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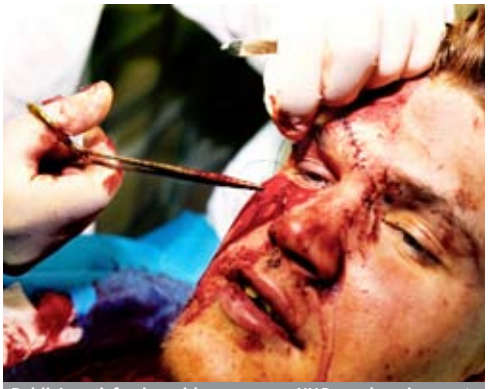

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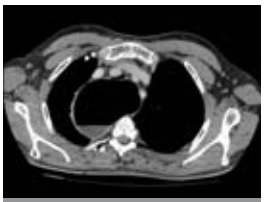

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BMJ

6 April 2013 Vol 346

The Editor, *BMJ*
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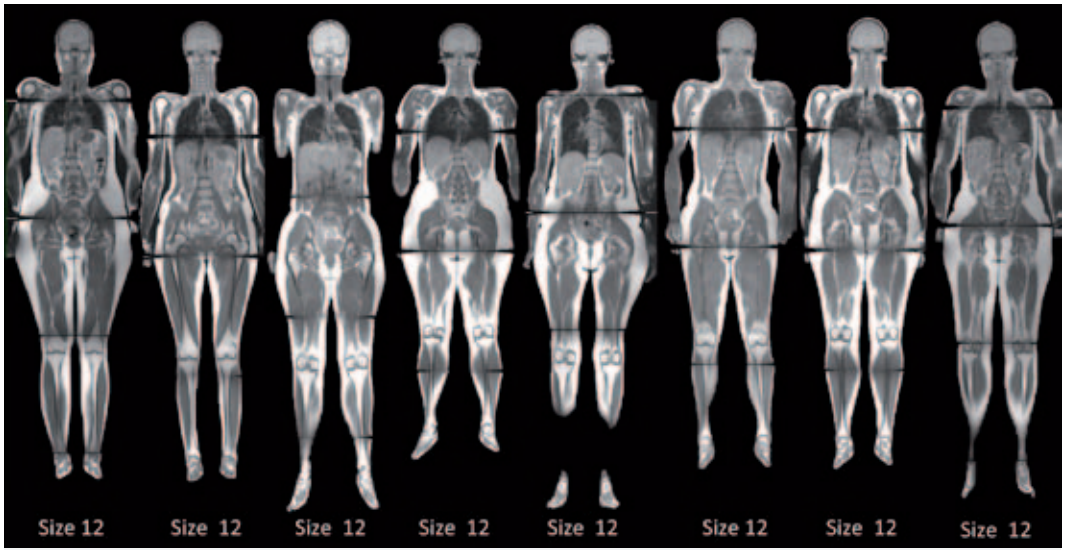
Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. $796. Weekly

Printed by Polestar Limited




## PICTURE OF THE WEEK

**An image created by Professor Jimmy Bell and his team at the Medical Research Council's (MRC) Clinical Sciences Centre made up of MRI "fat maps" to look at external and internal fat distribution (shown in white). The images show how different body shapes, here all a UK size 12, have different patterns of fat distribution. The picture can be seen at an exhibition to mark 100 years of the MRC called Strictly Science (www.strictlyscience.mrc.ac.uk).**

## RESPONSE OF THE WEEK

In 1968 Garrett Hardin wrote of the 'tragedy of the commons,' a social/economic dilemma exploring the tension between common cost and private profit . . . The private gain of the individual from grazing an extra cow [on common land] is at the common cost of the entire group.

Before the introduction of the internal market most people working within the NHS had the common 'profit' of wanting the NHS to give an excellent standard of patient care with a maximum utilisation of its limited resources—we had common costs and shared the common profit.

The internal market and allowing private companies to enter the 'common land' of the NHS will lead to a common cost-private profit scenario, which may well result in the tragedy of the commons for the NHS.

S J McNulty, consultant endocrinologist, St Helens and Knowsley Hospitals NHS Trust, Prescot, UK, in response to "Act now against new NHS competition regulations" (*BMJ* 2013;346:f1819)

## MOST SHARED

Getting serious about obesity

Is paracetamol hepatotoxic at normal doses?

Effect of behavioural-educational intervention on sleep for primiparous women and their infants in early postpartum: multisite randomised controlled trial

Achilles tendon disorders

Sleepwalking into the market

## BMJ.COM POLL

**Will 1 April mark the end of the NHS in England?"**

58% voted yes
(total 761 votes cast)

**This week's poll asks:**

"Should GPs on the boards of clinical commissioning groups in England stand down if they have conflicts of interest?"

**Vote now on bmj.com**

EDITOR'S CHOICE

# Promises, promises

**Richard Vize's obituary of primary care trusts (PCTs) may shed some light, but won't alleviate much of the gloom**

"I always felt when I was in WHO, dealing with illicit drugs and alcohol, that there was a role for the private sector—not necessarily a controlling role, but a role with respect to alcohol policy." So says Marcus Grant, who left WHO 10 years ago to set up the International Center for Alcohol Policies for the alcohol industry (p 16). Jonathan Gornall examines that role just as the Global Alcohol Policy Alliance (GAPA) publishes a statement of concern and calls industry's commitments to WHO "weak, rarely evidence-based," and "unlikely to reduce harmful alcohol use."

This debate will sound familiar to many *BMJ* readers because the BMA, the Royal College of Physicians, Alcohol Concern, the British Association for the Study of the Liver, the British Liver Trust, and the Institute of Alcohol Studies refused to endorse the UK government's similar public health "responsibility deal" in 2011. Yet many other medical bodies signed up, and some good has come from the deal, including manufacturers' agreement to remove a billion units of alcohol from the UK market by 2015. Will doctors do more harm than good by refusing to cooperate? GAPA doesn't think so, and it calls on the public health community to avoid funding from industry sources for prevention, research, and information dissemination, and to refrain from any association with industry's education programmes (www.globalgapa.org/news/who080213.html).

We should soon hear WHO's response, if any, as its global strategy to reduce the harmful use of alcohol is on the agenda for the 66th World Health Assembly in Geneva in late May. But WHO will almost certainly be preoccupied by its proposal to make universal health coverage and increasing healthy life years global priorities, as the UN's millennium development goals (MDGs) approach their due date in 2015. There's been immense progress in development over the past decade, Charles Kenny concludes (p 19). The MDGs did some good, and Kenny argues that we'll need another set of specific and measurable goals: WHO's broad proposal won't suffice. David Legge and David Sanders go further, calling for regulation of transnational corporations, especially in banking, agriculture, food, and pharmaceuticals (p 22).

WHO defines universal health coverage as "a system in which all people can use health services while being protected against financial hardship associated with paying for them." That's not the same thing as universal healthcare, which is usually paid for by taxation. Which system does England have now, given the huge "redisorganisation" of its NHS on 1 April? Richard Vize's obituary of primary care trusts (PCTs) may shed some light, but won't alleviate much of the gloom (p 14). "It is inescapable," he says, "that after 22 years of the purchaser-provider split in the NHS, commissioners have been unable to seize power from the providers on behalf of patients . . . the obstacles that PCTs endured, and the imbalance between effort and achievement, expose the extraordinary difficulties commissioners face in making a difference to patients' outcomes. And that was when there was plenty of money."

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Cite this as: *BMJ* 2013;346:f2114

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