

ON THE CONTRARY **Tony Delamothe**

Of swords, ploughshares, and climate change

If the UK military wants to save the world it could start a little closer to home

The *BMJ*, with the UK Climate and Health Council and senior UK military figures, had planned to hold a conference on climate change this month. The editorial announcing the conference (now rescheduled for 17 October) made a convincing case for collaboration between the medical and military professions: "Climate change poses an immediate and grave threat, driving ill health and increasing the risk of conflict, such that each feeds off the other" (*BMJ* 2011;342:d1819).

So far, so good, though the solutions the editorialists identify—shifting to renewable energy sources, reducing energy consumption, and improving the infrastructure of cities—don't look like happening any time soon. Meanwhile, could senior military figures begin agitating for change closer to home?

They could start with Africa, which in 2010 received overseas development aid worth \$29.3bn (£18.2bn; €20.1bn), according to Organisation for Economic Co-operation and Development figures (<http://bit.ly/gInFKK>). Nevertheless the Stockholm International Peace Research Institute estimates the continent's total military spend was \$30.1bn last year. It is hard to escape the image of all of Africa's aid money disappearing down the plughole, with a fair proportion of it draining back to the world's arms makers. This diversion has predictable consequences. The African Child Policy Forum ranks African governments by their spending on the key sectors that affect children's welfare (*BMJ* 2011;342:d3356). At the bottom of its list are Sudan, Guinea-Bissau, Eritrea, Burundi, and the Democratic Republic of Congo. One of the reasons they were there was "their relatively high military expenditure."

South Africa is the continent's biggest spender on arms. Andrew Feinstein, a former MP for the African National Congress, said of his country's latest arms splurge: "While we were spending what will amount to over £8bn on arms that we didn't need and barely use,

Thabo Mbeki told the five and a half million South Africans who were living with HIV and AIDS that we could not afford the antiretroviral medication that they needed to stay alive" (<http://bit.ly/lmyMxS>).

Earlier this year a no fly zone was proposed for Libya to protect its civilians by cutting off supplies of arms to the Gaddafi regime. Imagine the incalculable benefits that would accrue from maintaining an arms blockade for the entire continent, at least until everybody had enough to eat.

Which brings us to the UK, the world's fifth largest arms exporter. Accounting for 6% of its arms exports, Africa is currently a growth market for the UK, with the value of contracts rising almost sixfold between 2001-5 and 2006-10. Will this growth continue? As the Stockholm institute points out, the current UK government has given strong political support to UK arms exports.

This can lead to some queasy moments, such as the prime minister, David Cameron, fronting an arms selling delegation to the Middle East, just as the "Arab spring" was taking off. Since then a House of Commons report on arms exports has reminded us that some of these exports can be used against civilians in these countries. A few examples: Egypt (training in small arms ammunition, night sights, parts for armoured personnel carriers), Libya (combat shotguns, teargas, intelligence equipment, crowd control ammunition), Syria (cryptography equipment and small arms ammunition), and Bahrain (submachine guns, sniper rifles, and teargas and other riot control agents).

Is it prudent to adopt a position of ethical neutrality so long as the profits of UK plc are at stake? It's certainly harder when the victims have a human face and name. Take the case of Ahmed Basyoni, the artist chosen to represent Egypt at this year's Venice Biennale. He was shot by police snipers while filming January's uprising in Cairo's Tahrir Square and then run over. It matters to me whether



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the hardware responsible for his death was "Made in Britain."

Thankfully, it turns out there is no moral dilemma; once subsidies are taken into account the UK's defence industry hardly turns a profit. This is set out clearly by Samuel Brittan, economics commentator for the *Financial Times* (see articles listed under "Arms" on www.samuelbrittan.co.uk/text.html). His bottom line: "Whether the direct cost of arms support slightly exceeds the benefits or slightly falls short of them, the amount is trivial in relation to UK GDP [gross domestic product]."

I began by asking whether the military could find opportunities to improve the state of the planet that were closer to home and then moved on to criticising the arms trade, as if the military and arms manufacturers were the same thing. Of course they're not, although the separation between the two is far from clear cut. In the UK, the government unit promoting arms exports may have shifted symbolically from the Ministry of Defence to the Department of Business, Innovation and Skills in 2008, but specialist military staff are still crucial to its sales (<http://bit.ly/lmyMxS>).

Adding to the confusion was the degree of overkill during some of the battles fought in the two Gulf wars. They made more sense if interpreted as live demos at trade fairs rather than traditional combat. As a US government source told the *Times*: "Conflicts act like a customer demonstration show and we tend to see an upsurge in sales" (www.thetimes.co.uk, "Sales of US arms hit record levels," 21 Aug 2006). It raises the question of how much the arms industry exists to help the military win wars and how much wars are fought to help the arms industry shift its product.

There is much for the top military brass to ponder in its own backyard before telling the rest of us to turn off the lights and convert our waste into energy.

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FROM BMJ.COM



Andrew Burd on meltdown at Guy's

Last week, as part of my daily routine of checking emails and websites here in Hong Kong, my attention was drawn to a short BBC video clip showing a senior orthopaedic surgeon losing his cool with a TV crew.

For those who haven't seen this clip, it showed David Cameron and his deputy Nick Clegg talking to a patient in Guy's Hospital, London, each of them tieless and with shirt sleeves rolled up.

There are shouts off camera and then the surgeon comes into view, wearing a short sleeved shirt and bow tie. He tells the camera crew to get out because they are not properly attired, before being bundled out by a nurse. More shouting continues from the corridor as a very composed prime minister suggests the camera crew withdraw.

It seems there's an element of French farce with the NHS bare below the elbows edict. Is it another crazy management ploy to further humiliate the now white coat-less doctors? I also thought the rule only applied to staff that come into contact with patients, so I do not know why the poor camera crew were singled out.

I am sure that the surgeon is going to become a celebrity and the clip will go viral. But my other question from this short video clip regards the bow-tie. I thought the new NHS was a no-tie NHS? Am I missing something?

Here in Hong Kong we have personalised white coats and wear ties and long sleeved shirts, and our unit has just received an award for achieving a zero tolerance for meticillin resistant *Staphylococcus aureus* (MRSA).

My Chinese wife attributes the difference to the cultural attitudes towards cleanliness. It's easier in Hong Kong to unite all staff, visitors and patients in anti-MRSA strategies.

In the West, where individuality has a stronger influence, compliance has to be achieved by control.

But where will it all end? Will the comic farce of dress control continue to evolve such that staff wear less and less? One wonders what effect that will have on the pulse pressure in the orthopaedic wards for staff and patients alike!?

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LOBBY WATCH Jane Cassidy

2020 health

What is it?

This centre right think tank campaigns to promote the use of 21st century information technology in healthcare and is running a summit on telehealth on 28 June. The event, jointly hosted with the Royal College of General Practitioners, promises to set out how care can be successfully provided remotely from consulting rooms to patients' homes. Video conferencing between a patient and a case manager is among technologies that could be delivered by a nationally coordinated telehealth system, the group says (*BMJ* 2010;341:c5699).

It urges the use of patients' televisions to send messages and consultation information, text messaging reminders to take drugs, and remote devices that could be used for blood and vital signs monitoring. Such systems could easily save the NHS up to £1bn (€1.1bn; \$1.6bn) a year and significantly improve the lives of hundreds of thousands of patients, particularly the 15 million people with long term conditions, it says.

Because the number of people with long term conditions is expected to grow by 23% over the next 20 years, while annual NHS savings of £20bn are expected over the next three years, introducing a comprehensive telehealth system should be a national priority, it says.

What agenda does it have?

The objective of next week's summit, "How to Transform Patient Care," is to build on recommendations set out in a report commissioned last year by the Conservative Party. The report, *Healthcare without Walls: A Framework for Delivering Telehealth at Scale*, was sponsored by several companies with an interest in this market: Accenture, British Telecom, Medtronic, TPP, Tunstall, iSOFT, Pfizer, and Vodaphone.

Julia Manning, who has acted as a policy adviser on health and technology to the Conservative Party and who stood as a Tory parliamentary candidate, is 2020health's chief executive. She founded the organisation in 2006 "as the first web-based, clinician-led independent think tank for health and technology."

A report coauthored by Manning and Emma Hill last year controversially proposed that repeated avoidable trips to hospital accident and emergency departments should lead to fines for patients who were drunk or who had taken drugs.

"We consider that a move to communicate the cost of care, starting in environments such as A&E, would be a start in helping people to value healthcare," said the discussion paper. "For 'repeat offenders,' eg those requiring



Julia Manning: founder, chief, and Tory adviser

repeated medical attention for being drunk or high, penalties should be introduced. Electronic healthcare records will facilitate this."

The document also proposed axing the availability on prescription of certain basic drugs and a public review to identify "normal human variations" for which treatment should not be funded by the taxpayer (for example, in vitro fertilisation treatment).

What does the government think of it?

The health secretary, Andrew Lansley, has announced a £31m investment in the world's largest trial of telehealth technologies, involving more than 6000 participants. Promising results have emerged from the study, he has said. An evaluation report is due to be published shortly. He and Stephen Dorrell, the Conservative chairman of the parliamentary health select committee, both support the concept as a way of saving NHS money and improving the care of patients.

The chairman of the board of 2020health.org is Tom Sackville, a former Conservative health minister and now chief executive of International Federation of Health Plans, a global network of health insurers. He also acts as an adviser to various healthcare businesses, including a hospital IT service provider, and is chairman of Renal Services plc, a leading independent provider of kidney dialysis.

Where does it get its money from?

It carries out consultancy and research commissions and also offers two levels of membership: individuals are asked to pay £100 a year, while organisations interested in corporate membership are invited to arrange a meeting with the directors.

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