BODY POLITIC **Nigel Hawkes**

Lansley needed to make a full frontal assault

The health secretary had the advantage of surprise, but his opponents have rallied

In battle, confusion reigns. Amid the clash of arms, the smoke, the noise, and the cries of the wounded, the disposition of the opposing forces and even the terrain become obscured. Reason disappears; instinct takes over. Tempers rise, and a lot of blood is shed.

So it is, in a minor key, in the row over the government's health reforms, which reached a climax with the publication last week of the Health and Social Care Bill (*BMJ* 2011;342:d418). Seldom have so many old enemies used the cover of confusion to pay off so many old scores. Tattered banners have been raised bearing the legend "Save our NHS." Tocsins have been rung, deaths foretold. Is this the end of civilised life as we know it?

Hardly. The NHS, as I have remarked before, is only a means of delivering healthcare, not a belief system that binds its adherents to an unchanging catechism. So, for my benefit as much as for that of *BMJ* readers, it is worth exploring what the bill is about and what it is not about. Is it a big change or a small one? (England's health secretary, Andrew Lansley, has at different times claimed both, so confusion on that point is understandable.) Is it about saving money or spending it better? Is it about providing juicy profits for the Conservatives' friends in private industry, in the process elbowing out the existing workforce?

This last question is the easiest to answer. The bill is not about privatising the NHS: that's just a scare. Primary care is a hotbed of private enterprise already, so what's new? General practitioners who turn up their noses at any private sector involvement in commissioning or in providing services are engaging in the purest humbug. Judging by the latest figures on GPs' earnings they are hoovering up most of the juicy profits already. Public sector trade unions are the last people to trust over the merits of the private sector, but at least—unlike the GPs with whom they have been making common cause—they aren't actually part of it.

More tricky is the question of whether the bill marks a big change or a little one. Almost every feature of it is familiar—GP commissioning, foundation trusts, any willing provider, patient choice, old Uncle Tom Cobley, and all—because they were the invention of New Labour in its braver phase. Primary care trusts (PCTs), remember, were supposed to bring commissioning into primary care (the clue's in the name) before they were subverted by managers into mini-health authorities, to which Labour responded half heartedly with practice based commissioning. So this feature of the bill is less than revolutionary: it could even be described as reactionary, because it seeks to restore the PCTs' original purpose.

Why not simply reform the PCTs by abolishing their boards and putting GPs in charge, if they are the people deemed best at commissioning care? That seems to have been the plan up until the July white paper, which threw people into a flurry not because it championed GP commissioning (in the Conservatives' manifesto) or abolishing strategic health authorities (in the Liberal Democrats' manifesto); neither party had mentioned abolishing PCTs.

Why the change? The reason, according to the health minister Paul Burstow, was that if public health were moved to local authorities and commissioning to GPs, that left PCTs with the modest role of assessing needs and passing action to the GP consortiums—a job so limited that it did not seem to justify all the apparatus of a statutory body. Unlike the PCTs, GP commissioning groups will be bodies corporate, not statutory bodies under government control. That should make possible much leaner organisations and lower overheads, though at some financial risk. It also diminishes the chance of managers regaining control, as they have done so often in the past.

But if in reality it is rather a modest change, why does everybody think it is huge? Enter the demon king, the über-manager David Nicholson, chief executive of the NHS, who has been telling everybody that the change is so huge it can be seen from space. Mr Lansley has tolerated Sir David's disloyalty with astonishing forbearance because in the short term he cannot do without him. Mr Lansley's reforms may or may not save money (probably not much) and certainly won't in the short term. But the NHS faces a short term financial crisis that can be resolved only by some old fashioned bullying of the kind that made Sir David the man he is.

"In the NHS, culture nearly always trumps reform. When gains are made they seldom prove sustainable"

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So, by a delicious irony pointed out by Paul Corrigan (a Number 10 health adviser in Labour's aforementioned braver phase), Mr Lansley has to use the old technique of central direction to avert a meltdown, before his new decentralised system can even begin. It is possible, as Professor Corrigan asserts, that an alarmed Number 10 imposed this on him. Whatever the precise details, the old techniques of saving money, which Mr Lansley says don't work, are back on the agenda and Sir David's anticipated retirement postponed. If they succeed, and £20bn is somehow saved, Mr Lansley's argument will be undermined as his authority already has been. If they fail, he'll be gone anyway.

In the NHS, culture nearly always trumps reform. When gains are made they seldom prove sustainable. As Marc Baker, Ian Taylor, and Daniel Jones argue in a fascinating analysis for the Lean Enterprise Academy, *The NHS Bermuda Triangle (and How to Escape it)* (www.leanuk.org/downloads/LS_2010/paper_nhs.pdf), endless efforts are made to devise perfect policies, but it matters little whether they are perfect or imperfect because they won't get implemented anyway.

Mr Lansley knows this full well. Only a full frontal assault early in the parliament stood any chance at all. It is his misfortune to have launched this assault when the NHS stands high in most people's esteem and when money is tight. He had the advantage of surprise, but his opponents have rallied. He will need to be more the politician and less the policy wonk to emerge triumphant when the smoke clears.

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See EDITORIAL, p 237, NEWS, p 247, FEATURES, pp 256-7, DES SPENCE, p 286

COMPETING INTERESTS **Gerry McCartney, Lisa Garnham, Darryl Gunson, Chik Collins**

When do politics become a competing interest?

Might the declaration of authors' political affiliations undermine the conditions for rational discourse?

A recent *BMJ* article asked, "Would action on health inequalities have saved New Labour?" (*BMJ* 2010;340:c3294). Its conclusion leaned heavily towards an affirmative response. An anonymous spokesperson for the Scottish Labour Party subsequently dismissed the article and its conclusions as "political point scoring"—on the basis that its lead author, Gerry McCartney (also lead author of the present article), "is a member of the Scottish Socialist Party" (www.heraldscotland.com/news/politics/failure-to-tackle-healthinequalities-cost-labour-votes-1.1039889), even though he had declared this as a competing interest.

McCartney's declaration was in line with the guidance provided to authors by leading journal editors in recent years. In 2009 a group of these editors requested that authors declare relevant "personal, professional, political, institutional, religious, or other associations" (*BMJ* 2009;339:b4144). And in the latest iteration of the uniform disclosure form, the question relating to non-financial competing interests has been replaced with: "Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?" (*BMJ* 2010;34:c3239). To the anonymous Labour spokesperson McCartney's declaration was clearly important in interpreting and responding to the article in question. Yet the nature of the response it elicited—anonymous, dismissive, ad hominem—might be seen to raise some issues for discussion.

The objectivity of science has been disputed since its beginnings. The selection of what to observe, where, when, by whom, and how—and how these observations are recorded, analysed, interpreted, and communicated—often requires value judgments. Politics concerns competing values and priorities, and so political views and affiliations can clearly be included in any list of non-financial competing interests. Yet surely all researchers (and editors) have values and priorities—and, even if they do not closely fit a particular party political description or a very coherent ideological category, they remain irreducibly political. How then should editors and readers interpret research where such political views seem relevant? If their explicit declaration is desirable, is it also practical? And how does their declaration improve the reporting and interpretation of research?

One problem is what social theorists call hegemony, where the dominance of a particular political and economic view is such that its uncritical acceptance or advocacy seems to many to be "common sense" and alternatives seem "unrealistic"—or even difficult practically to conceive. Under such circumstances it is easy for researchers to assume that their reflection of the dominant perspective doesn't constitute a political view or affiliation; only those who stand outside or challenge the dominant view are seen to be "political." This creates a major problem for those wishing to critique prevailing views or assumptions about the fundamental determinants of health or to pose challenging questions to those in power regarding policy and practice. Their political dispositions will be thought to be of interest to funders, editors, and readers, but the "mainstream" political dispositions—and at times affiliations—of many funders, editors, commentators, and readers can "fly below the radar."

A sadly unfortunate consequence of this can be the kind of hegemony that induces self censorship, muted critical engagement, and ultimately a depreciated democracy (*BMJ* 1994;309:1644-5). Furthermore, some have argued that a simple declaration of competing interests does not resolve the issue at hand—that is, whether the research has been compromised by competing interests—since readers and editors are unable to judge this on the basis of the information provided in any declaration (*Journal of Medical Ethics* 2010;36:328-32). Is a declaration of interests an admission of likely transgression of accepted standards? Should readers and editors examine research in which a declaration is made more closely with an eye to such? Should they assume that the declaration means that the author has taken particular steps to ensure that there is no such transgression?

> **"Is a declaration of interests an admission of likely transgression of accepted standards? Should readers and editors examine research in which a declaration is made more closely with an eye to such?"**

Views and values are often private, changeable, and—at times—inconsistent. They may or may not form an important component of personal identity and may or may not have been considered at length. In contrast to financial interests they can also prove problematically subjective: who could question a declaration of political values, even if it did not seem to fit with the public persona?

Even if declaration of political values and affiliations were to become more common, how far would this add to the advance of science and understanding? Might it tend to undermine the conditions for rational discourse around facts and evidence, by continually foregrounding the differing persuasions from which these get "constructed"? Along this trajectory, rational engagement with the underlying science gives way to, "Well, she [or he] would say that"; and, as the example with which we began demonstrates, this point can in fact be reached very quickly.

Here we have highlighted three outstanding problems: many researchers fail to recognise their own beliefs as political or feel under pressure to self censor to fit with the dominant hegemony; the simple declaration of interests does not help readers and editors to identify where those interests might unduly have affected an author's work; and further moves towards declaration may have the unintended consequence of undermining the conditions of rational engagement in pursuit of scientific understanding.

We offer no easy solutions but are encouraged by the continuing work of the International Committee of Medical Journal Editors to improve when and how non-financial declarations are made.

Opinions expressed in the paper are those of the authors and do not necessarily reflect the views of NHS Health Scotland. The employing institutions played no role in this work.

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YANKEE DOODLING **Douglas Kamerow**

Guns don't kill crowds, people with semi-automatics do

Why can't we do a better job of protecting society from this type of attack?

Once again in the United States a seriously mentally ill man is suspected of mowing down a crowd before he can be wrestled to the ground.

This time the victims included a Congresswoman and a federal judge. A wave of shock spread across the country and around the world. Liberals blamed the mood of the country and violent rhetoric from conservative leaders. Conservatives howled with injustice and attacked the liberals for attacking them.

The handgun used for the attack was a Glock 19, a lightweight, compact, semi-automatic pistol that comes with a standard magazine holding 15 bullets of 9 mm calibre. Glock pistols have become the overwhelming choice of police departments around the world because of their light polymer construction and their ease of firing. They are called "semi-automatic" guns because, unlike revolvers that have one bullet per chamber, all the bullets can be fired by simply squeezing and re-squeezing the trigger. Jared Loughner, the alleged gunman, had legally purchased such a weapon in November, along with an extended capacity magazine that allowed him to fire 33 times without stopping to reload.

Loughner, 22, was clearly mentally ill. Press reports after the event have documented a mind unravelling and descending into madness over the previous year. He lost his friends. He had repeated run-ins with school authorities. He disrupted his college classes, and classmates sat next to the door, fearing that he might get violent. He posted bizarre theories and claims on internet sites, leading one regular poster to label him as having schizophrenia and to plead with him to get help or start taking his medications again. He had several encounters with the police, including one on the day of the shooting. But no one made a formal complaint, and Loughner never received a psychiatric evaluation.

Ever responsive, the US Congress immediately sprang into action to fix the problem. One Congressman introduced legislation making it a crime to carry a gun within 1000 feet (300 m) of a member of Congress. Laughably unenforceable, patently self protectionist, and just plain silly, it seemed the perfect response to the tragedy. In fact no legislation is likely to be passed in response to this event.

The second amendment to the US Constitution states that "the right of the people to keep and bear arms shall not be infringed." Americans, with the exception of some pockets of opposition on the two coasts, believe that citizens have a right to own and carry guns. Apparently most of us like having guns around, and there is no chance that any laws will be passed to limit access to them significantly. No amount of handgun related violence and no high profile killings will change this.

Three years ago a similarly deranged young man, Seung-Hui Cho, killed 32 fellow students at a Virginia university. He used a Glock 19 as well. His rampage did lead to changes in state and national laws to make it more difficult for mentally ill people to buy guns. Unfortunately such restrictions work only if a person is in the mental health system, and Loughner never made it that far.

We are told that guns don't kill people, that people kill people, and that what we have here is a failure of the mental health treatment system, not the legal system. But in order to kill a lot of people fast, before being stopped, people need access to guns that are easy to fire and have lots of bullets in them.

"We need to prevent the sale of equipment that facilitates such easy carnage: high capacity magazines for easily concealed guns"

I don't think the problem is the mood of the country or who was placed in Sarah Palin's cross-hairs in her campaign literature. There will always be seriously disturbed individuals out there who, because of our country's history and experience, will have a chance to access guns. Given that we have no realistic chance of banning handguns, if we have any hope of preventing such future tragedies there are only two things we can do.

Firstly, we need to prevent the sale of equipment that facilitates such easy carnage: high capacity magazines for easily concealed guns. What is the purpose of a 33 shot magazine for a Glock? Who needs to fire 33 times without reloading? If Loughner had had a revolver instead of a 33 shot Glock he would have succeeded in shooting his target but probably not many more people. Cho would have had to stop to reload more often and likely could have been stopped short of killing 32 others.

Secondly, it must be made clear that it is everyone's job to report obviously disturbed people and get them into treatment. Neither Loughner nor Cho was a close call. Many people sensed that they were dangers to themselves and others. If someone had stepped up and reported Loughner, he might have had a paper trail that would have prevented him from buying his gun.

Guns don't kill crowds, but mentally disturbed people with high capacity semi-automatic pistols do.

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All of Douglas Kamerow's columns dating back to 2007 are available online.