

UK NEWS Public backs the idea of an independent NHS, p1343

WORLD NEWS Aid workers are compromised by war on terror, UN official says p1340

bmj.com NHS must play its part in tackling climate change

Doctors call for England's CMO to resign

Zosia Kmiotowicz TORQUAY

Doctors' leaders have called for the resignation of the chief medical officer for England, Liam Donaldson, blaming him for a catalogue of disasters that is engulfing the NHS.

John Hyslop, chairman of the BMA's Central Consultants and Specialists Committee, who proposed the motion at the BMA's annual representatives' meeting, cited as reasons for Professor Donaldson to resign the disagreement between doctors and the Department of Health over doctors' regulation and the chaos created by the new system for allocating training places for junior doctors. Both were good ideas that had got "into problems because of mismanagement by the Department of Health," he said.

Dr Hyslop also called the department's proposal to lower the standard of proof needed to strike off a doctor—from the criminal one of "beyond all reasonable doubt" to the civil standard of "balance of probability"—as "rough justice for doctors and patients."

"Deliver safe changes—something that is fit for purpose, not endless paper trails distracting us from caring for our patients," he told the conference. "The nation is now threatened by the NHS in crisis."

He said that in May 2006 the then chairman of the BMA's council, James Johnson, and the chairwoman of the Junior Doctors Committee, Jo Hilborne, had been "knocking at the door" of the chief medical officer asking to discuss the medical training application system (MTAS), the new system for allocating junior doctor training posts, because they could foresee problems, but they were effectively frozen out.

Dr Hilborne said that Professor Donaldson had been "very distant" since MTAS ran into problems. "He has not been a very visible presence, and I feel he should have been watching it and stepping in when it went wrong," she said.



DAVID PARRY/PA WIRE/PA

Opponents of NICE's decision on dementia drugs demonstrate outside the High Court

NICE's decision on drugs was "irrational"

Clare Dyer BMJ

The regulatory body that decides which treatments the NHS should pay for was accused of "irrational" decision making in the High Court this week for denying drugs to patients in the mild stage of Alzheimer's disease.

The National Institute for Health and Clinical Excellence (NICE), which issues its guidance on the basis of cost benefit analyses, is facing its first legal challenge to a decision to restrict a drug's availability on the NHS.

The unprecedented case was brought to the High Court in London this week by two drug companies and by the Alzheimer's Society, representing

patients and carers.

NICE's guidance last year meant that nearly 100 000 patients a year in England, Wales, and Northern Ireland with mild Alzheimer's disease were no longer entitled to certain drugs on the NHS. The drugs are the acetyl cholinesterase inhibitors donepezil (Aricept), rivastigmine (Exelon), and galantamine (Reminyl). Eisai, the Japanese manufacturer of donepezil, and Pfizer, which distributes it in Britain, asked the court to force NICE to reconsider its decision.

A key plank of NICE's case is that its decisions are too technical and complex to be examined in a judicial

review application. It also says that when its appraisal committee first looked at acetyl cholinesterase inhibitors for "the whole cohort of mild to moderate AD [Alzheimer's disease] sufferers, it did not even come close to achieving the levels of cost effectiveness generally required before NICE could recommend such use within the NHS."

David Pannick QC, for Eisai, told Mrs Justice Dobbs that the drugs could "buy time and quality of life" for patients with mild symptoms.

The judge was expected to finish hearing the case this week, after the *BMJ* went to press, and to deliver judgment in July.

US health professionals demonstrate in support of *Sicko*

Janice Hopkins Tanne NEW YORK

Doctors, nurses, and health workers across the United States are demonstrating in support of *Sicko*, Michael Moore's film attacking the US healthcare system. They are calling for a single payer system to replace the US private insurance programme, which leaves about 46 million people, or 16% of the population, uninsured. Health care is a hot issue in the coming presidential campaign.

The demonstrating health workers, calling themselves "Scrubs for Sicko" and wearing white coats or scrubs, handed out leaflets at the screenings of Moore's film. The film, scheduled to open across the United States on 29 June, was shown in previews in Washington, DC, Chicago,

and Manchester, New Hampshire, the state where the earliest primary elections to select candidates for party nominations for president occur.

The film opened early in one cinema in New York city last week. There, on a warm sunny afternoon on Broadway, nurses, doctors, medical students, and activists distributed information outside the cinema, posed for television cameras with their poster, "Health care is a human right," gave radio interviews, and chanted "Hey, hey, ho, ho, insurance companies have got to go" and "Pills cost pennies, greed costs lives."

They represented several groups: Physicians for a National Health Program, the New York City Central Labor Council, the Student National Medical

Association, and the American Medical Students Association. Together, these and other supporting organisations represent more than 100 000 healthcare workers.

Sicko criticises the US health insurance lobby, which, it says, paid huge sums to the campaign funds of leading politicians—nearly \$900 000 (£450 000; €670 000) to President Bush, for example—to support a bill requiring elderly Americans in the Medicare insurance plan to sign up to one of a confusing number of plans offering drug discounts (*BMJ* 2006;332:1352).

The bill, passed in the middle of the night nearly four years ago, prohibited Medicare from negotiating drug prices with manufacturers.

Tories want to set up a board to free NHS of political interference



JANE MINGAY/PA WIRE/PA

Conservative leader David Cameron visits Whipps Cross Hospital, London

Michael Day LONDON

The Conservative party plans to free the health service from political interference by handing over control of the day to day running of the NHS in England to an independent NHS board.

The radical plan appears in a white paper that will form the basis of the party's health policy at the next general election.

Launching the document last week, the Tory leader David Cameron said that, in addition

to the planned NHS board, a pledge to scrap national targets and devolve more power to doctors would further enhance the independence of the NHS.

The shadow health secretary, Andrew Lansley, said, "We need a service where the government and parliament set the framework, determine the overall resources, [and] agree the objectives and outcomes which need to be met, but don't try to interfere in the day to day

decisions about patient care."

He said that the proposed NHS board would "represent patient and public interests."

He added, "It will create powerful incentives for healthcare organisations—publicly owned and independent—to deliver greater quality and efficiency, which will benefit from a structure of independent regulation."

Board members would be chosen by the health secretary and would be accountable to the Cabinet.

However, the Labour party's chairwoman, Hazel Blears, said that the Tories' NHS board sounded like "a return to the days of nationalised industries."

The Tories also pledged to put senior doctors in charge of local budgets, with power to decide how money is spent. Mr Lansley warned, however, that doctors who performed poorly in this role would have their salaries cut.

Hamish Meldrum, chairman of the BMA's General Practitioners Committee, said

"We need to be cautious about the value of an independent NHS board"

that family doctors "would have to be convinced of the need" for changes to the current system of performance related pay.

But many commentators remarked that, apart from the NHS board and the pledge to do away with national targets, the Labour and Tory health policies were similar.

Gill Morgan, chief executive of the NHS Confederation, which represents most NHS organisations, said: "We welcome the Conservative party's commitment to the values of the NHS and a tax funded system. It is good news that that their proposals contain no violent change of direction or major reorganisation. We need a period of stability."

Niall Dixon, chief executive of the healthcare think tank the King's Fund, said that the Tories were "right to build on existing reforms" rather than attempt "a further potentially damaging reorganisation."

However, he added: "We need to be cautious about the value of an independent NHS board. Handing power to such a board would not, by itself, guarantee local autonomy or a greater voice for patients."

He also questioned the wisdom of scrapping targets. *NHS Autonomy and Accountability: Proposals for Legislation* can be found at www.conservatives.com.

Class action over Abbott's pricing of drugs moves forward

Bob Roehr WASHINGTON, DC

A US judge has authorised a class action lawsuit against the drug company Abbott for its 400% hike in price, begun in late 2003, of the anti-HIV drug ritonavir (Norvir).

The lawsuit charges that the increase was a violation of US antitrust laws. It aims to roll back the increase and seeks compensation for everyone who has overpaid for the drug since the price increase.

Ritonavir had been developed as a protease inhibitor but did not work particularly well on its own. Over the course of using it with various combination treatments, clinicians observed a synergistic effect with other protease inhibitors. Ritonavir impeded the clearance of those drugs by the liver. Second generation protease inhibitors were developed that used ritonavir in subclinical doses as a "booster."

When this role for ritonavir became apparent, Abbott increased the price of ritonavir by 400%, from \$1.71 (£0.90; €1.30) to \$8.57 per daily dose. The company said the rise reflected the increased "value" of the drug. It did not increase the price of Kaletra, its co-formulation of the protease inhibitor lopinavir with a booster of ritonavir.

The price increase sparked protests by numerous AIDS specialists and activists in the United States and abroad, but doctors often have little option but to continue to prescribe Ritonavir as part of their patients' regimen.

The very early development of ritonavir had been undertaken with funding from the US National Institutes of Health (NIH), which granted patent use to Abbott. The outcry over the price increase prompted the NIH to launch a highly unusual investigation of whether Abbott's price increase violated that patent.

The NIH ultimately found that it did not have the authority to revoke Abbott's patent for ritonavir on the grounds of the price increase. In 2004 a class action lawsuit was launched on behalf of patients and healthcare payers who have suffered under Abbott's alleged anti-competitive price increase. Several rounds of pre-trial motions and appeals ensued.

On 11 June a ruling by the federal judge Claudia Wilken allowed the class action lawsuit to move forward to trial.



Michale Moore arrives for the New York premiere of his film *Sicko* about the healthcare industry

More recruitment from ethnic groups would improve NHS

Seye Abimbola BMJ

Recruiting more people from ethnic minority groups into the NHS in England would improve the care of patients, cut costs, and increase the skills of NHS staff, says a report by the government agency Race for Health.

The 64 page report sets out ways that trusts can increase the number of people from ethnic minorities that it employs, through pre-recruitment support, better information on access to jobs, and help for people who qualified overseas. The report says that recruiting people from ethnic minority groups for new specialist services that are aimed at those groups would improve health outcomes in those communities.

The report is based on a study of 15 primary care trusts in England that had each tried in various ways to increase employment of people from ethnic minority groups in their areas.

One of them, South Birmingham Primary Care Trust, set up a work experience programme and provided NHS placements to local teenagers from regeneration areas as a way to raise awareness of the NHS among ethnic minority communities.

Bristol Primary Care Trust used 30 volunteer mentors to help ethnic minority people at all skill levels to succeed in the NHS. Westminster Primary Care Trust helped hundreds of refugee doctors and dentists to meet UK registration requirements.

Helen Hally, national director of Race

for Health—a programme sponsored by the Department of Health to find ways to improve health care in ethnic minority groups and to encourage recruitment of people from those communities into the NHS, said: "Our report shows that BME [black and minority ethnic] communities are still poorly represented within the NHS, particularly at the top."

The report warns that without decisive action on NHS employment, disillusionment could set in among such communities, which by 2010 will provide half the growth in Britain's working population.

Ethnic minority groups currently make up around 8% of the UK population. Although almost 14% of NHS staff come from an ethnic minority group, only three out of 400 directors of nursing are black, and just four chief executives in the NHS are black.

Inequality of access to health care is a major problem in the United Kingdom.

About 40% of Bangladeshi and 60% of Pakistani children have visited a dentist, whereas the figure for all children in the UK is 90%. Infant mortality in England

and Wales among children whose mothers are from Pakistan is double the national average. Young black men are six times more likely than young white men to be sectioned for compulsory treatment under the Mental Health Act.

A Healthcare Commission study last year showed that most NHS trusts had not met the legal requirement to publish details on their websites of monitoring of employment by ethnicity.

Towards Race Equality in Health: A Guide to Policy and Good Practice for Workforce Development is available at www.raceforhealth.org.

Most NHS trusts have not met the requirement to publish details of employment by ethnicity

IN BRIEF

Routine HPV vaccine is recommended for 12 and 13 year old girls:

The body that advises the UK government on vaccines has recommended that all girls aged 12 or 13 should routinely receive the human papillomavirus (HPV) vaccine. The Joint Committee for Vaccination and Immunisation says that the vaccine is beneficial. The Department of Health has agreed in principle and said that vaccination in England could begin in 2008.

Settlement is reached over claims of drug price fixing:

Claims brought against a UK drug company for alleged anticompetitive conduct in connection with supplying generic drugs to the NHS have been dropped. A settlement was announced jointly by the Department of Health and the Goldshield Group, Goldshield Pharmaceuticals, and Forley Generics. Under the settlement, Goldshield agreed, without admitting liability, to pay the NHS £4m (€6m; \$8m) and to cooperate in connection with the continuing civil claims regarding the alleged price fixing arrangements.

Number of tobacco related deaths in US falls by a fifth over 15 years:

The number of deaths in the United States related to smoking fell by 19.9%, from 402 000 in 1987 to 322 000 in 2002, says research published in *Nicotine and Tobacco Research* (doi: 10.1080/14622200701397957). The study says that the number of Americans who smoke has fallen by 50% since 1965 but that the effect on mortality has received little attention.

European groups launch charter on heart disease:

A "heart health charter" for Europe has been launched after agreement between 16 European health organisations and professional societies. The charter aims to reduce the burden of cardiovascular disease in the European Union and the WHO European region and reduce inequalities among countries in cardiac health. (For more information see www.heartcharter.eu.)

Children in England are buying and drinking less alcohol:

The number of schoolchildren aged 14 years or over who buy and drink alcohol has dropped from 40% to 28% in the past two years, says a survey of 12 000 schoolchildren in northwestern England published by the Trading Standards Institute. But nearly a third (29%) who do drink are regular binge drinkers, consuming five or more units of alcohol at least once a week. The survey results can be seen at www.tsi.org.uk.

WHO launches a \$2.2bn plan to fight drug resistant tuberculosis



Mario Raviglione

Peter Moszynski LONDON

The World Health Organization and the Stop TB Partnership, a global alliance of research and funding organisations, last week launched a \$2.2bn (£1.1bn; €1.6bn) plan to contain drug resistant tuberculosis, which includes multidrug resistant tuberculosis (MDR-TB) and the recently identified extensively drug resistant strains of the disease (XDR-TB).

Extensively drug resistant tuberculosis raises the possibility that tuberculosis that is susceptible to drug treatment will be replaced by a form with "severely restricted treatment options."

WHO warns: "If this happens it would jeopardise the progress made in recent years to control TB globally and would also put at risk the plans to progress towards universal access to

Aid workers are compromised by war on terror, UN official says

Peter Moszynski LONDON

Humanitarian workers are facing unprecedented danger because of the erosion of the concept of neutrality in the wake of the war in Iraq and the "war on terror," said the former United Nations deputy general Mark Malloch Brown.

Giving the International Rescue Committee's annual lecture at the Royal Geographical Society in London, Sir Mark said that "between 1997 and 2005 the number of relief workers lost annually had more than doubled to over 100." Last year "60 aid workers were lost in Darfur alone." This is partly because the number of aid workers has grown by 60% to 250 000, so "there are a lot more people to get in harm's way."

He said, "Most years we now lose more unarmed relief workers than military peace keepers. And more and more of them die as a consequence of political violence rather than, say, their Land Rovers tipping over."

That the number of casualties wasn't higher was only "because of ever more intense security measures, which have seriously impeded the international community's ability to bring relief where it is needed," Sir Mark said.

"Access to Somalia is on and off. Huge swathes of Darfur are at times closed to humanitarian access. There is almost no help at present to victims of war in Ethiopia's Ogaden desert. Work in Iraq is almost closed off.

"Iraq is the immediate cause for this, and 9/11 the preceding trigger—but both come at the end of a process that has knocked humanitarian work off the straight and narrow of non-political impartial help, where every government and party to a conflict—be it rebel movement or other—accepted us at face value as bringing help to the needy."

Nowadays "the world is simply a much more dangerous place for those who cover conflicts whether as journalists or relief

"The world is a much more dangerous place for those who cover conflicts"

workers . . . the brutal truth is politics is making it harder and harder to serve victims' needs by reaching them with assistance or bearing witness to their suffering and thereby staying the hand of those who would harm them."

The UN's head of emergency relief, John Holmes, last week told the Security Council that the targeting and harassment of aid workers in Darfur placed "enormous strain on the delivery of life saving assistance to millions of people."

Between January and May this year in Darfur more than 60 vehicles of aid workers were hijacked, usually by rebel groups, and 56 staff abducted; 31 aid convoys were ambushed and looted; and 13 relief organisations were forced to relocate because of attacks.

Those "contributing to providing some measure of protection to the displaced and drawing attention to abuses have been harassed by the authorities," he added.

HIV prevention and treatment. Patients with XDR-TB would have to be managed like TB patients before the antibiotic era.”

The economic, social, and health security of countries with a high prevalence of tuberculosis would be threatened by “virtually untreatable TB among the breadwinners, parents, and economically productive age groups,” WHO says.

Paul Nunn, WHO’s coordinator for HIV and tuberculosis drug resistance, said, “We have only recently come to realise the size of the problem, where we now see 400 000 new cases of MDR-

TB and 27 000 new cases of XDR-TB annually.”

Dr Nunn explained that although the emergence of XDR-TB has been linked to cases of tuberculosis related to AIDS in Africa, the bulk of resistance is occurring among HIV negative people, and countries such as the United Kingdom cannot afford to be complacent just because they have a low burden of HIV.

The plan emphasises the urgent need to boost basic control of tuberculosis and to aim investment at key areas, including “programmes

to treat drug resistant TB; building capacity in diagnostic laboratories; expanding infection control and surveillance; and funding research into new and improved diagnostics, drugs, and vaccines.”

Mario Raviglione, director of WHO’s Stop TB department, said, “We have sounded the alarm. It is an ambitious plan that must be fully supported if we are to keep a stranglehold on drug resistant TB.”

The Global MDR-TB and XDR-TB Response Plan 2007-08 is at www.stoptb.org.

The plan “must be supported if we are to keep a stranglehold on drug resistant TB”



A section through *Mycobacterium tuberculosis* bacteria

Clinical trial results often overstate benefits of treatment

Michael Day LONDON

Failings in the way that clinical trials are designed and presented may lead doctors to overstate the benefit of treatments, experts warned last week.

The conference on clinical trials, organised

by the James Lind Alliance and the *Lancet* and held at the Royal Society of Medicine in London, also heard that key groups of participants were often excluded from clinical studies and as a result were denied the benefits of evidence based medicine. Stephen Holgate, professor of immunopharmacology at Southampton University, said that children and elderly people were “especially neglected” in this area.

As another example he noted that the routine exclusion of smokers from asthma studies meant that it has only recently been discov-

ered that inhaled steroids do not work in this group—decades after millions of smokers began taking these drugs for their asthma.

Professor Holgate said, “In order to redress the balance, more real world ‘effectiveness’ studies are needed, recruiting all comers and using more patient centred outcome measure and global assessments.” He added that such studies should cover a “wide range of age and ethnic groups to take account of adherence and cultural factors.”

More information is at www.lindalliance.org.

Social measures may control pandemic flu

Richard Smith BARCELONA

Non-pharmacological interventions may be as important as—or even more important than—drugs and vaccines in fighting pandemic flu, speakers at a conference in Barcelona said last week.

The international conference on health technology assessment heard from James LeDuc, a professor at the University of Texas who until recently helped to lead the US national

strategy for responding to pandemic flu, how St Louis did much better than Philadelphia in the 1918 pandemic—long before effective drugs and vaccines were available. St Louis had its first cases on 5 October 1918, and on 7 October it took a range of measures, such as closing schools, theatres, and dance and pool halls and banning public gatherings, including funerals. In contrast, Philadelphia had its first cases on 17 September but didn’t act until 3 October, and on 28 September a city-wide parade was held. St Louis experienced fewer cases and a much slower increase in the number of cases. Comparisons of the spread of flu in other US cities in 1918 supported the case for “social distancing.”

Some scientists have proposed that a pandemic might be prevented by drug treatment on a “massive” scale when it becomes clear that the virus is beginning to spread among humans. Professor LeDuc was sceptical, however, pointing out that the success of such a

strategy would depend on first class surveillance, international cooperation, adequate human resources and funding, and possibly a huge transfer of drugs from one country to another.

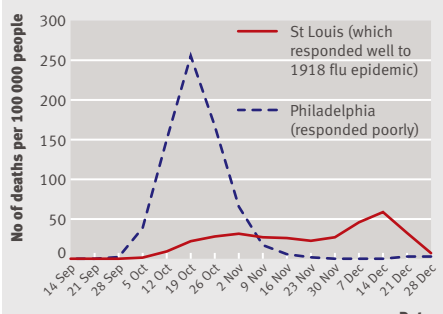
Social distancing will be important not just to help reduce numbers of cases but also to slow the spread of the epidemic, buying time for the production of a vaccine.

Clifford Goodman, a senior scientist with the Lewin Group, a healthcare consultancy firm that is based in Virginia, emphasised that the virus that eventually causes the pandemic may not be a variant of H5N1, as has been

widely expected, but another strain altogether. He then spelt out the importance of drug resistance: by the time the pandemic arrives (and everybody thinks it inevitable) the virus may be resistant to the drugs now available.

RS chaired the conference’s session on pandemic flu, and his expenses were paid by the organisers of the conference.

EXCESS MORTALITY IN 1918 FROM PNEUMONIA AND INFLUENZA IN PHILADELPHIA AND ST LOUIS



Source: Proceedings of the National Academy of Sciences

Government compromises on mental health bill

Clare Dyer *BMJ*

The UK government last week gave in to demands from critics of its mental health bill, agreeing to a compromise amendment that imposes new safeguards on powers to detain mentally ill patients.

The climbdown came over the most controversial clause in the bill, designed to permit patients with severe personality disorders to be detained if they are deemed to be a risk to themselves or others, even if they have committed no crime.

Ministers wanted to scrap the “treatability” provision in existing legislation, which allows patients to be detained only if their condition is considered treatable and if locking them up will help them. They wanted a looser power to detain if “appropriate medical treatment” was available, but they were defeated on the issue when the bill went to the House of Lords.

Last week the government accepted a compromise, proposed by the Labour backbencher Chris Bryant, that would permit enforced treatment if its purpose was “to alleviate, or prevent a worsening of, the disorder or one or more of its symptoms or manifestations.”

The amendment, backed by the mental health charity Mind and the Mental Health Coalition, went through without a vote, and the bill received its third reading in the House of Commons. It will now go back to the Lords, where the government could be forced to make further concessions.

Mr Bryant told MPs: “Any psychiatric unit cannot be prison by another name. It must be a therapeutic environment. Every person, whatever their mental condition—whether it is a mental condition which we presently believe is curable or not—must have the right to appropriate treatment.

“We simply cannot wash our hands of them.

“Any psychiatric unit cannot be prison by another name”

We cannot just be detaining people for the purpose of detaining them.

There has to be some kind of therapeutic benefit.”

Tim Loughton MP, for the Tories, welcomed the concession. “To remove the treatability requirement, whatever the government’s intention, is to permit indefinite preventative detention and to change the law from a health measure to one of social control.”



Palestinians mourn as they carry the body of Fatah leader Jamal Al-Jedyan in the Gaza strip

ADEL HANA/PIPA

Human rights groups plead for treatment for patients in Gaza

Merav Sarig *JERUSALEM*

Human rights organisations in Israel are sounding the alarm about the difficult humanitarian situation in the Gaza Strip, which is endangering lives of people in hospitals.

They have called on the Israeli government to fulfil its obligations and open Gaza’s borders to the outside world and on the Palestinian factions to end killings near and inside hospitals in the area.

About 120 people have been killed and hundreds more injured as a result of the violent confrontations between the Hamas and Fatah factions in the Gaza Strip. Some of the fighting took place inside Gaza City and in the vicinity of hospitals.

Witnesses have said that some injured people coming for hospital treatment have been shot by Hamas militants inside hospitals.

A joint position paper issued by several of

the humanitarian organisations states that the collapse of civil infrastructure as a result of the economic boycott and extended siege of the Palestinian Authority has made it impossible for rescue personnel to operate effectively.

Ibrahim Habib, field coordinator for the occupied territories at Physicians for Human Rights Israel, said, “The first victims are those injured in the fighting who the Gazan hospitals are unable to treat properly.

“In addition, there are hundreds of people waiting for medical treatment in Egypt or Jordan, as well as people (some of whom are trapped at the Erez border crossing) who are in urgent need of... medical care in Israel.”

Gaza’s health system is unable to provide for all of the needs of its population. The Palestinian Authority’s Ministry of Health says that more than 40 patients are in urgent need of medical treatment in Israel.

Public backs the idea of an independently run NHS

Zosia Kmiotowicz TORQUAY

More than eight in 10 respondents to a survey on the NHS said that they would like to see doctors taking a lead role in deciding what is best for their patients and how money should be spent locally.

The survey, conducted by the BMA on the eve of its annual conference of representatives, also found that support among the public for an independent board of governors to run the NHS was widespread.

Sixty per cent of the 1000 respondents to the survey endorsed loosening the government's control of the NHS, one of the proposals put forward by the BMA in its consultation paper on an alternative approach to health policy (*BMJ* 2007;334:969, 12 May).

Sam Everington, acting chairman of the BMA as the *BMJ* went to press (a new chairman was to have been voted in on Thursday), said, "The message that comes out of this [survey] is that the government really do need to listen to what patients and doctors are saying about the NHS. Patients want doctors to be involved in decisions about how local health services are run.

"The public and patients are united in their backing of an independent board to run the NHS, and we would urge Gordon Brown to make this a priority for when he becomes prime minister."

The survey, which questioned people on the streets of Leeds, Dorset, London, and counties around London in June, found that 42% believe that the NHS has not got any better after 10 years of Labour health reforms. Only 34% of people believed that health policies introduced in the past decade have improved health services, while 24% thought that they had neither worsened nor improved.

Vivienne Nathanson, head of science and ethics at the BMA, said that the level of dissatisfaction with the NHS may be due to a mismatch between people's expectations of what the NHS should provide and what services were offered.

She said, "The government has been telling patients they should be asking for certain services without asking doctors whether they can provide them." She added that more research was needed to find out exactly what people meant when they said that the NHS was no better than it was 10 years ago.



Dr Sam Everington addresses the meeting

"The public and patients are united in their backing of an independent board to run the NHS"

The survey's findings run counter to the results of a survey recently conducted by the Healthcare Commission, which found

that 92% of patients rated their care in the NHS as either excellent or good (*BMJ* 2007;334:1027, 19 May).

The BMA survey also found that 53% of those questioned agreed that a small charge should be made for some services when resources are limited. More research was needed on this issue, said Dr Nathanson.

The full report of the survey can be seen at www.bma.org.uk. For more stories see bmj.com.

Public should be told that rationing in the NHS is inevitable

Zosia Kmiotowicz TORQUAY

The public should be warned that rationing of health care is inevitable, doctors said at their annual representatives' meeting in Torquay this week. The doctors also agreed that members of the public should be given explicit advice on which services are available on the NHS so that they can make provision for treatments that fall outside the health service.

In its paper on an alternative strategy for the future of the NHS, published in May (*BMJ* 2007;334:969), the BMA raised the possibility that "it may be necessary to ration some services if society is not prepared to pay higher taxes."

Alex Smallwood, from the BMA's Junior Doctors Committee, told the meeting, "Rationing has become a necessary evil. It is no longer possible to provide all the latest treatments without detriment to others. But we need to formalise it. We need a way out that is fair and equitable."

Doctors called on the government to be honest about what the NHS could provide. Where rationing was necessary, they said, it should be explicit, publicised, and based on evidence. They said that any rationing should be based on clinical need and clinical effectiveness.

At the moment patients do not know what treatment they are entitled to. "There is complete confusion," said Dr Smallwood.

John O'Driscoll, from Worcestershire, said, "It is the dishonesty I cannot stand. You can either provide a service or you cannot. No more obfuscation."

Choice can worsen quality of care

Andrew Cole TORQUAY

There is no evidence that giving patients the ability to choose where they are treated improves the quality of care, a survey on the Department of Health's own website showed.

An emphasis on choice could also increase inequality by favouring the more affluent and more articulate patients, BMA representatives heard at their annual meeting this week.

Terry John, from Waltham Forest, told the audience that

the survey appeared on the website late last year but was removed just a few weeks later because, it was said, the views were not those of the department and the NHS logo had been used without permission.

Representatives agreed in a motion that the idea of patient choice does not offer real choices and insisted that the Department of Health work with the BMA and patients' organisations to identify

patients' real needs.

Dr John said that the priorities for most patients were to be involved in decisions about their management, to be treated with dignity and respect, and to have their views listened to.

"We do this every day—that is where the real choice is going on," he said.

He said it was paradoxical that patients had had no choice about the introduction of patient choice, and he added, "Isn't it time they had one?"

SEBASTIEN MEYER/GETTY IMAGES/BMA NEWS