BRITAIN ON THE ROCKS

Politicians, trust the public

Apart from sectors of the drinks industry, only
the UK government and the two main political
parties are squirming to avoid a minimum unit
price for alcohol to reduce the rising burden of
health harm.

Tensions are clear even in government.
When Andy Burnham floated the idea as a
pledge for the Labour party manifesto recently,
he was shot down in a matter of minutes,
presumably by the Prime Minister’s Office,
which argued, “We don’t want the responsible,
sensible majority of moderate drinkers to have
to pay more or suffer because of the excesses
of a small minority.” During recent discussions
on a mandatory code, the home secretary
portrayed a minimum unit price for alcohol as
disadvantaging the less well off.
But cheaper alcohol attracts heavy and
underage drinkers preferentially: moderate
drinkers of all incomes are likely to be better
off if the discounting currently ploughed into
supermarket alcohol was spread over the
weekly grocery basket.

In Scotland the SNP stands alone in favour
of common sense. The Liberal Democrats,
supportive of a minimum pricing in England,
oppose it in Scotland. This is likely to be linked
to anxieties in constituencies with whisky (and
vodka) distilleries, although only the
cheapest, own brand supermarket spirits
would probably be affected.

Experience from the ban on smoking in
public places (45 years after the Royal College
of Physicians’ recommendation in 1962)
shows that the public are ready for forward
thinking policies. When are politicians going
to trust their judgment?

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1 Godlee F. Drinking at the last chance saloon. BMJ
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Potential pitfalls

The Liberal Democrats are not the only party
committed to introducing an advertising and
sponsorship ban for alcohol.1 The Green
Party’s policy DU401 would completely
abolish the promotion of tobacco and alcohol
products, including sponsorship, advertising
(direct or indirect), and product placement on
remuneration or reward.

While agreeing with such a ban, we emphasise
that the ingenuity of the drinks industry in
circumventing government laws must not be
underestimated. In Norway, for example, alcohol
companies have tried to circumvent a ban by
holding “trade fairs” that are blatantly
advertising.2

Alcohol consumption and the degree of
government regulation of alcohol are negatively
 correlated (r=-0.57, P=0.001).3 The level of
prediction suggested that cultural factors had
a large impact. As culture alters, patterns of
drinking are likely to change, affecting the harm
alcohol causes. In Spain, for example, alcohol
has a different place in traditional culture
from that in the UK: it is associated more with
consumption of food than binge drinking for
recreation.4 Among Southern Baptists in the
US, diseases associated with drinking are high
because attitudes towards drinking are isolated
from other inhibitory and controlling aspects of
the personality, requiring that drinking be learnt
from dissident members of the group.5

Addressing attitudes and values may be more
effective in changing patterns of belief and
behaviour. Therefore it is important not only to
ban alcohol advertising and sponsorship but also
to investigate how the underlying drinking culture
in Britain can be changed. Perhaps we can even
learn some of the techniques and uses related
by advertising companies.

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1 Godlee F. Drinking at the last chance saloon. BMJ
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HEALTH CARE AND DEVOLUTION

Signifying nothing

Perhaps because I work in the north of Scotland,
I am fond of quoting Macbeth, finding “full
of sound and fury, signifying nothing” an apt
description of the Nuffield Trust’s report on the
effect of devolution on health care.1

What “tale” is the report trying to tell?
More importantly why doesn’t it focus on
the possible reasons for the differences? As
Donnelly points out,2 Scotland was right up at
the top when it came to practising evidence
cased care and achieving patient satisfaction.
Why? And is it not something that the NHS in
England should aspire to?

But other issues seem to have been largely
ignored by the Nuffield Trust. Perhaps the most
obvious so far as the high cost of health care
in Scotland is concerned are remoteness and
rurality.

The provision of two general practitioners plus
their necessary surgery staff plus associated
community health staff plus ambulances plus
out of hours care, and so on, to a small, isolated
community of only a few hundred souls is very,
very expensive. But it’s also very, very necessary
if we are to uphold the founding NHS principle
of equality of access to good primary care.

If you try to compare chalk with cheese you
are seldom going to come up with a satisfactory
answer.
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1 Donnelly P. Differences in UK health care after devolution.
BMJ 2010;340:c262. (20 January.)

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XENOTRANSPLANTATION

Not a solution

Watts’s update on xenotransplantation
research implies that the use of animal donors
to tackle organ failure in human patients may
soon be possible.1

However, the problems of hyperacute
rejection of animal organs and mid to long
term functioning remain—for example, species

1 Rooney JF. Patterns of alcohol use in Spanish society. In:
Society, Culture, and Drinking Patterns Re-examined.
New Brunswick, NJ: Rutgers Center of Alcohol Studies,
2 French L, Bertoluzzi R. The drunken Indian stereotype and
Cite this as: BMJ 2010;340:c784

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It is associated with high rates of depression and anxiety, increased disability, a poor quality of life, and stigmatisation. Structured psychological interventions are deemed beneficial for patients. My clinical experience as a liaison psychiatrist supports the same idea, and is further substantiated by research.

Dermatologists may not have an accurate perception of the extent of psychiatric comorbidity, inaccurately identifying psychological comorbidity or inappropriately referring patients, or both. A collective, integrative biopsychosocial approach is required from dermatologists and mental health professionals alike to address the misconceptions and lack of knowledge and bridge the management gap and help patients with this chronic and disabling disorder.

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SURVIVORS OF CHILDHOOD CANCER

Integrated follow-up is needed

Jenney and Levitt state that currently 1 in 800 adults is a survivor of cancer and that the late sequelae of treatment is a major issue, highlighting cardiac consequences. Other consequences such as effects on the endocrine system are far more common. Indeed, 42% of cancer survivors have an endocrine problem, and albumin molecules and differences in erythropoietin are well recognised, but the population is dwarfed by the increasing numbers of adults surviving cancer, of whom there are an estimated 2 million, accounting for 3% of the population.

The cancer plan must recognise the need for these services and identify the skills and training required to optimise the quality of survival for all cancer survivors across the UK.

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THE DOCTOR

The real irony of The Doctor

Barrett notes the irony for contemporary doctors that, despite the great advances of modern medicine, the “high watermark of public perception represented by Fildes’ The Doctor has long passed.” Fildes’ doctor, depicted working in surroundings of abject poverty in the service of humanity, was painted when medical practice could do little to overcome the consequences of rural poverty and urban squalor resulting from the Industrial Revolution. It was also a time of increasing mistrust of the science of medicine and when the usual role of the Victorian family doctor was to provide a service for the rapidly expanding middle classes.

Fildes’ picture is far from being an accurate representation of historical reality. It is a fine example of Victorian spin produced to enhance the image of the medical profession and that of the establishment as a whole, by suggesting they had the power to confront the difficulties encountered by society. The real irony of Fildes’ contrived and fictionalised image is that this deception persists to this day.

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