neck muscles as deliberate muscular relaxation relieves it. Masters and Johnson observed that "the muscles of the neck contract involuntarily in a spastic pattern" during intercourse.[5] The second component, which may follow the first or arise without warning, occurs abruptly at the time of orgasm as a severe occipital or generalised ache, described as explosive or excruciating.

The mechanism of this, one of several "thunderclap" headaches described by Wijdicks *et al*,[6] is particularly interesting. Such headaches may well be precipitated by an acute pressor response—during orgasm systolic blood pressure increases by 40-100 mm Hg and diastolic pressure increases by 20-50 mm Hg.[5] These increases are comparable with those during the paroxysmal headaches caused by phaeochromocytoma,[7] which they closely resemble.

Occasionally symptoms of cerebrovascular insufficiency may accompany explosive sexual headache. Two young men have had a stroke as a result, one with a brain stem thrombosis[3] and the other with infarction of the left cerebral hemisphere.[8] Multiple areas of cerebral arterial spasm were shown angiographically in a 30 year old man after a coital headache that exertion had exacerbated.[9] Happily, such vascular complications are rare. An association between benign sex headaches and migraine was found in 17 patients followed up by Silbert *et al*, eight of whom had a history of migraine and five a family history of migraine.[10]

Another, rarer type of headache was described by Paulson and Klawans.[11] They described three patients with postural headaches after coitus, which were present on standing, eased by lying, accompanied by a low cerebrospinal fluid pressure, and persisted for several weeks.

Does physical exertion play any part in these acute vascular headaches? Hippocrates thought so, commenting that "one should be able to recognize those who have headaches from gymnastic exercises, or running, or walking, or hunting, or any other unreasonable labor, or from immoderate venery."[12] The link between venery, moderate or not, and exertional headache has recently been explored by Silbert *et al*.[10] Eighteen of their 45 patients subject to acute vascular headaches during sexual intercourse had also experienced headaches on exertion. Nine patients described a close link between the two sorts of headache, with one following the other within a few days and a dull generalised headache persisting between the two acute events. During follow up for an average of six years two fifths of them had recurrences of their sex headaches, usually at times of fatigue or stress. In some patients there is no discernible link with exertion as the headache may develop when they are taking a passive role.

Benign sex headache has been reported in patients from 18 to 58 years of age, more commonly in men than women. Capricious in its appearance, it mysteriously develops on some occasions but not others, without any obvious change in sexual technique. It more commonly occurs when the subject is tired, under stress, or attempting intercourse for the second or third time in close succession. Sometimes the severe orgasmic headache may be preceded by a dull occipital ache, in which case the subject should desist on that occasion. When a clinician first encounters this syndrome there is a natural tendency to investigate the patient extensively. If the story is typical and computed tomography does not show any abnormality there is usually no need to proceed to lumbar puncture, cerebral angiography, or estimation of urinary catecholamine excretion. Explanation and reassurance may be all that is required. If such headaches recur frequently they can usually be prevented by propranolol.[13]

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The citizen's charter and the NHS

True citizens do more than consume

Details of the government's next "big idea," the citizen's charter, were published earlier this week.[1] How might it affect the NHS, still reeling from a few of the government's earlier big ideas?

In his foreword to the charter the Prime Minister writes of making public services more answerable to their users and of raising their overall quality. He sees this as continuing a programme of reform begun in the 1980s in schools, housing, and hospitals, which "gave people more say in how their services are run." The white paper is only the beginning: over the next few months ministers will be providing more detailed plans for each service. Expect a "patient's charter" from the Secretary of State for Health later this year (p 208).

Quality, choice, standards, and value are the charter's main themes, and national charters for England, Scotland, and Wales will set out how these will be provided. As well as national and local charters providing much more information for the public, comparative information on the performance of health services will be published, specific and timed appointments will be given for all outpatients, and maximum waiting times for treatment will be agreed. (And if they are exceeded district health authorities "will seek provision elsewhere including, if appropriate, from the independent sector.")

The extolling of choice, competition, and commitment to service suggests that the government equates citizens' rights with consumers' rights. To conflate the two, however, is to miss much of the point of citizenship. Active citizenship

means giving citizens what they need to allow them to contribute fully to society. These needs include reasonable physical and mental health, which cannot be adequately safeguarded by simply giving people rights as consumers.

Consumers' rights are contractual and have little meaning outside the market place where much caring takes place. In relationships based on caring "roles are flexible and negotiable and responsibilities are reciprocal, mutual, and moral rather than formal and legal."[2] When we are sick, dependent, or vulnerable we want the rest of society to recognise our needs. We may well want a set of rights with some contractual basis—for example, refunds without question or tokens for use elsewhere in the system. But these consumers' rights are only that small subset of citizens' rights that relate to our experience in the market place.

In any case the idea of a market place is problematic. Although the NHS reforms propose market forces mediated by patients' choice as the best way of meeting people's needs for health care, a true market does not yet exist. Not only is there not enough money for consumers to act on their choices but consumers do not choose. Managers do.[3] And far from giving people more say in how their health service is run, the recent reforms actually gave them less—if the marginalisation of community health councils and the changing composition of health authorities, self governing trusts, and family health services authorities is anything to go by. Health authorities may well have to "seek local citizens' views on their services,"[1] but, as last summer's mock consultations over self governing trusts showed, they are not obliged to act on them.

Much has been blamed on the absence of a written constitution in the United Kingdom, but the 40 million uninsured and underinsured Americans are a salutary reminder that a written constitution is no guarantee of rights for all.[4] Without organised representation individual citizens can have little impact on huge organisations: if the charter is simply a set of individual rights without a complementary mechanism for holding governments and large institutions to their responsibilities we will have learnt nothing from the American experience. Having a voice in shaping public services is not only a matter of negotiating for personal preferences in health care: people must be able to influence how public resources are allocated. To be of practical value a charter would have to specify rights to real participation, based on choice, voice, and control.[5]

Although only one part in the complex process of dealing with the inevitable conflicts of interest in society, a citizen's charter could ensure that the debate included consideration of entitlement, empowerment, and equity. These have been overshadowed by considerations of efficacy, efficiency, and economy in debates over the NHS,[6] where the focus has narrowed to questions of cost at the expense of questions of purpose. Even if the need for a charter is accepted we still need to determine the best external conditions for its operation. As well as the need for good medical services a charter should recognise a right to health[7] and a right to a secure material environment—both conspicuously absent from this charter and the government's recent document *The Health of the Nation*.[8,9]

A citizen's charter has many of the attractions that a bill of rights had for the early American settlers. Refugees from a Europe run by powerful elites, the settlers wanted to prevent a powerful centralised government developing anew by investing people with rights and the state with responsibilities to respect them. The introduction of a charter to the United Kingdom would be welcome if it reversed the increasing centralisation of government power, the shift from entitlements to discretionary benefits, and the continual talking up of individual choice as public provision is being cut back. The real test of any charter would be how much more accountable the government became to those who lack the means to participate fully in society and grasp the opportunities that the Prime Minister seems so keen to offer them.

The charter's commitment to quality is commendable, but without enfranchising those living in conditions of partial citizenship[10] the charter is unlikely to contribute much to the health of the nation. Clearly stated individual rights might benefit the powerful and articulate, but they won't do much for those who lack the means to negotiate for their own health. Such a charter will not affect the lack of money or self confidence, nor will it affect the impact of chronic ill health or disability that reduces many people's ability to maintain a reasonable level of health. As citizens of one of the richer countries on earth a reasonable level of health should be their right.

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