NEWS

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New bid to legalise assisted suicide reaches Scottish parliament

UK government wants to expand duty of candour

Clare Dyer BMJ

The UK government may enlarge its proposed new statutory duty of candour for institutions providing NHS healthcare in England, after representations from patient safety campaigners.

Ministers are asking the advice of experts on whether hospitals should be required to tell patients or their relatives that something has gone wrong if the harm was only moderate. Campaigners criticised the original proposal for the duty to cover only cases of death or serious harm.

The rethink has emerged as the health secretary for England, Jeremy Hunt, unveiled the government's response to the report of the public inquiry into failings at Mid Staffordshire NHS Foundation Trust.[1] Hunt said that he had listened to campaigners such as Peter Walsh, chief executive of Action against Medical Accidents, but was also taking expert advice to try to ensure that there would be no unintended consequences if cases of moderate harm were included.

Robert Francis QC, who chaired the Mid Staffordshire inquiry, had recommended such a duty in cases only of death or serious harm. Francis, who joined ministers at a press briefing on the government's response, said that he had been concerned that making the duty so wide might obstruct, rather than increase, candour.

PA

Jeremy Hunt told MPs: "I want our NHS to be a beacon across the world"

Walsh said, "We are grateful to Mr Hunt for listening to our concerns and agreeing to reconsider this controversial policy, but frankly we are dismayed that he needs any more time to think about it."

The government has accepted 281 of Francis's 290 recommendations for a move to a culture of openness that puts patient safety first. Hunt said that ministers had been influenced by the example of the airline industry, which had created a culture "where the norm is to report."

He announced that the government would consult on a proposal that a hospital trust that had not been open with a patient who then made a negligence claim could lose all or part of its indemnity cover for that claim, creating a strong financial incentive to be candid.

Alongside the government's moves, the General Medical Council and other professional regulators plan to introduce a more "explicit and consistent" professional duty of candour.

New GMC guidance would also make it clear that obstructing colleagues in being candid was a breach of professional codes. Francis recommended that it be made a criminal offence for a doctor, nurse, or director of a healthcare organisation to fail to provide information to a patient or nearest relative or make an untrue statement to a commissioner or regulator, but the government has decided not to follow this recommendation.

It will, however, become a criminal offence for organisations, managers, or clinicians to wilfully neglect or mistreat patients.

bmj.com/poll Will making wilful neglect a criminal offence improve patient care? Vote now on bmj.com.

The government's response is at http://francisresponse.dh.gov.uk.

Cite this as: *BMJ* 2013;347:f6972

US trade agreement threatens to increase drug prices and withhold safety data

Deborah Cohen BMJ

Campaign groups have criticised the US government for "shameful bullying on behalf of the giant drug companies" during trade negotiations between the United States and 11 Asian and Latin American countries in the so called Trans-Pacific Partnership.

Draft text from the secretive trade rounds published on WikiLeaks focuses on intellectual property, an area of law affecting areas as diverse as pharmaceuticals and civil liberties.[1] The leak came ahead of another meeting on the agreement in Salt Lake City next week.

The trade agreement includes proposals for more than a dozen measures that would limit competition and raise drug prices.

The US watchdog group Public Citizen said that the text showed that a US representative was pressing the other negotiating countries "to expand pharmaceutical monopoly protections and trade away access to medicines."

Peter Maybarduk, director of Public Citizen's global access to medicines programme, said in a statement, "The Obama administration proposals are the worst—the most damaging for health—we have seen in a US trade agreement to date."

Included among the proposals are terms to create exclusive rights to data on drug safety and efficacy. In addition, patents on the likes of drugs would be extended beyond 20 years, and there would be lower global standards for patentability.

Also among the initiatives is a proposal for "evergreening"—extensions of drug patents on the basis of minor changes in the drug to claim that a new drug had been produced. This tends to occur when a patent is set to expire.

Patent specialists told the news agency Bloomberg that the proposals would boost patent protection for brand name drugs in some participating countries and curtail access to cheaper generic drugs.

Cite this as: *BMJ* 2013;347:f6908

JUICES IMAGES/ALAMY

Guilt, anger, and career concerns were among the reactions surgeons reported after major complications

Surgeons say they lack institutional support when things go wrong

Jacqui Wise LONDON

Surgeons can be seriously affected by major surgical complications and often believe that they don't get enough support from their institutions, a small study has concluded.[1]

Researchers from Imperial College London interviewed 27 general and vascular surgeons from two large NHS organisations in London. All the surgeons referred to at least one case in their practice where a complication had affected them significantly personally and professionally. In most cases the complication was perceived as preventable and had happened early in the participant's career.

The emotional reactions ranged from guilt and crisis of confidence to anger and worry about their career. How they reacted depended on the preventability of the complications, their personality and experience, patient outcomes and reactions, and colleagues' reactions and the culture of the institution.

Serious complications often made the surgeons more conservative or averse to risk in managing patients. The surgeons questioned generally described the institutional support as inadequate and often reported the existence of a strong institutional culture of blame.

The authors suggested that surgical training should place more emphasis on the challenges of surgical complications. They also said that a better mentoring system was needed to support surgeons after major complications. They added that mortality and morbidity meetings needed urgent review "to re-establish them as educational forums rather than opportunities for personal rivalries and blame passing."

The study was limited by its small size and the fact that the sample did not include junior surgeons. In addition, participants were recruited from two large trusts, and surgeons who work in smaller hospitals may have different experiences.

Cite this as: *BMJ* 2013;347:f6813

Patients' treatment ratings tell you more about patients than hospitals

Nigel Hawkes LONDON

The way patients rate the outcome of their treatments in different hospitals says more about the patients than it does about the hospitals, a study at the Centre for Health Economics at the University of York has found.

Using patient reported outcome measures (PROMs) collected by the NHS in England since 2009, a team led by Andrew Street has found that most of the variation was accounted for by the types of patient treated rather than by the competence of the hospital treating them.

The findings, presented at a meeting in London on 14 November organised by Healthcare Conferences UK, undermine the idea that led to the introduction of PROMs in England, which was to improve the quality of care by identifying poor performers and enabling informed patients to choose to go to better ones.

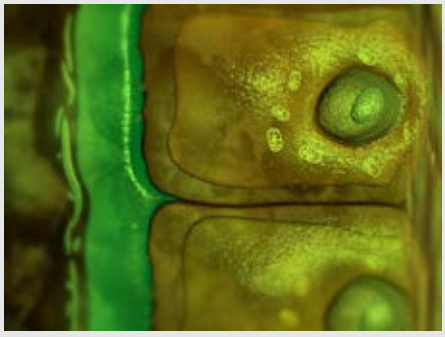
Speaking at the meeting, Nick Black of the London School of Hygiene and Tropical Medicine contrasted this objective with the vision in the United States and Sweden, where, he said, PROMs were seen as a means to improve care through shared decision making.

PROMs assess the outcomes of treatments such as hip or knee replacement by asking patients a series of questions about their state of health before the operation and repeating the exercise three or six months afterwards.

The results have shown that for hip and knee implants and varicose vein and hernia surgery, most patients do report benefits. In the case of hip implants, Black said, 77% of patients reported a useful benefit, while 30% also reported postoperative problems.

Cite this as: *BMJ* 2013;347:f6916

Green phlegm doesn't always warrant antibiotics, public is told



3D4MEDICAL.COM/SPL

The guidance will "bust the myths surrounding antibiotics," said the RCGP's Maureen Baker

Zosia Kmietowicz BMJ

Public Health England has issued guidance to the public on when green phlegm needs to be treated with antibiotics.

Research by the organisation's primary care unit has found that 40% of people believe that antibiotics speed up recovery from a cough with green phlegm and that only 6% believe that antibiotics are beneficial when the phlegm is clear.[1]

Advice from the unit and the Royal College of General Practitioners says that in otherwise healthy people who don't smoke and who have no underlying health problems an acute cough with phlegm of any colour is not necessarily a sign of infection and that any small possible benefit from antibiotics is likely to be outweighed by the side effects.

People who may need antibiotics for a cough with green phlegm include those with chronic obstructive pulmonary disease, those who have had recurrent chest infections, and people aged over 65 years who have other chronic lung and heart conditions.

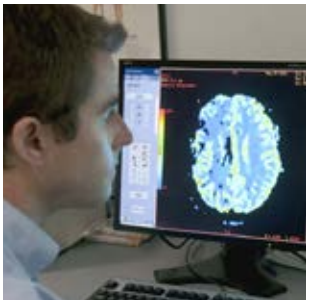
Anyone who has difficulty breathing, is breathing quickly, has chest pain, is coughing up blood, or is feeling confused or very drowsy should also see a doctor urgently, says the advice.

More consultant generalists are needed to deliver seven day NHS

Zosia Kmietowicz BMJ

Reviewing hospital patients on Saturdays and Sundays would lead to earlier discharges, more availability of beds, and safer and more effective care, says a report from more than 20 royal colleges and faculties.

But this will require more consultants to be "generalists" with the skills to manage patients across different specialty areas, says the report by the Academy of Medical Royal Colleges.[1]



MARK THOMAS/SPL

Doctors said expert radiology opinion is needed at weekends

Currently, 11% of people occupying hospital beds do not need to be in hospital and their discharge is delayed by non-medical factors, says the academy.

Although keeping hospitals fully functioning at weekends is likely to require investment in both hospital and community services in the first instance, over time costs could fall, it adds.

In a foreword to the report Norman Williams, steering group chairman and president of the Royal College of Surgeons, and Terence Stephenson, chairman of the Academy of Medical Royal Colleges, say, "It is wrong that a patient in hospital can suffer more because their stay includes a weekend and/or a bank holiday."

The report acknowledges that consultant led seven day services would require stronger links to be made between hospitals and community care, especially for frail and vulnerable patients, as well as more consultants and a reorganisation of the current workforce.

The academy has previously published three standards to support parity of care for hospital inpatients across the whole week.[2] Its latest report focuses on the clinical requirements to implement those standards, rather than costs.

A total of 50 medical specialties were surveyed to gauge the expected staffing and support service needed for seven day hospital care. The survey concluded that for every 30 inpatients to have reviews at the weekends, most specialties will need to provide about six hours of consultant input per day. But these reviews will be quicker if a patient is already known to the consultant.

Consultant presence at weekends will also enable greater coaching of doctors in training, and time should be allowed for consultants to deliver training as well as service at weekends.

Most specialties surveyed also said that diagnostic radiology services including ultrasound, CT, MRI, and access to an expert radiology opinion would be needed for hospital care across the whole week. Support services such as physiotherapy, occupational therapy, pharmacy, dietetics, specialist nursing, operation theatres, administrative and clerical support are also key.

Stephenson said, "The academy recognises that such recommendations will not be easy to achieve without significant reconfiguration at a time when NHS budgets are already stretched. What is important to remember is that in some cases money will be saved, as patients will improve more quickly and not face delays in receiving appropriate care over the weekend."

Cite this as: *BMJ* 2013;347:f6915

When discussing the need for antibiotics with their patients GPs should offer them an antibiotic information leaflet available on the royal college's TARGET (Treat Antibiotics Responsibly Guidance and Education Tools) website (www.RCGP.org.uk/TARGETantibiotics), the advice says. This includes information about what patients with a cough can do to help themselves.

Cliodna McNulty, head of Public Health England's primary care unit, said, "Many people have a good understanding of what antibiotic resistance is but when it comes to their own illnesses still believe that antibiotics can help to treat what can be severe cold and flu symptoms. This is not the case, and we must get away from believing this, to preserve these precious medicines for when we really need them."

Maureen Baker, chairwoman of the Royal College of General Practitioners, said, "The statistics from Public Health England are not surprising. Many patients expect their GPs to prescribe antibiotics, even for cases that will get better naturally or respond better to other treatments.

"This guidance will go a long way to bust the myths surrounding antibiotics and promote alternatives," she said.

New figures from the European Centre for Disease Prevention and Control show that in the past four years there has been a marked increase in infections resistant to carbapenems, a last line class of antibiotics for healthcare associated infections.[2]

Cite this as: *BMJ* 2013;347:f6885

Lessons from treatment of pets will improve people's medical treatment

Ingrid Torjesen LONDON

Greater collaboration between medical and veterinary researchers would improve our understanding of human disease and speed up the development of potential treatments, scientists have said.

Learning from animals as patients, a discipline known as "comparative medicine" or "one medicine," involves combining and translating the scientific and clinical knowledge gained from human and veterinary medicine to advance the wellbeing of people as well as animals.

Success stories include a sponge impregnated with a chemotherapeutic agent inserted locally to treat affected tissue in osteosarcoma, which was originally developed by veterinary surgeons in California to treat the disease in dogs but is now being used to treat people with the condition. Another example is that the genetic basis for narcolepsy was first identified in pet dogs.

Mike Davies, associate professor in small animal clinical practice at the University of Nottingham, told a press briefing in London before a conference of the Comparative Clinical Science Foundation that humans, dogs, and cats were affected by many similar common conditions, including cancer, kidney disease, osteoarthritis, and diabetes. The same risk factors will be implicated in all species, but progression of the condition will be accelerated in animals with a shorter lifespan, making them useful to study.

Davies believes that much can be learnt from studies in dogs. Lifetime studies of 48 Labradors, in which half were fed 25% less than the other, have already shown that dogs that eat less live on average almost two years longer and that the onset of age related diseases is delayed by up to two years. The median age of onset of osteoarthritis, to which Labradors are prone, was delayed by six years in those that ate less. "That is a huge delay, and when they did get arthritis it was much less severe," Davies said.

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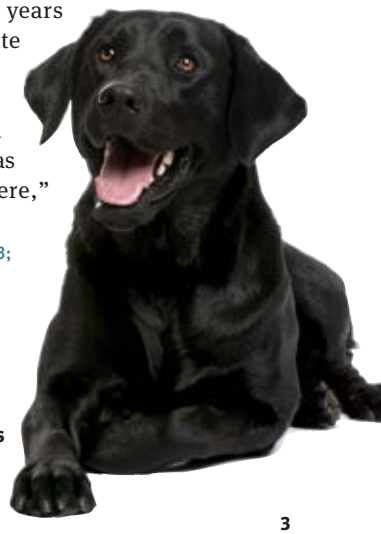

The onset of osteoarthritis was delayed six years in Labradors that ate less

IN BRIEF

Prescription charge rise could raise £1.5bn for NHS: Increasing the prescription charge from £7.85 to £10 and the cost of a prescription prepayment certificate from £104 to £120 would raise £130m a year for the NHS, the think tank Reform says in a new report.[1] Alternatively, it suggests cutting the proportion of free prescriptions from 60% to 20%, which would raise £1.4bn a year, while the prescription charge itself would fall to £3. After changing prescription charges, policy makers should consider introducing charges for GP consultations, says the report.

First drug discovery institute is launched to tackle dementia: The charity Alzheimer's Research UK is looking for a university to host a drug discovery institute to develop new treatments for dementia. It says that the institute would help to bridge the gap between academic research, which provides much of the basic insight into neurodegenerative disease, and the development of new treatments.

Legal action starts over GSK's swine flu vaccine: A group of 38 people, mainly children, have launched legal action against GlaxoSmithKline, claiming that the company's swine flu vaccine Pandemrix caused them to develop narcolepsy. The UK government accepted in September that the vaccine caused the rare condition in a small proportion of those who received it.[2] Under an indemnity agreed between GSK and the government, the government will have to pick up the bill for compensation and legal costs.

Funeral directors to ask for pacemaker donations: About 100 funeral parlours in the UK have agreed to hand out forms to ask families if they can remove a pacemaker from a loved to be used abroad. The scheme is being promoted by the charity Pace4Life (www.pace4life.org), which says that about two million people die in the developing world every year because they cannot afford to have a pacemaker fitted.

EU steps up fight against antimicrobial resistance: The European Union has confirmed over €90m (£75m) of grants on 15 November to 15 new multinational research projects to combat antimicrobial resistance. The announcement coincided with the release by the European Centre for Disease Prevention and Control of new EU-wide data showing a marked increase of carbapenem resistant infections.[3]

Cite this as: *BMJ* 2013;347:f6940

Essex hospital is put into special measures over breach of licence

Clare Dyer BMJ

A hospital trust at the centre of a police investigation over allegations that data on waiting times for cancer treatment were falsified has been put into special measures.

An improvement director will be appointed to Colchester Hospital University NHS Foundation Trust, and it will be paired with a high achieving trust "to ensure all its patients receive good quality care," the regulator Monitor has announced.

The move, which was recommended by Mike Richards, England's chief inspector of hospitals, follows Monitor's conclusion that the trust was in breach of its licence to provide health services.

NICK ANSELL/PA

An improvement director will be appointed to the Colchester Hospital University Foundation Trust

Essex Police are considering whether to launch a criminal investigation after the Care Quality Commission (CQC) found evidence that cancer waiting times figures had been tampered with to make it appear that some patients received treatment earlier than they did.[1]

The CQC's unannounced inspection came after a tip off from a whistleblower that administrative staff had been "pressured or bullied" into altering data in some cases to make it look as if national guidelines for time limits had been adhered to.[2]

Adam Cayley, Monitor's regional director, said, "Following the urgent actions already taken to safeguard patients at the trust, we have stepped in formally to assure the health and wellbeing of patients using the cancer pathway at Colchester. "The trust has been given an explicit set of actions to improve the service it offers patients. We will be monitoring progress closely and we will not hesitate to take further regulatory action if required."

The trust has commissioned an independent investigation, with terms agreed by Monitor, to look into who knew what, and when and what, if any, action they took. The trust's chief executive, Gordon Coutts, has admitted that an earlier internal investigation failed to go deep enough.

Cite this as: *BMJ* 2013;347:f6874

Cleared GP asks police to investigate patient

Clare Dyer BMJ

A GP who was cleared of sexual misconduct by the Medical Practitioners Tribunal Service after a three year saga during which he was prevented from working has asked police to investigate the patient who filed the complaint for perverting the course of justice.

Edouard Yaacoub (right) told the *BMJ* that the General Medical Council had ruined his life by subjecting him to the fitness to practise ordeal, during which the woman gave eight different accounts of events.

Yaacoub, who worked as a salaried GP in London and for Westcall, an out of hours locum service in Reading, Berkshire, visited Patient A twice on 17 January 2010 after she phoned Westcall to say that she had fallen at home. Nine days later she telephoned NHS Direct and said that he had tried to touch her private parts, made inappropriate sexual allusions, and asked her to have sex with him.

Patient A, a 56 year old widow with spastic paraplegia, went on to give eight different and increasingly lurid accounts, culminating in an accusation of anal rape. In 2011 the GMC ordered Yaacoub to be struck off the medical register, but the decision was quashed by the High Court in 2012.[1]

NATIONAL PICTURES

The High Court judge, Mr Justice Kenneth Parker, said that he was "deeply troubled" by the panel's reasoning, which did not indicate that it had recognised the difficulty posed by the "fundamental shift" in her account. He sent the case back to the GMC to consider whether or not it was appropriate to pursue the complaint of A to a fresh panel.

Mary O'Rourke QC, who represented Yaacoub, said that the GMC should have considered more carefully and taken legal advice before deciding quickly to rerun the case before a new fitness to practise panel.

She told the *BMJ*, "The judge expressly identified that where there was independent verification, the witness's evidence didn't stack up." The judge had decided not to just send the case back for rehearing but to remit it for

GP who married her patient's widower is suspended

The panel ruled that Judith Ames was a caring doctor and that erasure from the medical register would be too harsh in view of her good clinical record

Clare Dyer BMJ

A GP who moved in with her patient's widower less than six weeks after his wife's death has been suspended from practice for six months by a panel of the Medical Practitioners Tribunal Service.

Judith Ames, 52, of Plymouth, began a relationship with Robert Owens, 66, after a bereavement visit to his home on 24 March 2012. His wife, Joyce Owens, had died from lung cancer on 8 March. On 27 March Ames accepted Owens's marriage proposal, and the couple married in September.

The GP often made house calls to care for Joyce Owens during her last year of life. Robert Owens was not Ames's patient but was a patient at the group practice where she was a partner.

Ames told the panel's hearing in Manchester that she had been concerned about the potential effect of the new romance on her professional standing. She swiftly confided in her practice partners, who told her that her conduct was likely to have breached General Medical Council guidance on maintaining proper boundaries.

A group meeting concluded with the decision to refer the case to the GMC, with a covering letter from Ames explaining her position. She resigned and found locum work at another practice, and Owens became a patient elsewhere.

Counsel for the GMC urged the tribunal to strike Ames from the register, arguing that the bereaved Owens was clearly vulnerable to abuse of the doctor-patient relationship and that she had wilfully and flagrantly ignored the ethical standards of the profession.

Ames told the panel that Owens had taken the initiative at the bereavement visit, when after briefly discussing his wife's death he thanked her and said, "I have no further need for help or counselling," adding, "Now, can we leave that? Can we finish that professional relationship?" In testimony Owens argued that he was not vulnerable, because his strong Christian faith enabled him to surmount grief quickly.

But the panel did not accept that a recently bereaved patient could accurately judge his own vulnerability. The panel's chairman, Gareth Davies, said that Ames had clearly and knowingly breached GMC guidance on maintaining boundaries.

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a decision on whether it should go ahead again, which she said the GMC took too quickly without proper consideration.

At that stage the GMC should have asked senior prosecuting counsel to advise whether the witness's evidence, for which there was no corroboration, would be able to survive the QC's cross examination, O'Rourke added.

"Why on earth did they proceed? Why did they put him through that? Why did they put her through that?" she asked.

After the panel at the second hearing had cleared Yaacoub, a devout Coptic Christian originally from Egypt, of sexual misconduct, the GMC argued that he should be given a warning for "a departure from professional standards" by making a second visit the same day and offering the patient, a Roman Catholic, a holy picture as a "blessing." But the panel disagreed.

O'Rourke asked the GMC for an apology at the end of the hearing, telling the panel that her client's life had been ruined and that the case should never have come back for a rehearing. But she added, "I know he's not going to get one, because although the GMC tells its doctors to admit when they get it wrong, it never admits when it gets it wrong."

A GMC spokeswoman said, "We do not discuss our investigations or outcomes."

Cite this as: *BMJ* 2013;347:f6836

GPs to swap QOF points for better elderly care

Gareth Iacobucci BMJ

GPs in England face sweeping changes to their contract from next year, with substantial reductions in "box ticking" in exchange for new responsibilities. These include ensuring that all patients aged 75 years or older have a "named GP" and monitoring out of hours services.

The agreement between the BMA's General Practitioners Committee and NHS Employers will shift £450m worth of funding from the Quality and Outcomes Framework (QOF) into other areas, with around £290m invested in GPs' core funding, and the remainder used to fund a new scheme for preventing patients being inappropriately admitted to hospital.

GP leader Chaand Nagpaul said the deal should reduce workload

The health secretary, Jeremy Hunt, said that the deal would reduce pressure on hospitals' accident and emergency departments and reverse the "mistakes" of Labour's 2004 GP contract, which he said "broke the personal link between GP and patient."

The BMA also welcomed the deal but highlighted that many of the QOF targets removed were brought in by the current administration in 2013-14 and said it was pleased that the government had "reversed the adverse impact of last year's contract changes."

A total of 341 QOF points will be removed, including those awarded for physical activity questionnaires used for screening for hypertension; bio-psychosocial screening for people with depression; and lifestyle advice for people with hypertension. Targets for measuring renal function, eye screening, dietary reviews, and erectile dysfunction of patients with diabetes are among other targets being dropped, along with cholesterol checks for patients with a range of conditions.[1]

In exchange for the removal of the targets, the BMA has agreed that every person aged 75 or over at each general practice will be assigned a named accountable GP, who will ensure that patients receive coordinated care in and outside the practice.

GPs who are currently not responsible for providing care out of hours will face a new contractual responsibility to monitor out of hours care.

Cite this as: *BMJ* 2013;347:f6909

Hilary Cass

Planning to learn the saxophone

PETER LOCKE

HILARY CASS 55, has been president of the Royal College of Paediatrics and Child Health since 2012 and is a champion of better health services for children. The NHS is not getting it right, she argues, with standards slipping below those in similar countries and children dying or suffering unnecessarily because their illnesses are not properly diagnosed and treated. At Evelina Children's Hospital in London, where she is a consultant in paediatric disability, she is involved in a scheme to move more care into the community, with a children's health centre that draws on the skills of GPs and paediatricians.

What single unheralded change has made the most difference in your field in your lifetime?
"The events in the wake of the children's cardiac surgery debacle at Bristol Royal Infirmary. That changed our whole approach to clinical governance and patient involvement"

What was your earliest ambition?
Not to be the last person picked in team games. I have the hand-eye coordination of a newt.

Who has been your biggest inspiration?
No single person. The people I am most impressed by are those of my female friends and colleagues who manage to be exceptional at their work, great parents, throw cordon bleu dinner parties, get down to the gym regularly, and look good. Forget that—actually I hate them.

What was the worst mistake in your career?
Not spending time overseas. So I am planning a "gap year for grown-ups" when I retire.

Who is the person you would most like to thank and why?
This isn't the Oscars, but think Oscar speeches: it's never one person but a long list starting with parents and ending 20 pages later.

What was your best career move?
My first job in medical education, which was director of medical education at Great Ormond Street Hospital for Children, London. That made me passionate about empowering junior doctors to take on leadership roles, because they are the future of the NHS, and their enthusiasm and insight really motivate me.

If you were given £1m, what would you spend it on?
A lawyer. I don't have any rich relatives, and I don't do the lottery, so this £1m is not going to be legal.

Where are or were you happiest?
I have been pretty lucky in my personal and professional life, so this is difficult to call. Even the tough one in two on-call jobs as a senior house officer have acquired a rose coloured tint with the passage of time. But my education roles have given me the biggest buzz.

What single unheralded change has made the most difference in your field in your lifetime?
The events in the wake of the children's cardiac surgery debacle at Bristol Royal Infirmary. That changed our whole approach to clinical governance and patient involvement.

To whom would you most like to apologise?
Probably my kind, long suffering neighbour who usually gets left taking care of my cat when I have to travel away for work.

Do you believe in doctor assisted suicide?
As is often the case with these difficult questions the devil is in the detail, but yes I do.

What book should every doctor read?
For a gripping, page turning medical novel: *Cutting for Stone* by Abraham Veghese. For a salutory recent history of our profession: *The Doctors' Tale: Professionalism and Public Trust* by Donald Irvine.

What poem, song, or passage of prose would you like mourners at your funeral to hear?
Success by Ralph Waldo Emerson: "To leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; To know even one life has breathed easier because you have lived. This is to have succeeded."

What is your guiltiest pleasure?
A Snickers bar while watching a back episode of *The Thick of It*.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?
Clark every time. I love anything history or culture related. Cars don't do it for me. Maybe the odds are a bit stacked by two X chromosomes?

What is your most treasured possession?
An alarm clock that speaks the time and then gets increasingly verbally abusive if I don't get up after 5, 10, or 15 minutes.

What personal ambition do you still have?
I would love to be able to play the saxophone, but unfortunately in recent times I have not had the time to consistently practise or take it up. Actually, that's baloney . . . I've never been good at music practice, even when I played piano as a kid.

Summarise your personality in three words
Creative, outspoken, and determined.

Where does alcohol fit into your life?
Nicely, thank you.

What is your pet hate?
An inbox filled with several hundred emails when I get back from holiday. Would anyone have got back to work 15 years ago to find 600 letters in their in-tray?

What would be on the menu for your last supper?
I'll settle for crispy duck from the local Chinese takeaway, as long as I still have some friends to share it with.

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