking nine cardiovascular drugs recommended by guidelines. The researchers conclude that average associations for survival are broadly similar to those reported in randomised controlled trials of patients with single diseases. Yet this finding does not mean that clinicians must blindly follow the guidelines. When it comes to avoiding harmful interactions and reducing the treatment burden on patients, Muth and Glasziou warn us to consider a patient's circumstances, preferences, and treatment goals.

The tyranny of regulation is just as much a problem. England's Care Quality Commission is concerned about Addenbrooke's in Cambridge, designating it as being under "special measures." Keith McNeil, its chief executive, resigned last month before the CQC's inspection report was published. Is Addenbrooke's as big a failure as is being painted (p 14)? McNeil believes that a misunderstanding was at the core of the CQC inspection. He presented Addenbrooke's as an academic specialist centre; staff described it as a district hospital with specialist services. The CQC seized on this disconnect between the values of board and staff, "a red flag to a bull," and built a narrative of institutional failure. Addenbrooke's faces many other challenges, including money and recruitment, but it may be an example of the over-regulation that some say blights the health service—its obsession with "grip." McNeil rages against this control: "We would rather have a live patient than a well documented death."

In today's tyrannical healthcare, nothing is more certain than guidelines, regulation, and death. Kristian Pollock questions the orthodoxy that home is always the best and preferred place of death, a preoccupation that oversimplifies attitudes among patients and the public (p 18). Pollock offers the simple wisdom that "an unreflective focus on place as the determining factor of a good death distracts attention from the experience of dying." In death, as in the implementation of guidelines and the scrutiny of regulation, the experience of patients is easily forgotten.

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