



SPL

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 BMA House, Tavistock Square,  
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ANDRES KUDACKI/APPA

## PICTURE OF THE WEEK

Protesters carrying a skull face model demonstrate against regional government plans to restructure and partly privatise healthcare in Madrid, Spain, last Sunday. Proposals include selling off the management of six of 20 public hospitals and 27 of 268 health centres. Spain's regions are struggling with a combined debt of £123bn (€142bn; \$190bn) as the country's economy contracts into a double-dip recession triggered by the 2008 crash.

## RESPONSE OF THE WEEK

Mid Staffs and horse-burgers have much in common. If an organisation's primary objective is to drive down prices, it will provide the minimum it can get away with. In both cases, the poorest have borne the brunt of the results. In both cases, the regulatory mechanisms that once might have protected the vulnerable have been dismantled. In both cases, commercial interests have been protected till the consequences could no longer be denied. And, in both cases, the money the organisations saved will be far exceeded by the costs that both the food industry and the NHS will pay in inquiries, reports, and more bureaucracy set up to prevent the same happening again. But the underlying system won't be changed and the stage is set for new disasters.

Judith H Harvey, retired GP, London, UK, in response to "Culture change: Robert Francis's prescription for the NHS."  
 (BMJ 2013;346:f979)

## MOST READ

Low carbohydrate-high protein diet and incidence of cardiovascular diseases in Swedish women

Egg consumption and risk of coronary heart disease and stroke

Use of dietary linoleic acid for secondary prevention of coronary heart disease and death

Dietary sugars and body weight



## BMJ.COM POLL

Last week's poll asked:

"Is a focus on risk in psychiatry an effective way of reducing harm to patients and the public?"

**62.3%** voted yes  
 (total 331 votes cast)

▶ Yes: *BMJ* 2013;346:f902

▶ No: *BMJ* 2013;346:f857

This week's poll asks:

"Should David Nicholson resign in the wake of the Mid Staffs inquiry report?"

▶ **Vote now on [bmj.com](http://bmj.com)**



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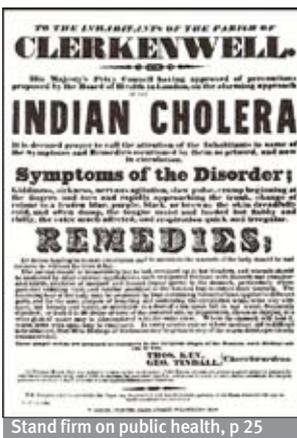
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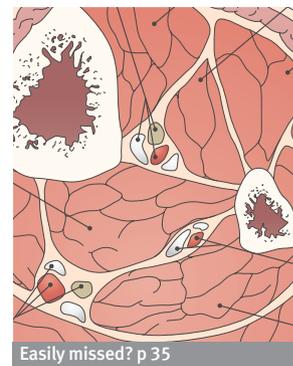
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## EDITOR'S CHOICE

## A change of culture, but how?

**If the government wants to see a health service permeated by the care, compassion, and respect that we all want for those we love, then it must pay much more attention to the importance of demonstrating those same qualities in its treatment of frontline health staff**



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Iona Heath writes her last column for us this week (p 24). Over the past seven years, her six weekly observations have acted as an external conscience for the *BMJ*. Her eloquence on the need to fight for social justice, personal integrity, and ethical practice has reminded us that we are not, and should never be, neutral on such matters. Readers have told us how her column sparks corridor debates. Her words have refreshed their sense of what it means to be a doctor working for the public good.

It is fitting, and perhaps not surprising, that her last column is a paean to the NHS. More particularly, it is a *cri de coeur* for those who work in the NHS, suffering as she sees it under continuous and unnecessary restructuring, ever increasing demands, and deliberate adverse propaganda. In the week after publication of the Francis report (*BMJ* 2013;346:f979), she offers a remedy for the devastating failings it so clearly documents: reciprocity. “If the government wants to see a health service permeated by the care, compassion, and respect that we all want for those we love, then it must pay much more attention to the importance of demonstrating those same qualities in its treatment of frontline health staff.”

This sounds much like the culture change called for by Francis. But how does an organisation the size of the NHS achieve such a change in culture? In a brief article in *Forbes* magazine usefully entitled “The key to changing organizational culture” ([www.forbes.com/sites/johnkotter/2012/09/27/the-key-to-changing-organizational-culture/](http://www.forbes.com/sites/johnkotter/2012/09/27/the-key-to-changing-organizational-culture/)), Harvard emeritus professor John Kotter explains. “A powerful person at the top, or a large enough group from anywhere in the organization,

decides the old ways are not working, figures out a change vision, starts acting differently, and enlists others to act differently. If the new actions produce better results, if the results are communicated and celebrated, and if they are not killed off by the old culture fighting its rear-guard action, new norms will form and new shared values will grow.” What doesn't work in changing culture? “Some group decides what the new culture should be. It turns a list of values over to the communications or HR departments with the order that they tell people what the new culture is. They cascade the message down the hierarchy, and little to nothing changes.”

Sadly, unless there is a real change of heart at the top of the NHS, this last version of events is all too likely. The *BMJ* is not keen on witch hunts of the sort currently being pursued by the *Daily Mail* against NHS chief executive David Nicholson. But given the grim findings of the Francis report and the gathering clamour from people who say they tried to speak out but were silenced by senior NHS management (p 3), we think there is a legitimate question on which *BMJ* readers should have their say. Should David Nicholson resign? We invite your votes in our poll ([bmj.com](http://bmj.com)) and views in rapid responses.

**Fiona Godlee, editor, *BMJ***  
**[fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

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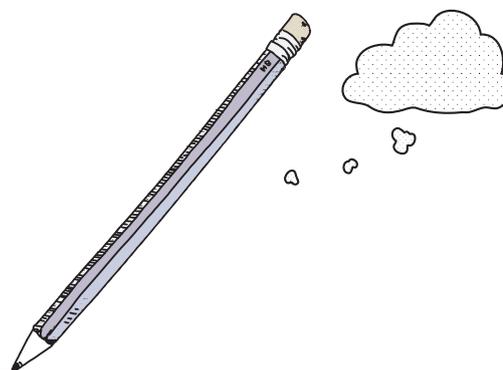
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