Project showed that, although choice of provider was indeed popular among those waiting for elective treatment, less than a third of patients eligible for the scheme were offered a choice of hospital. Two thirds of those offered the opportunity to go to an alternative hospital chose to do so.[6] And 89% of respondents surveyed by the consumer magazine *Which?* agreed that access to a good local hospital was more important than having more hospitals to choose between.[7]

Research on NHS treatment centres indicates that recent reductions in waiting times may have limited the number of patients motivated to choose faster treatment.[8] Indeed, staying with the local hospital might well be a patient's way of dealing with choice overload. Such a scenario is probably highly specific to the condition, however. In the choice scheme for coronary heart disease, half of the patients who had been waiting six months or more for heart surgery chose to go to a different hospital to avoid a longer wait.[9]

Even when patients are willing to seek treatment from another hospital, exercising choice may not be practical for all of them.[10] Will greater choice of providers by primary care services be worth having if it undermines the foundations of a system that works reasonably well at present?[11] Might increased choice be harmful or dysfunctional for certain people or groups? Certainly, unmediated choice will increase inequity because it will favour patients with access to information and transport.[12] This inequity will be magnified if patients in lower socioeconomic groups have lower expectations and less ability—real or perceived—to deal with the choices on offer.

How are patients to judge whether hospital or consultant A is better than consultant or hospital B, and by how much, if they do not have the necessary information? And too much information can be as debilitating as too little. Increasingly, patients have "to cope both with the blessing and burden of receiving a superabundance of information, often several treatment options, and the right to choose among them."[13] Furthermore, choice does not depend only on having information. It also relies on the skill of understanding and choosing between options whose probable consequences cannot be measured or even known.[14] The knowledge that they might be making the wrong decision exposes patients to additional stress.

Patients do not have a choice about choice. Current political dogma assumes that choice is inherently good, but patients may soon begin to disagree vociferously if this ideology forces their local hospital to close or disrupts established NHS services.[15] It is time to open up both sides of the choice equation to wider debate and action, recognising that both the upsides and downsides need to be managed.

The NHS should shift the focus to assisted or facilitated choice, providing experts and tools to help narrow down the possibilities to a manageable number and to offer support to those least able to negotiate their way around the service. In the early pilot projects on choice in the NHS, patient care advisers—independent of any particular provider—provided a single point of contact and helped patients through the process of choosing where to get care. Patients found this very helpful.[6] The paradox of choice needs to be managed carefully.

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Happiness

Get happy—it's good for you

Given the choice between winning the lottery and being left permanently disabled by injury, everyone would take the money. Yet a year after either of these events, people apparently return to their previous levels of happiness.[1] Such are the complexities of the state described by Aristotle as "the best, the finest, the most pleasurable thing of all." [2]

As everyone since Midas knows, acquiring riches is a poor long term bet in the happiness stakes. A recent review concluded that "money can buy you happiness, but not much, and above a modest threshold, more money does not mean more happiness."[3] Individuals usually get richer during their lifetimes—but not happier.

As for individuals, so for countries. Ghana, Mexico, Sweden, the United Kingdom, and the United States all share similar life satisfaction scores despite per capita income varying 10-fold between the richest and

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poorest country.[2] Per capita incomes have quadrupled in most advanced economies over the past 50 years, but levels of subjective wellbeing have hardly budged.[3]

Researchers believe that it's relative income, rather than absolute income, that matters to people. However well we're doing, there's always someone else doing better. The pleasure of paying off the mortgage on one's modest abode is neutralised by news that a 19 year old footballer is erecting a neo-Georgian mansion, complete with indoor swimming pool, three car garage, and cinema. As we realise one set of aspirations, it seems we immediately trade up to a more expensive set, to which we transfer our hopes for happiness. As Samuel Johnson noted: "Life is a progress from want to want, not from enjoyment to enjoyment."

If money doesn't buy happiness, what does? In all 44 countries surveyed in 2002 by the Pew Research Center, family life provided the greatest source of satisfaction. Married people live on average three years longer and enjoy greater physical and psychological health than the unmarried. Having a family enhances wellbeing, and spending more time with one's family helps even more—as many British politicians can attest.[3 4] Economists define "social capital" as the ties that bind families, neighbourhoods, workplaces, communities, and religious groups together and find that it correlates strongly with subjective wellbeing. In fact, the breadth and depth of individuals' social connections are the best predictors of their happiness.[3]

Work is central to wellbeing, and certain features correlate highly with happiness. These include autonomy over how, where, and at what pace work is done; trust between employer and employee; procedural fairness; and participation in decision making.[5] (These features won't surprise unhappy doctors.) Nationally, the more that governments recognise individual preferences, the happier their citizens will be. Choice, and citizens' belief that they can affect the political process, increase subjective wellbeing.[6]

What's so great about being happy, other than, well, being happy? At the country level, evidence exists for an association between unhappiness and poor health: people from the former Soviet Union are among the unhappiest in the world,[2] and their life expectancy has been falling.[7] But how good is the evidence for the opposite—that happiness contributes to good health, or a longer life? An intriguing longitudinal study of nuns, spanning seven decades, supports this hypothesis. Autobiographies written by the nuns in their early 20s were scored for positive and negative emotions. Nuns expressing the most positive emotions lived on average 10 years longer than those expressing the least positive emotions.[8] Summarising this work, Barbara Fredrickson cites three more studies that, after the usual confounders had been accounted for, "found the same solid link between feeling good and living longer."[9] Happiness therefore seems to add years to life, as well as life to years.

What must I do to be happy? Allow the brief moment of introspection precipitated by this editorial to pass, then stop thinking about yourself. Armed with psychologist Oliver James's injunction to "be happy with what you've got,"[10] look outwards—not to compare yourself unfavourably with others, but to develop your relationships with them. It's a surer route to happiness than the pursuit of wealth.

Happy lives

- The pleasant life—where you experience a succession of pleasures that lose their effect with repetition
- The good life—where you play to your strengths and are "engaged"
- The meaningful life—where you put your strengths at the service of something higher than yourself

Embark on a loving relationship with another adult, and work hard to sustain it. Plan frequent interactions with friends, family, and neighbours (in that order).[3] Make sure you're not working so hard that you've no time left for personal relationships and leisure. If you are, leave your job voluntarily to become self employed, but don't get sacked—that's more damaging to wellbeing than the loss of a spouse, and its effects last longer. In your spare time, join a club, volunteer for community service, or take up religion.

Urge the government to follow the lead of the King of Bhutan, who announced that his nation's objective would be the gross national happiness. Cite in support Richard Layard's *Happiness: Lessons from a New Science*, which argues that happiness should become the goal of public policy and that the progress of national happiness should be measured and analysed as closely as the growth of gross national product. "It is self evident that the best society is the happiest," wrote economist Layard, echoing Jeremy Bentham 200 years ago. "This means that public policy should be judged by how it increases human happiness and reduces human misery."[11]

Once embarked on this life enhancing activism, be reassured by Martin Seligman's delineation of the three sorts of happy lives (box).[12] The leader of the positive psychology movement reports that life satisfaction correlates with engagement and meaningfulness but not with pleasure. And remember whenever you're wished a Happy New Year that much of the responsibility for it rests with you.

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