Final thoughts

These then are the lessons I have learned, and they are just as relevant to my new post as vice chancellor and warden at the University of Durham. They may not suit everyone, but they relate to my personal experience. Much of the process is about "telling a good story," convincing others of the value of a change and taking them through difficult times. The purpose must be clear and the action taken seen not for personal gain, because the personal cost of such a job is huge. The objective is to improve health and health care for the people of this country.

If I have some final words they should come from Robert Frost:

I shall be telling this with a sigh
Somewhere ages and ages hence;
Two roads diverged in a wood, and I
Took the one less travelled by,
And that has made all the difference.

or from the Aboriginal saying: "There are no paths, paths are made by walking."

Take some risks (but not with the public's health) and break new ground, and do not be frightened of trying new ways forward. It has been a remarkable seven years and a great privilege to be part of such an interesting and challenging period in the development of health and health services in England.

Sacred cows

To the abattoir!

Medicine has its passing fashions, just like everything else. The problem is that the people most closely caught up in a movement are also the least likely to realise their true status as fashion victims. We thought it was time to look more critically at some of the cherished notions of the day, to slaughter some sacred cows. We started by asking visitors to our website for nominations. Sixty people came up with 43 potential targets. The box lists the top 10, in descending order. Endorsement by this journal seems almost a prerequisite for selection. The following articles were either commissioned because the subjects made it to the top 10 or were sent in unsolicited. We welcome suggestions for future culls (submit them through the "rapid response" option on our website).

Top 10 sacred cows

Evidence based medicine
Politically correct scientific writing
"Quality"
The primacy of primary health care
Clinical governance
Modern (orthodox) medicine
Complementary medicine
Emerging infections
Randomised controlled trials
Public health

Down with EBM!

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We Molesworths hav a noble and distinkuished history of investigating the intrikacies of science. So I hav bin watching the hole evidence-based medicin thing with intrest and it is clere that it is turning into a bunfight. Some say all EBM-ers are arrogant controvershal and seducitve. Others say they are parasites and alkemists. Also many hav beards (my observashun). This is called evidence. Others say: we do not lik all this meat analysis, giv us more bad old reviews the wors the better. All this is simlar to when Peason and Fothering-Tomas call each other names: you hav a face like a squashed tomato no but you are a gurly … all wizard fun, but it is not conjusive to helping new ticks appreshiate what is EBM and how you do it. So it is my plesur to giv you an objecktive insite into the sordid world of EBM and it's practises.

From my detaled critikle apraisal it apears there are two sorts of doctors, one hav evidence and the other mak up everything on the spot. These fight like 2 cats in a sack only more fur fly & noise is worse. The EBM type ride round the hospital in a cart with atommic computer inside. When patient cry "I have an ague and a fever help help!" the good doctor hop on the cart and cry poop poop like Tode of Tode Hall and ride through the hospital faster than lite. The cart knock all flying & leave trail of dead nurses & patients in wake, so number neded to trete is very high. When Doc arrive he pull out computer & put plug in pashents ear and type in strange sums: out pop likeable risks and rations. The good doctor clap hand to forehed and groan and cry loudly like Fothering-Tomas reding peotry. "Is it bad?" pashent say tremblingly it is wors than bad say Doc. The battry on my psion organiser is dead. All non-EBM doctors eyes lite up friteningly and push Doctor aside, and say dont wory you are safe in our hands. Just take this physik of spiders, flies and stewed lizard. Then they drane pashent of blud and say this is the art of medicin you will be well now. But do not buy any 5 yere diaries just in case. EBM doctor then cry "but you must follow guidlines" and non-EBM doctor pull out guidline written on parchmint, blow off dust and read out loud: "This license the bearer to do what he or she likes, singed, Samule Peeps." However it is not enuff to whizz round on cart and use computers. EBM

adickts must rede Bandoleer which is filled with useful info for decishun makers. There logo is an evil-looking bandit with shotgun which mean they aim to hunt down all non-ebm doctors and blow out there cunning vilanous branes. All doctors also now have the red ebm book, and when there turn comes to be kaned by the hospital manger they put the book down there trousers, and it brake the kane which is super.

It is important to take a historical perspektive on this isshue. All this ruff talk and brusing is normal in the histry of sience. All major discovries were acompanied by mokery and abuse, viz:

Mr Lister: "I hav discovered that atiseptik practises will prevent zillions of deaths and sickenesses."

Jeering colleeg: "Mark mi words no good will come of it. Now bring me some fresh dung to clean my hands, I am off to see my next pashent."

So you can see the problem is not new. But wot of the future? Wot indeed. Fortunetely we have a plan so everyone can get along together again. Ebm-ers swank much about there hierarky of evidens, from meta-analysis at top to anecdot at bottom, and say Your study is below RCT, so is No Good chiz. The anser cleerly is for non-ebm doctors to hav there own hierarky. It will be simlar to the other one but upside down. A Hierarky will also be needed specifikly for anecdote-based medcine viz:

Level I: Beardy old gent from royal college; *Level II* Doctor with air of credibilty and honest face; *Level III*: Academic with mad stare; *Level IV*: NHS manager with trust in finanshul crisis

So ther you hav it: EBM in a nutshell. Remember, the futur is brite if you stop squabling and do not fight like Form 3A when master is out of classroom. (Fothering-Thomas, please spelcheck this and send to top medical journal).

Know the Enemy or Masters at a Glance

Some say all EBM-ers are arrogant controvershal and seducitve. Others say they are parasites and alkemists. Also many hav beards (my ovservashun). This is called evidence. ©Ronald Searle, 1954

The need for political correctness in scientific writing

James Le Fanu

It is not immediately obvious why political correctness should feature so strongly as sacred cow number two on the hit list of visitors to the *BMJ*'s website. Certainly, spouses have become partners lest the unmarried should take offence, and prostitutes have been transformed into sex workers (not that they are likely to be much concerned either way about their job title). But this can be lived with, and there has been nothing in medicine to compare with "Gingerbread Person," "Baa, Baa Green Sheep," or the myriad other absurdities of the politically correct lexicon.

This verbal hygiene is, however, only the outer shell of political correctness. More serious is the censorship of significant facts and observations from scientific writing and which in turn explains why there is such a disparity between the everyday world as experienced by doctors and its bowdlerised, scarcely recognisable, reflection in the medical journals.

Consider, for example, an instructive comparison between Sir James Spence's classic 1954 study *A Thousand Families in Newcastle upon Tyne*[1] and more recent investigations into the links between poverty and health such as the Black report.[2] Sir James Spence's study found that more than one in 10 houses were "unfit for human habitation," four out of 10 lacked a bath, and one in four had only an outside water closet which was shared with several other families. These appalling, unsanitary, overcrowded living conditions, he argued, could readily account for the infant death rate of 44 per 1000 live births.

By contrast, the Black report, almost 40 years on, omits to point out that 98% of households have their own bath (and 91% have a colour television set) and that perhaps this might have something to do with why the infant death rate has fallen fourfold in the intervening decades.

Furthermore, Sir James described "the outstanding characteristic" of the families in his study as "the skill with which the majority maintained the health of their children" in these adverse physical circumstances. None the less, there was a minority of "problem families" whose children fared badly, whom he subdivided into "the friendly but incompetent," "the sullen," and "the vicious." He gave illustrative examples of each, including one family living in a condemned and crumbling two roomed tenement flat with no running water and whose water closet was out of order and where "most of the money in the household went on drinking and gambling." The phenomenon of problem families also does not feature in the Black report.

The upshot of this comparison is that, whereas Sir James's lively sympathetic study is readily recognisable as reflecting the real world of the 1950s, the omission by the Black report of the particularities of the circumstances and competence of "the poor" results in a quite

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