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# LETTERS

## 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.<sup>1</sup>

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* 2010;340:c394. (20 January.)

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### Potential pitfalls

The Liberal Democrats are not the only party committed to introducing an advertising and sponsorship ban for alcohol.<sup>1</sup> The Green Party’s policy DU401 would completely ban the promotion of tobacco and alcohol products, including sponsorship, advertising



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(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.<sup>2</sup>

Alcohol consumption and the degree of government regulation of alcohol are negatively correlated ( $r=-0.57$ ,  $P=0.001$ ).<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

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 ruses used by advertising companies.

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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.<sup>1</sup>

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,<sup>1</sup> Scotland was right up at the top when it came to practising evidence based 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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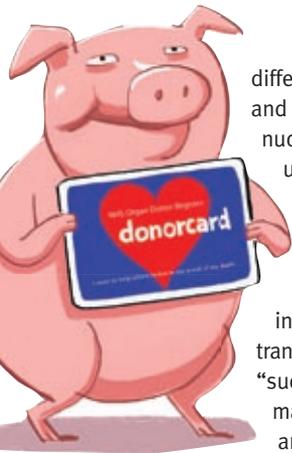
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## XENOTRANSPLANTATION

### 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.<sup>1</sup>

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



differences in erythropoietin and albumin molecules<sup>2</sup> and nucleotide metabolism and uric acid concentrations<sup>3</sup> in pig to primate liver and kidney transplantation. The tiny proportion of human recipients in whom such organ transplantation has been “successful” have lived only a matter of days, and research animals only weeks. Tissue transplantation has also

been an unmitigated failure.

Despite decades of sporadic and often appallingly cruel research, xenotransplantation is still several decades away from being a realistic solution to the organ shortage. In a recent EU poll 84% of citizens said that any experiment causing severe suffering to any animal should be prohibited.<sup>4</sup> Thus researchers and policy makers should be aware that xenotransplantation research, categorised as likely to cause severe suffering according to new EU guidelines,<sup>5</sup> is not supported by the public.

A donor opt-out system is much more likely in the short and long term to save lives. We must accept responsibility for our own diseases and do all we can as a community to help others through relevant and applicable means rather than resorting, far too easily, to viewing animals as spare parts and causing them suffering.

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## COMORBID DISEASE IN PSORIASIS

### Don't forget mental illnesses

Mental illness and psychological aspects and reactions were not discussed in depth in the clinical review on managing comorbid disease in patients with psoriasis, the authors only touching on the presence of depression.<sup>1</sup>

However, psoriasis is considered to be one of the prototypical cutaneous conditions in which there is an interplay of psyche and soma.<sup>2</sup>

It is associated with high rates of depression and anxiety, increased disability, a poor quality of life, and stigmatisation.<sup>3</sup> Structured psychological interventions are deemed beneficial for patients.<sup>3</sup> My clinical experience as a liaison psychiatrist supports the same idea, and is further substantiated by research.<sup>4</sup>

Dermatologists may not have an accurate perception of the extent of psychiatric comorbidity,<sup>3,5</sup> inaccurately identifying psychological comorbidity or inappropriately referring patients, or both.<sup>3</sup> 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 so 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.<sup>1</sup> Other consequences such as effects on the endocrine system are far more common. Indeed, 42% of cancer survivors have an endocrine problem,<sup>2</sup> and replacement treatment with growth hormone, thyroxine, and gonadal steroids can hugely improve health related quality of life. This argues for a structured, integrated follow-up of cancer survivors. However, inequity in the provision of services for late effects is still a major issue in the United Kingdom.

In our areas, integrated services are already provided or in the process of being developed by adult physicians and clinical nurse specialists working closely with paediatric oncologists, but this is not the case in most of even the tertiary cancer referral centres in the UK. The long term complications of treatment for childhood cancer 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.<sup>3</sup> 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.”<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> The real irony of Fildes’ contrived and fictionalised image is that this deception persists to this day.

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