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VIEWS & REVIEWS

The health department and the NHS: time to break free?

PERSONAL VIEW **Nigel Crisp**

Many people have argued over the years that the NHS in England would benefit from being separated from the Department of Health and distanced from politics and politicians. The Conservative government acted on just such a belief when it set up the NHS Management Executive and established its headquarters in Leeds after the 1983 Griffiths report. I would put it the other way round: from my experience as the only person to have been both permanent secretary of the department and chief executive of the NHS, I believe that it is the department that has most to gain from such a separation. For the first time it and the politicians would be free to concentrate on the wider issues of health rather than on running the NHS.

These wider issues are essentially political in the sense of being about the sort of society we want. They are about the choices we make on issues such as smoking, fluoridation of water supplies, equality of access to services, the regulation of practitioners and practices, and the ethics of stem cell research and assisted dying. They are also about levels of investment in public and private health services, research, education, infrastructure, enterprise, and business and about international relations, trade, and health

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security. Ultimately it is these wider issues that will have the biggest impact on the health of the population in the long term.

We need a department that really is “for” health, and we need ministers who focus on dealing with these issues. We also

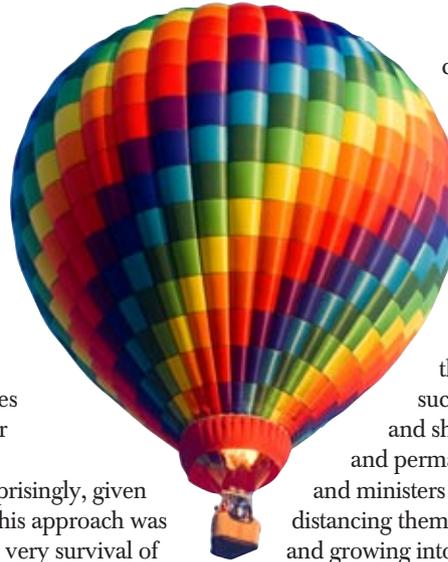
need an NHS that is able to work, within this wider context, to produce its own strategies and operational policies and manage the successful delivery of high quality healthcare services to every member of the population. These are linked but very different tasks.

For a number of years, including my own tenure there, the political emphasis on health services meant that the Department of Health was to all intents and purposes the Department of the NHS. The priority given to expanding and improving health services trumped almost all other considerations.

I would argue—unsurprisingly, given my previous role—that this approach was right for times when the very survival of the NHS was in doubt, as it was in 2000. However, I now believe that, while their roles are too close for complete separation, the time is ripe for a new settlement between the department and the NHS that respects the distinct roles and capabilities of each partner.

I would apply three tests to any proposed new settlement. The first is whether the government's health strategy is fully integrated into its wider economic and social strategies so that health policy reinforces education and economic policy and vice versa. The second asks whether the department has the right capacity and capability to take on fully its responsibility to oversee and develop this whole wider health sector. The third questions whether there is an appropriate and adequate means of accountability in the NHS, both to patients and to the tax payer. Although the figure is lower than in many other countries, nearly 8% of gross domestic product and almost 25% of central government expenditure is spent on the health services provided by the NHS alone. We must continue to have good public accountability for this enormous slice of public investment and social infrastructure, although it doesn't have to be done as it is now.

We should not be naive about these tests. There will be times for government and ministerial action in the NHS. The “credit



crunch” has shown us that the demand for government to intervene in any sector—public or private—where things go badly wrong is overwhelming and can be entirely appropriate.

It should be exactly the same in health, with such intervention being rare and short term, not routine and permanent. The department and ministers will have difficulty in distancing themselves from the NHS and growing into their new roles; but so will the NHS. Central power and political interest have bred dependency among professionals, managers, NHS boards, and the industry. It will take time to change.

Where are we today on these tests? There is much more to do. On the first test, there is more cross-government working on health than in previous times, although the very structure and processes of government make this difficult in the United Kingdom, as elsewhere. There has been progress on the second test, with the development of stronger ties to industry and research and greater emphasis on the UK's strengths in biomedical science. On the third, there is now some experience of foundation trusts gradually moving towards independent decision making.

There are no simple or single answers. No one of these tests is sufficient alone; they are linked. They have to be addressed together with determination and clarity of vision. None can be ducked. A more independent NHS will function effectively only if ministers and the department are truly much more focused on other issues. They in turn need to be confident that the NHS is properly accountable to the public and that action is taken when things go wrong.

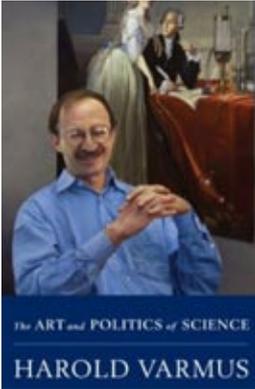
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REVIEW OF THE WEEK

Politics, science, and the White House

The memoir of a Nobel prizewinning doctor gives great insights into the complex relations between science and politics in the US, finds **Richard Smith**



The Art and Politics of Science

Harold Varmus

WW Norton, \$16.99, pp 315

ISBN 978-0393061284

Rating: ★★☆☆

Harold Varmus—Nobel prize winner, former director of the US National Institutes of Health (NIH), scientific adviser to Barack Obama, and much else—describes his career as “meandering and unexpected.” Yet readers of his book, which is “far from being a full autobiography,” are more likely to view his career as a series of considerable achievements built one on another.

Born in 1939, Varmus was initially more attracted to literature than science and, while at Amherst College, built a “career decision mobile” of postgraduate applications for English, medicine, fellowships to study Ibsen in Norway and at a Japanese University, and jobs in journalism. But, rejected by Harvard Medical School, he eventually studied medicine at Columbia after being asked at his interview the meaning of the Anglo-Saxon phrase “Ich ne want” (“I don’t know,” in case you don’t).

“Fervently opposed” to the Vietnam war, Varmus sought to avoid it by joining the Public Health Service. This is what led him to the NIH, where he discovered that science would be his passion, although his first days in the laboratory were “disastrous,” involving a spill of radioactive material. In 1968 Varmus’s mother developed breast cancer, contributing to his becoming determined that his scientific mission would be to understand what happens when normal cells become cancerous.

It was known that RNA viruses (later called retroviruses) could cause cancer in animals, and Harold Temin, a virologist from Wisconsin, had created excitement and controversy by suggesting that the genetic information in the viral RNA might be converted to DNA (a provirus) and incorporated stably into the animal chromosome. This went against the central dogma that biological information flowed only from DNA to RNA.

Varmus, like many others, was excited by this idea and pursued its implications when he moved to the “scientific paradise” of the University of California, San Francisco. There he formed a long lasting scientific duo with Mike Bishop, with whom he won the Nobel prize in 1989 for the discovery of oncogenes. Ironically, the chapters on the series of scientific discoveries may be the weakest in the book. It’s hard to write about science in a way that conveys the full excitement, and being a first rate scientist is not enough—rather as being a great football player doesn’t make you a great manager.

The best part of the book is his account of life at NIH, where in 1993 he became the first Nobel laureate to be director and the first to continue to run a laboratory. Directorship of NIH is a political appointment, and Varmus, a Democrat to his socks, gives great insights into the complex relations between science and politics in the United States. The NIH director’s main job is to extract as much money as possible from Congress, and

the Clinton years proved to be boom years for NIH.

The flipside of being given huge sums from Congress is that powerful politicians insist on their particular interests being pursued—a sort of scientific pork barrelling. For example, a meeting between Clinton and Christopher Reeve, the paralysed actor, led to an instant \$10m (£6m; €7m) increase in funds for spinal cord research. Politicians also press for new institutes, and NIH now has 27, creating near unmanageable complexity. Varmus is proud that his tenure saw only three new institutes, but his proposal that NIH be restructured into six divisions of roughly equal size has been ignored.

In 1999 Varmus left NIH to become director of the Memorial Sloan-Kettering Cancer Center in New York, the world’s leading cancer research centre, which also has some of the best outcomes for patients. He continues to run a laboratory, but he has used his energy, prestige, and connections to advance important but often neglected areas of science.

Ever since he worked in a mission hospital in Uttar Pradesh as a medical student, Varmus has had a passion for global health and a “longstanding concern about discrepancies between rich nations and poor.” A member of the World Health Organization’s Commission on Macroeconomics on Health, he bemoans the miserable contribution of the US government and NIH to global health. But things look much brighter now that he has chaired the board of Grand Challenges on Global Health (www.grandchallenges.org) and the US Institute of Medicine’s report on global health. In particular he has a so far unrealised vision of a Global Science Corps.

Varmus also has a passion for open access publishing and is a founder and chair of the Public Library of Science (PLOS). He describes candidly how he’d never thought much about the processes and business of the publishing of science until he had coffee with Pat Brown, a former colleague at San Francisco and another founder of PLOS. Since then Varmus has tirelessly promoted digital libraries and open access publishing, and he ends his chapter on scientific publishing by describing his attempts one night to find online a copy of the 1976 *Nature* paper that won him the Nobel prize. All he could find was a poorly scanned version put online by a Midwest professor.

Science for Varmus provides not only a means of doing good and bringing people together but also a philosophy of life. “Doing science,” he concludes, “is the best way I know to live within an incomprehensible universe.”

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Competing interest: RS is a member of the board of PLOS.

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The flipside of being given huge sums from Congress is that powerful politicians insist on their particular interests being pursued—a sort of scientific pork barrelling

An inside story

One of our purposes in reading is to extend the range of our sympathies by imaginative entry into situations of which we can have no more direct experience. Against this, however, is the increasing tendency of bookshops to classify literature by certain characteristics of authors, to be bought, presumably, by people who share those characteristics. In other words we read not to extend but to limit our experience and to fortify ourselves against others, in the manner of Afrikaner trekkers ranging their wagons for safety in the vast night of the veldt.

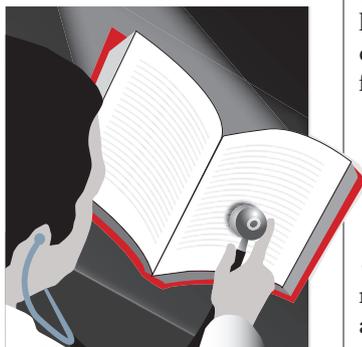
Still, it is only human to want to read what authors have made of one's métier, which is why I took up a play by John Galsworthy (1867-1933), *Justice*. I was a prison doctor for a number of years, and there are not many plays in which such a personage appears. Galsworthy's play is one of them.

The title of the play is, of course, ironical; and the doctor, called Clements, has a brief and inglorious part in it. He is more or less the handmaiden of the governor, a strict and unimaginative military hero.

The protagonist of the play is a young clerk called Falder who works in a firm of respectable solicitors. He has fallen in love with a woman, Mrs Honeywill, who is badly abused by her drunken husband. In those days cruelty was not grounds for divorce, and more moral opprobrium attached to the extramarital affair of Falder and Mrs Honeywill than to the violent conduct of her husband.

Falder and Mrs Honeywill plan to elope to South America, but they have no money. In a moment of temptation Falder alters a company cheque from

BETWEEN THE LINES Theodore Dalrymple



When Falder comes out of prison he is a broken man and ends up killing himself

£9 to £90 and keeps the difference for himself, to pay for the elopement. But before he can elope he is caught and tried for forgery.

His defence lawyer argues that the psychological pressure he was under rendered him temporarily insane. This argument is not accepted, and he is sent to prison for three years, initially in solitary confinement. The doctor is asked by the governor to check his mental state. He reports back to the governor: "Well, I don't think the separate system was the means by which convicts were prevented from communicating with one another.] But then I could say the same for a lot of them. If once I get away from physical facts—I shan't know where I am. He hasn't lost weight. Nothing wrong with his eyes. His pulse is good. Talks all right." The doctor accepts the system as it is.

When Falder comes out of prison he is a broken man and ends up killing himself. This brought back memories of a friend of mine 50 years ago, a boy with an absent father (in those days absent fathers were rare). The father returned one day, and my friend swore me to secrecy as to where he had been: in prison.

A secret is something you tell only one other person, so soon it was generally known where my friend's father had been. I met him only once: he wore tinted lenses (also rare in those days), and I have never seen a man so haunted, crushed. Galsworthy would not have been surprised.

Are things different today?

Theodore Dalrymple is a writer and retired doctor

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MEDICAL CLASSICS

The Moral Challenge of Alzheimer Disease: Ethical Issues from Diagnosis to Dying

By Stephen G Post First published 1995

Until this pioneering book was published in 1995 the ethical aspects of one of the most important illnesses of our ageing populations were a neglected subject. Post begins with his wish to define the "signposts" that would point human beings "toward a future in which those who are so forgetful will be treated with dignity." He describes as twofold the moral challenge of Alzheimer's disease: the challenge of overcoming the stigma; and that of giving careful consideration to the ethical issues, such as the appropriateness of certain medical procedures.

Explanations of existing legal or medical guidelines are interspersed with details of real patients, including a letter by Ronald Reagan, written as he started the journey "into the sunset of my life," in which he announced his diagnosis of Alzheimer's to the world and in doing so helped to change the public's perception of dementia.

Post outlines the important issues that arise from diagnosis to the end of the disease—from disclosing the diagnosis to the debate over when to stop driving a car. But he never tries to avoid the reality that the disease is a terminal illness, and he advocates that healthcare professionals be "proactive" in initiating, albeit sensitively, future care planning with older people and their families. "A good death," he says, "requires that the values of the person be integrated into the process of dying." He discusses in detail the process



Reagan helped change public perception of Alzheimer's

of artificial nutrition in advanced dementia and its physical and psychological complications, dispelling, with an evidence base, the commonly held beliefs that tube feeding leads to prolonged survival and less skin breakdown.

Instead he emphasises the merits of assisted oral feeding to provide comfort. He provides a short statement describing the process of losing faculties to advancing Alzheimer's disease that he says should be given to patients, when still competent, and to their families to aid their planning for accessing hospice care in the future.

Post is optimistic. Thankfully we have moved away from the use of physical restraints, he says; the use of sedatives is now less liberal; and the focus has moved to recognising pain and to promoting polypharmacy and assisted oral feeding in advanced dementia. An element of humour is provided in the story of a man who, on recognising his ailing memory, went to a public meeting on Alzheimer's disease and whose illness was subsequently diagnosed. On learning his diagnosis he went door to door to tell his friends that he was not a "schmuck if he forgot their names or their experiences, he actually has Alzheimer's disease!"

This elegant and humane overview is as touching, relevant, and important now as it was when it was published and has done much to generate a positive regard for the lives of those affected by dementia. Mairead Bartley is a research fellow, Centre for Ageing Neuroscience and the Humanities, Trinity College, Dublin mbartle@tcd.ie

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It shouldn't happen to a vet

FROM THE
FRONTLINE
Des Spence



Vets used to be drawn from farming stock—they usually had too many teeth, too few teeth, too much hair, too little hair, no eyebrows, only a monobrow, or were too tall, too short, too fat, too thin. These were the academic elite, when getting three As at A-levels was the result not of private tutors, parental appeals, or fanatical swotting but something called brains. Macho to every man and woman, they would have a pint between exam papers, sing crude vet school songs, and break limbs during drunken nights out. But despite their wanton nerdiness, elephant cords, and lack of social niceties (or perhaps because of), I liked them a lot.

After qualification, for vets there were no “training grades” and no safety blanket of the NHS; instead of CVs there were job interviews held at a pub lunch. The job was general “mixed” practice for all: cows, snakes, horses, chinchillas, dogs, and cats. Isolated in small practices, with weekends, evenings, overnights, and one in three rotas—they worked very hard. Treatments were dispensed in brown envelopes with felt tip pen instructions. Sometimes bills couldn't be paid, so owners paid what they could. No real profit but a real vocation. Decisions had to be made with limited investigation and referral, but vets shared GPs' faith in the holy trinity of communication,

experience, and continuity. Small town vets and GPs were comrades in arms and were equally respected.

However, times change. Large animal vet practice has all but perished, along with many farming communities. But it is veterinary care insurance for small animals that has fundamentally changed practice—in a way all too familiar to us GPs. Costs have spiralled, and investigations, referrals, bogus conditions, and chemotherapy are now all standard. Dogs now lick their emotional wounds on the chewed couch of the pet psychologists, who peddle the obvious to the oblivious. Vets deal not with animals' ill health but with dependent health seeking behaviour from owners with distorted health beliefs.

And specialisation is undermining the status of the “generalist.” Expensive branded drugs are being peddled by big pharma representatives. Corporations are moving in, buying up practices; and big business dictates “total billing,” with the flogging of “scientific” diets, dog collars, and toothbrushes. Vets have even been seduced into brushing (even straightening) hair. But, dearest old friends, don't lose faith in the old ways—for we doctors know that progress is not all that it seems.

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Rhyme and reason

PAST CARING
Wendy Moore



COLIN CRISFORD

With precious little time to stand and stare, it is scarcely surprising that few doctors wax poetical. The Georgian naval surgeon Tobias Smollett swapped his lancet and saw for a quill and ink, while John Keats opted to write of hemlock rather than administer morphine. But if anyone has successfully combined both oath and ode, it must be Oliver Wendell Holmes.

Born in Cambridge, Massachusetts, in 1809, Holmes showed an early interest in the human body at 8 years old when he took his younger brother to witness a hanging. He had already shown a flair for literature by the time he entered Harvard at 16. Initially studying law before switching to medicine, he found neither dusty tomes nor dead bodies quite so intoxicating as the written word, declaring, “There is no form of lead-poisoning which more rapidly and thoroughly pervades the blood and bones and marrow than that which

reaches the young author through mental contact with type metal.”

Even before graduation Holmes had already earned literary acclaim with a stream of poems, including “Old Ironsides,” which made such a powerful plea for preserving the ship *USS Constitution*, a relic of the Revolutionary War, that the boat was saved. After studying medicine in Paris, Holmes returned home to graduate MD and combined private practice in Boston with a distinguished career teaching anatomy at Harvard while continuing to carve out a name for himself in literature.

Holmes used his literary skills to hymn the beauty of the human form and compose witty portraits of his colleagues. Inspired by his Parisian training he wasted few words on ineffectual therapies and medical incompetence. His barbed pen took stabs at homoeopathy, astrology, and Elisha Perkins's metal tractors but was equally cutting

about the lethal concoctions liberally dispensed by conventional medics.

Holmes opined: “I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes.” And convinced in 1843 that doctors were to blame for conducting puerperal fever between patients, four years before Ignaz Semmelweis made the link, Holmes eloquently outlined the risks. Three years later, when his dental colleague William Morton performed the first operation with ether, it was Holmes who coined the term “anaesthesia.”

As celebrated for his homely “Fireside” poems and his incisive “Breakfast Table” columns as he was revered for his rational approach to medicine, Holmes truly succeeded in marrying rhyme and reason.

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