will be satisfied has been inhibited by the wrong assumptions that are conveyed by conventional metaphors such as the “iceberg of morbidity.” In many areas of the NHS’s failure to meet demand this metaphor may be strained by the fact that key NHS icebergs are carrying all, or almost all, of their bulk above the surface. Often we are dealing with an iceflow of morbidity that can be as readily melted as allowed to deepen; but in a world dominated by the language of rationing, where every solution has a problem, it can be difficult to attract attention to the fact that much of the failure to meet demand is unnecessary. Instead the rationing gaze wanders restlessly towards other deficiencies or takes refuge within the safety of “dilution,” although the fact that some aspects of care could be offered more agreeably is a platitude.

Misunderstanding, vested interests, and parsimony are greater problems than the potential level of demand. The conventional null, or nihilist, hypothesis that demand always exceeds supply within a public health system reflects neither hope nor experience. The proposed expansion in investment in the NHS, including the targeted use of resources to address the politically serious issue of waiting lists, provides an opportunity to establish whether, after over 50 years of stagnation, the “official” answers to the question, “Is time spent in hospital in the final 15 years of life increase with age at death?” A population based study. BMJ 1999;319:1350-2.


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