

All communications to:

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

Tel: +44 (0)171 387 4499 Fax: +44 (0)171 383 6418/6299 Email: editor@bmj.com

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Local editions Geetha Balasubramaniam, local editions manager

Brazil
Matriz Brasil
Avenida Ipiranga 345
1 Andar-Conjunto 104
01046-923 Sao Paulo
Tel: +55 11 2222 496
Fax: +55 11 2222 496
email: matrizbrasil@
uol.com.br

China
Chinase Medical
Association
42 Dongsi Xidajie
Beijing 100710
Tel: +86 10 6525 7552
Fax: +86 10 6527 1226
Greece
CCM Hellas
15-17 Tsoha Street
Ampelokipi, 11521
Athens
Tel: +301 6462943
Fax: +301 6462988

ccmgroup@ ath.forthnet.gr

Hungary
Literatura Medica Ltd
1027 Budapest
Frankel Leo u 11 II/8
1539 Bp. PO Box 603
Tel: +36 1 316 4556
Fax: +36 1 316 9600
litmed@elender.hu

Middle East CCM Middle East PO Box 14228 15-17 Tsoha Str Ampelokipi 11521 Athens Tel: +301 646 1330 Fax: +3016423644 ccmgroup@ ath.forthnet.gr

Netherlands/Scandinavia/ Belgium Medicom Excel PO Box 151 1400 AD Bussum Tel: +31 35 69 52480 Fax: +31 35 69 48565 medicom@knoware.nl Pakistan Global Publications Pakistan, 2nd Floor Press Chambers, Mohd Bin Qasim Road Off 1.1 Chundrigar Road,

Karachi
Tel: +92 21 214106
Fax: +92 21 263 7624
mcm@digicom.net.pk
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Publishers PWN Ltd 00251 Warszawa UL Miodawa 10 Tel: + 48 22 695 4031 Fax: +48 22 831 1845 zbigniew.zawadzki@ pwn.com.pl

Portugal
Mattiz Lda
Rua do Salitre 155-2°
1250 Lisbon
Tel: +351 1 357 1506
Fax: +351 1 315 0226
matriz@mail.telepac.pt
Romania
V Tarus Ro Agencies
Bd Unirii 23
Bl 13 Sc 1 ap 4

70401 Bucuresti 5 Tel: + 40 1 337 1141/ 337 1197 Fax: + 40 1 337 2611 vtarus@mediafax.ro South Africa Tel: + 011 787 5725 Fax: + 011 787 5776

South East Asia Manipal Centre for Medical Research New Udayavani Building Manipal 576119 Karnataka Tel: +91 8252 70500 Fax: +91 8252 70062 ggc@kmc.ernet.in

Turkey
CCM Turkiye
Barbaros Bulvari No: 131
PO Box 9 Gaarettepe
80700 Balmumcu
Istanbul
Tel: +90 212 274 1732
Fax: +90 212 266 0019
ccm@turk.net

West Africa Gazeen International Limited 84 Bishopcote Road Luton, Beds LU3 IPB Tel: +1525 851888/ +1582 583507 Fax: +1525 853319/ +1582 583507 gazeen@globalnet.co.uk

Editor's choice

Interpreting competing interests

"If I was aware that a lecture on impotence was being given by a urologist whose department was funded by Rhino Horn International my own interpretation of his recommendations would take that into account." So writes Pawan Randev (p 855) in advocating that people giving lectures or running workshops should declare competing interests in the way that is becoming routine in journals.

Competing interests are there for all to see in this issue of the *BMJ*. In August last year we took steps to try to increase the number of contributors declaring competing interests. We changed our terminology from "conflict of interest" to "competing interest," arguing that there is nothing wrong with having a competing interest but that there is with not declaring it. Our change of policy has been accompanied by an increase in the number of disclosures, and we hope—like good postmodernists— that this is increasing readers' ability to interpret the discourse.

Consider third generation contraceptive pills. Bitter arguments have surrounded their safety relative to second generation pills, with the original studies being "subjected to relentless criticism for being flawed by bias and confounding" (p 795). "In a \$3bn world contraceptive market the stakes are high," observes editorialist Paul O'Brien. He concludes, however, that third generation pills clearly are less safe than second generation pills (p 795). His editorial accompanies a paper showing that hospital admissions for venous thromboembolism have increased 16% since increases in prescriptions for third generation pills (p 820). But Dr O'Brien is a paid consultant to the legal team representing women who may sue the manufacturers of third generation contraceptives. Might this affect his judgment?

Legal battles may also be influencing the study on possible cerebral impairment in people exposed to the drinking water in Camelford, Cornwall, that was contaminated with aluminium (p 807). Previous studies have suggested that normal and benign symptoms have been attributed to the poisoning, but the study we publish today on 55 people taking legal action against the water company finds measurable impairment. Competing interests feature as well in discussions on antivirals in chronic hepatitis (p 799) and antidepressants in older people (p 850).

No doubt competing interests play some part in the worldwide debate over reconfiguring hospital services. As the first article in a seven part series makes clear (p 845), hospitals everywhere are under pressure. An editorial says that there can be no masterplan for reconfiguring hospitals in Britain but that each district will have to trade off access, quality, and cost (p 797).

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Ieremy Wyatt