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VIEWS & REVIEWS

The cancer emperor's new clothes

PERSONAL VIEW Simon Chapman, Becky Freeman

The Australian government has announced one of the most important chronic disease prevention policies ever adopted. From 2012 all tobacco products will be sold in standardised plain packs. The opposition Liberal party is not opposing the move. Plain packs will be uniform in colour, shape, and texture of paper. Pictorial health warnings will remain and may increase in size, and brands will be differentiated only by their names in a small, standard font (figure). The legislation comes after other recent Australian state legislation banning the retail display of tobacco products.

Cigarettes themselves may also be incorporated into the regulations, so that coloured or per-fumed papers and filters and different shapes such as slimline and mini-cigarettes would be outlawed. With a worldwide domino effect common in tobacco control, this vanguard decision may bring down the curtain on a century of the tobacco industry packaging carcinogenic, addictive products in attractive, beguiling boxes. The cancer emperor will soon have no clothes.

Although drugs have long been sold in packs devoid of colours and design features, this has been a voluntary arrangement in recognition of consumers' inability to select drugs requiring a prescription. Governments often require information to appear on the packaging of consumer goods, but this is the first time that a government has regulated the entire pack design of any product. It is a step that thereby will radically "denormalise" tobacco products, stopping them being seen as ordinary grocery items competing for consumers' attention.

The government's announcement was a response to a recommendation in 2009 from its Preventative Health Task Force. As no nation has ever introduced plain packs, arguments for their adoption could not be drawn from direct evidence.

Instead, arguments for the likely effectiveness of the move in reducing the uptake of smoking relied on evidence from tobacco industry trade publications that repeatedly extol the vital importance of packaging as a form of advertising, particularly in the increasing number of "dark" markets where tobacco advertising is banned: "if your brand can no longer shout from billboards, let alone from the cinema screen or the pages of a glossy magazine . . . it can at least court smokers from the retailer's shelf." Investment advisers Morgan Stanley advised clients in 2007 that "[after taxation] the other two regulatory environment changes that concern the [tobacco] industry the most are homogenous packaging and below-the-counter sales. Both would significantly restrict the industry's ability to promote their products."

Internal industry documents contain many unabashed statements on the importance of packaging. Philip Morris said of young smokers that "once exposed to innovative [packaging] especially young adults see their current packaging as dated and boring." Packs aimed at younger women should be "slick, sleek, flashy, glittery, shiny, silky, bold." These documents show that more young people start smoking each year than established smokers switch between different companies' brands. They also show that many smokers cannot differentiate among cigarette brands: "One of every two smokers is not able to distinguish in blind (masked) tests between similar cigarettes . . . for most smokers and for the decisive group of new, younger smokers, the consumer's choice is dictated more by psychological, image factors than by relatively minor differences in smoking characteristics." Pack design is at the centre of all branding; and now, with only the ability to differentiate by brand name remaining, the industry's ability to promote its products has been eviscerated.

Experimental evidence on plain pack prototypes has shown that when brand elements are progressively removed from cigarette packs, adults and adolescents perceive them to be less appealing, rate attributes of a typical smoker of the pack less positively, and have more negative expectations of cigarette taste. Two tobacco companies have already signalled their intention to challenge the decision in the courts, using constitutional



How a cigarette packet will look without branding

and "seizure of trademarks" arguments, or to sue for compensation, an implicit argument that the packs are likely to depress sales. Senior legal commentators have supported the government's own advice that the legislation will survive challenge. Mark Davison, professor of law at Monash University, Melbourne, has described the industry's argument as "so weak, it's non-existent." He said, "There is no right to use a trademark given by the WTO [World Trade Organization] agreement. There is a right to prevent others using your trademark, but that does not translate into a right to use your own trademark." There are many precedents for governments requiring companies to conform to standards on packaging. With the proliferation of bans on tobacco advertising, generations of children are growing into adulthood never having been exposed to tobacco promotion. In Australia no one under 17 years old has had such exposure, and the prevalence of smoking among young people is now the lowest ever recorded. Prime Minister Kevin Rudd's government and the health minister, Nicola Roxon, have given high priority to prevention in their health reforms since taking office in late 2007. Any history of the rise and fall of disease caused by tobacco must highlight this momentous initiative.

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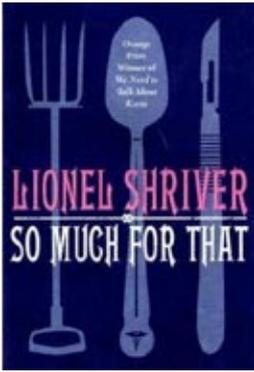
A version of this article with references is available on bmj.com

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REVIEW OF THE WEEK

How much is one life worth?

The travails of four US patients make for an angry novel and a serious critique of how health care should be paid for, finds **Karol Sikora**



So Much for That
 Lionel Shriver
 HarperCollins, £15,
 pp 464
 ISBN 978-0007271078
 Rating: ★★☆☆

I don't read much and certainly not novels by American feminist writers. And I don't do books about people with cancer. But *So Much for That* really shook me—I was told it would. A middle class New York suburban redneck, Shep, has the ambition to pack in his work as a handyman and retire to an island off Africa where things are cheap. This is a little wacky, as such people usually never have a passport. Sadly, just before he goes, his wife, Glynis, is given a diagnosis of cancer and enters the great US medical system, battling with her insurers, oncologist, and the system.

Three other characters have medical problems: Jackson, a work colleague of Shep's who has penis size issues and is left mutilated after cowboy enlargement surgery; Flicka, Jackson's teenage daughter, who has familial dysautonomia; and Shep's father, Gabe, a retired preacher who fractures his femur and enters the care home industry as a very worried customer. There is robust criticism of the fee-for-service market culture of US medicine, of wriggling insurers, with their deductibles and copayments, and of the government, for collecting taxes but not providing adequate care.

We can clearly see that there are only three ways to pay for health care: tax, insurance, or cash—or some sort of mix. The depletion of Shep's bank account, noted at the start of each chapter, reinforces the funding issue, topical on both sides of the Atlantic.

The novel has much black humour but also some serious messages about how society assesses the value of human life. Glynis gets top of the range cancer care, which soon evaporates Shep's retirement dream pot. Metastatic peritoneal mesothelioma is her's teeth oncology and inevitably fatal. After two different types of chemotherapy Glynis is still not in remission. She is offered another drug off label

that is not covered by her insurers. The cost of \$100 000 per year is not dissimilar to the current reality facing the UK National Institute for Health and Clinical Excellence and primary care trusts here with new cancer drugs.

Shep confronts the rather patronising oncologist, who freely uses military metaphor in Glynis's personal war on cancer. In a bizarre scene Shep is made to feel guilty about not getting a loan to pay for third line treatment. He protests that so far every day of his wife's life has cost him \$2700 in medical bills. He is faced with the eternal dilemma of all those responsible for paying for health care: what price is a life worth?

Flicka doesn't do so well either. Catatonic crises, tube feeding, a gastrostomy, and continual suicidal ideation plague her. Gabe just wants to be out of the care home he can't afford. Jackson fares the worst. After an abortive attempt to patch up the botched enlargement he finds that even a prostitute turns him down, suggesting that he goes to a special needs call girl. He promptly commits suicide by shooting himself in the mouth after hacking off the damaged organ. At least cheap, in terms of health care.

The ending sees the remaining characters together with Carol, Jackson's attractive widow, flying to Pemba, in Tanzania. They even spring Gabe from his care home and take him along too. This seems to be a metaphorical flight to heaven—I just can't see British Airways taking this bizarre group. Glynis, Flicka, and the old man all have good deaths in a surreal finale, leaving our hero with the beautiful Carol for eternity.

It's an entertaining novel, well researched, and beautifully written, expressing much anger against the system and a serious critique of how health care is funded. There are hints of feminine superiority, penis envy, and some rather bad language. But it takes a serious topic and creates an interesting story. I found it hard to put down and even missed a station while reading it on a train.

Other writers have explored similar themes, notably Susan Sontag, but this novel is a more entertaining read. It may help doctors crystallise their own views on rationing and on who should make the difficult decisions. Despite all the political rhetoric, no healthcare system is a bottomless pit—we've left the good old days of Garden of Eden accounting for ever. Unless something changes, our aging populations, high cost technologies, and the increasing and increasingly well informed demands of our patients will inevitably lead to financial meltdown.

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Lionel Shriver's novel may help doctors crystallise their own views on rationing and on who should make the hard decisions

A diary of the plague year

Epidemics have inspired many writers, perhaps because it is always so tempting to suppose that people reveal what they most truly are under extreme conditions. As Mark Tapley put it in *Martin Chuzzlewit*, there's no credit in being happy if the circumstances are favourable.

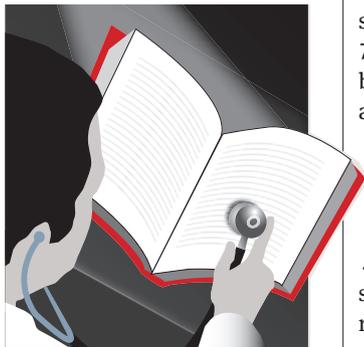
Be that as it may, human behaviour in epidemics is always fascinating to read about. A large volume published in 1920 by the American Red Cross and the Harvard University Press, entitled *Typhus Fever with Particular Reference to the Serbian Epidemic*, written mainly by Richard B Strong and George C Shattuck, is in certain ways rather reassuring.

The epidemic of typhus in Serbia in 1915 killed about 150 000 people, mainly soldiers. The American Red Cross was asked to furnish help to the overwhelmed authorities, and the book is the report of the Red Cross's personal, clinical, and scientific experiences.

The Red Cross effected a delousing of the general population, partly by the use of cattle trucks of trains as sanitary posts. The louse-borne transmission of typhus had first been proposed only six years before, and the bacterium *Rickettsia prowazeki* had been described and proposed but not universally accepted as the cause of the disease. Nevertheless the Serbian peasantry accepted the need for deinfestation. This could not have been easy for anyone: "It was not that the great majority enjoyed taking a bath or being deloused, or having their clothing deloused. In fact, many had not had a bath for over a year; in some instances, their faces betrayed surprise, in others fear, when the water from the shower bath touched their bodies."

The conditions in prison camps for Austrian prisoners of war were deplorable, though more through lack of staff and organisational ability than through malice. The

BETWEEN THE LINES Theodore Dalrymple



I was surprised to learn how willing early investigators of the transmission of typhus by lice were to use healthy people as subjects of experimentation. One wonders whether the healthy subjects were fully apprised of the risks

authors quote Captain Bennett, of the British Red Cross, on conditions in one camp: "It is not a hospital but simply an area where 750 Austrians have been collected . . . At an earlier date one doctor was in charge of this camp, but he is now stricken down with typhus . . . Typhus, dysentery, smallpox, and diphtheria have swept over the place with devastating effects. Last week, only twenty men out of 750 could stand on their feet. There they lie in utter wretchedness. Here and there one finds a mattress, and here and there a little straw, but the bulk of the men are stretched out on the muddy ground. Their

clothes are foul and alive with vermin . . . The silence of the camp is broken only by sighs and groans. A recent visitor noticed a number of recumbent forms covered with greatcoats and found on removing these that five out of the number had already been dead several days. Can anyone be surprised to learn that some sixty men die in this camp every day?"

I was, however, surprised to learn from the book how willing early investigators of the transmission of typhus by lice were to use healthy people as subjects of experimentation. One wonders whether the healthy subjects were fully apprised of the risks.

But things were different in those days. Many doctors experimented on themselves. Henrique da Rocha-Lima, a Brazilian microbiologist working in Berlin, named the organism *Rickettsia prowazeki* because both Howard Taylor Ricketts and Stanislaus von Prowazek died in the course of their investigations.

Moreover, 136 of 350 Serbian doctors died from typhus while caring for their patients during the epidemic.

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MEDICAL CLASSICS

Mad By Guy de Maupassant

Published circa 1880

Mad is a stark and brilliant portrayal of a man ever more gripped by morbid jealousy. One of Maupassant's mentors was Flaubert, whose *Madame Bovary* (*BMJ* 2010;340:c616) brought a new psychological realism to literature. Maupassant takes this further. If Flaubert is impressionistic, then Maupassant is surely expressionistic. His brush strokes are wilder, the effect is starker, and the impact more shocking.

In *Mad* we observe a man becoming horribly disillusioned with a relationship that had seemed dangerously idealised from the start. To read this dark and sobering account of love turning poisonous is painful and similar to the raw emotion of sitting in an intense psychotherapy session. The story echoes what happens to us all in love—although with less, we hope, extreme emotional dysregulation and erroneous thinking. There is the "honeymoon period," depending on our grip on reality in the first place; and then reality slowly presents itself (no one is that perfect).

Maupassant's tortured hero meets Elaine at a party. She soon becomes an object of "absolute love"; her "childlike innocence, that blush of modesty, delighted me above everything else." Elaine grows confident after the wedding, and he comments on her metamorphosis into a woman, "coquettish . . . seductive in her attitudes."

Elaine's greater knowingness is considered evidence that she was not so naive. He asks, "Oh! innocent and charming questions, which delighted me to the depths of my being, and which seemed to me to be an absolute promise of happiness,



Maupassant: shocking portrayal of jealousy

were you nothing but a lie, and a wonderfully well-acted piece of trickery?" He frantically searches for proper evidence of previous relationships. "I determined that I would be as patient as a policeman who is trying to discover the traces of a crime, that I would investigate the past of this girl . . . as I should be sure to discover some proof . . . and yet I adored her."

Sometimes his rational mind gains ascendancy: "Was I not wrong, and an idiot, to allow such thoughts to take possession of me and to poison my deep, absorbing love?" Pleasurable times fade, and crises accompanying the clear skies "grew more bitter and more terrible." He envies those with proper reason to be jealous, and the pain of suspicion drives him to conclude that "it would be better to blow my brains out." He wonders whether this is familial madness and in an act of some humanity briefly diverts his attention away from Elaine to look at his "malady." He attends divorce proceedings, listening greedily to unhappiness and miserable outcomes. The relationship ends when he finally confronts her with his certainty of her past wrongdoings. Elaine pleads with him to be quiet: "You are frightening me . . . as if you were a madman." We then hear of his plans to murder his beloved with an "Arab knife"; but his self loathing takes over and he takes his own life.

I was stunned by the thunderclap impact of this story, which so well conveys in so few words the appalling nature of morbid jealousy. I would urge all those with an interest in the mind, and especially psychiatric trainees, to read this literary gem.

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Divorced of reasoning

FROM THE
FRONTLINE
Des Spence



Rotas for washing up, cleaning the toilet, peeling potatoes, sweeping and hoovering (pre-Dysoning), feeding my baby brothers, sewing on buttons—we used to hate our domestic chores. But it was the only way to be allowed to watch the black and white wartime matinee with the two dimensional propagandist plots. As in life, sometimes good things come from bad. I now take pride in my domestic acumen. I try to pass my craft on to the kids, especially my boys, because I don't want them denied a domestic education like previous generations. I am like many modern men. But am I truly an equal parent?

Some families buck tradition, but sexual stereotypes generally still play out. Most men work full time, performing the role of breadwinner. Most women stay at home or work part time. This is not male coercion but a combination of choice and pragmatism. Families function best when men and women work together, because they have complementary skills. But divorce has become an increasing reality of modern life. The impact of divorce on children should not be underestimated; my parents divorced when I was 4. Tragically some 40% of men lose contact with their children. But men are not islands: children don't lose just their father but also aunties, uncles, grannies, and granddads.

Why does this happen? It may be a reflection on men, but in truth many men are actively excluded from access to their children. The bitterness of divorce means that couples use whatever weapons come to hand. For men this is money, and for women this is the children, both parties justifying their actions with distorted notions of blame. Legislation rightly forces men to support the family financially, but no such legislation enforces access. And in family courts—only recently opened to public scrutiny—there is an unwritten but implicit sexist 1950s assumption that the custody should be with the better parent: the mother. The legal advice to fathers who seek joint custody is, “Don't bother: you'll never get it.”

Much is trumpeted about child welfare, but we should be honest about the psychological damage we are inflicting on millions of children by denying them access to their families. In many countries joint custody of children is automatically assumed; this is the central point of negotiation, giving both families parity. I believe passionately in equality, so in this time of political renewal the time has come to change the law in this country, because men are equal parents and love their children too.

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Medical metaphors

OUTSIDE THE BOX
Trisha Greenhalgh



Greece's economic woes are, apparently, spreading “like Ebola virus,” and fear of contagion has gripped Europe's financial markets. Actually, “spreading like Ebola” is a simile not a metaphor. Then there's allegory—depicting the world's economy symbolically—for example, with a picture of the crumbling twin towers of the World Trade Center.

As I learnt last week at a lecture by Professor Cliff Oswick on literary devices in organisational science, analysing a complex, abstract phenomenon by comparing it to something more familiar and concrete can inspire the scholarly imagination. In his book *Images of Organization*, Gareth Morgan exhorted management theorists to go beyond the tired “machine” metaphor and consider the organisation as an organism, a brain, a political system, a psychic prison, and more.

One commentator on Morgan went as far as to declare that metaphor itself is theory. Perhaps not, but it is

virtually impossible to conceptualise a problem or frame an argument without depicting something as more or less something else. I wonder if it is because the *BMJ* considers me skilled in this task that I am this week celebrating 20 years of writing this column.

Similes, metaphors, and allegories can become entrenched—and when they do they constrain our thinking in dangerous ways. The image of cancer spreading locally and macroscopically (as one young sufferer once put it, “like the black bit of a banana”) underpinned a near universal policy of radical local resection for breast (and many other) cancers throughout most of the 20th century. A new metaphor—the seeding of micrometastases through the bloodstream and lymphatic system—later shifted the focus of management to early diagnosis followed by systemic therapy.

But perhaps those sepioid images of women with forequarter amputations inflicted by cavalier surgeons took us too far. An editorial in the

British Journal of Ophthalmology (2008;92:1013) coined the splendid phrase “allegory-based medicine” for what the author argued was a not entirely evidence based policy of failing to operate on a particular intraocular tumour for fear of the “dandelion effect” (iatrogenic seeding leading to wide dispersal). He exhorted his fellow specialists, when planning the next generation of trials, to consider new conceptualisations, including “mending a leaking roof” (surgery may limit the impact of cancer even though some damage may already have been done), “tugboat” (eradicating micrometastases will take years, just as a small boat needs a long time to turn a large ship), and even “swarming bees” (if a colony is disturbed, the bees swarm to wherever the queen migrates). Now that, if you'll forgive one last metaphor, is food for thought.

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