NEWS

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bmj.com
Excess winter deaths rise in England and Wales by 29%

Hospitals must set up effective arrangements for whistleblowers, independent commission says

Clare Dyer BMJ

Organisations such as NHS trusts that fail to put in place effective whistleblowing arrangements should have their registration reviewed by regulators, an independent commission headed by a former Court of Appeal judge has concluded.[1]

Regulators such as the Care Quality Commission and the General Medical Council should do much more to protect whistleblowers and encourage them to come forward with their concerns, urged the whistleblowing commission, set up by the charity Public Concern at Work.

The eight member commission, headed by the retired appeal court judge Anthony Hooper, was set up after cases in which regulators failed to act on dangers to patient safety highlighted by whistleblowers at Mid Staffordshire NHS Foundation Trust and Winterbourne View hospital.

"Reports into public scandals and tragedies reveal that those who would wish to blow the whistle are prevented or discouraged from so doing and that those who have blown the whistle are not listened to or are punished," said Hooper. "This report makes practical recommendations for change."

DAVID ROSE/REX

Gary Walker was sacked from his job as chief executive at United Lincolnshire Hospitals NHS Trust after raising concerns about patient safety

The UK government, which is consulting on a possible new whistleblowing framework, has agreed to take into account the findings of the commission and to consider "legislative change, statutory or non-statutory codes of practice, guidance or best practice measures."[2]

Among 25 recommendations for change, the commission called for a code of practice on whistleblowing arrangements, with legislative support, that courts and tribunals would have to take into account in dealing with claims brought by whistleblowers. Regulators should require or encourage the organisations they regulate to adopt the code, added the report.

The commission attached to its report a draft code setting out standards for effective whistleblowing, which it urged the government to use as a basis for consultation. These include listing the individuals or organisations to whom the whistleblower could report concerns; requiring assurances that the worker would not suffer detriment unless he or she knew that the information was false; assuring confidentiality; and imposing sanctions on anyone who subjected the whistleblower to a detriment.

The case of Colchester General Hospital, where a recent unannounced CQC inspection found that figures for waiting times to cancer treatment were altered to conceal delays,[3] highlighted the difficulty of raising concerns about unsafe practices in the NHS.

No action was taken within the trust on reports by administrative staff that they were "bullied or pressured" into changing the data. It took a report by a workers' union to the CQC to expose the delays in patients' treatments.

The whistleblowing commission, whose members included a former NHS trust chief executive and whistleblower, Gary Walker,[4] called for a range of changes to the UK whistleblowing law, the Public Interest Disclosure Act, to make it more effective and easier to understand.

It recommended that employment tribunals be put under a mandatory requirement to send claims forms from those bringing whistleblowing cases to the appropriate regulator, unless whistleblowers opted out.

Cite this as: *BMJ* 2013;347:f7074

NHS hospitals must become completely smoke free, says NICE

Ingrid Torjesen LONDON

NHS hospitals and clinics must do more to help patients to give up smoking, and this includes making their premises, including grounds, smoke free, the UK National Institute for Health and Care Excellence has said.

On Wednesday 27 November NICE published guidance on smoking cessation in secondary care: acute, maternity, and mental health services. The guidance includes a range of recommendations on effective actions that secondary care services can take, such as promoting smoking cessation in advance of planned admissions of patients, immediate provision of smoking cessation drugs and behavioural support after admission, and making all secondary care settings smoke free.[1]

Smoking related diseases are responsible for over 460 000 hospital admissions in England each year, NICE said.

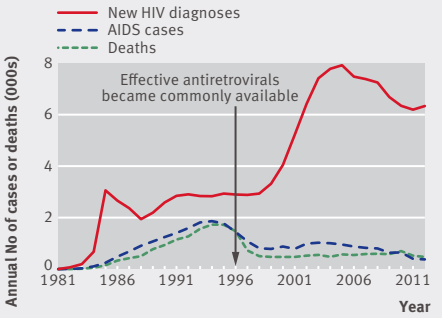
John Britton, chairman of the NICE guidance development group and director of the UK Centre for Tobacco and Alcohol Studies at the University of Nottingham, told a press briefing, "It makes no sense at all for that [burden] to continue and for the NHS not to be dealing with it.

"We need to prevent disease by preventing the smoking rather than just tidying up after the event. This means helping all smokers who use NHS secondary care services to stop smoking, at the very least while they are using the NHS services, but ideally for good. That should be a priority for the NHS—and should have been for years perhaps and certainly needs to be now."

He added, "It is about a change of culture in the NHS, moving from an organisation that has passively tolerated smoking for many years to an organisation that is absolutely smoke free—for its patients, its visitors, its staff, everybody."

Cite this as: *BMJ* 2013;347:f7105

Annual numbers of new HIV and AIDS cases and deaths in UK



Source: Public Health England, *HIV in the United Kingdom: 2013 Report*

A fifth of people with HIV are unaware they are infected, report says

Nigel Hawkes LONDON

The number of people infected with HIV in the UK is approaching 100 000, and more than a fifth remain unaware of their infection, Public Health England estimates in a new report.[1]

It puts the total figure of those with the infection in 2012 at 98 400 (95% confidence interval 93 500 to 104 300) and believes that 21 900 of these do not know they are infected.

The number of new infections detected in 2012 was 6360, a modest increase on the 6220 found the year before. Of these, 3250 were caused by sex between men, an all-time high, while 2880 were caused by heterosexual contact, and much smaller and declining numbers by injecting drug use or other forms of exposure.

The proportion of infections detected late (when the CD4 cell count has fallen to less than 350×10^6/L) is 47%, with heterosexually acquired infections more likely to be detected late than those in men who have sex with men. People whose infections are detected late are 10 times more likely to die in the year after detection than those detected early.

The report's publication coincides with National HIV Testing Week, which runs from 22 to 29 November. Noel Gill, head of Public Health England's HIV and STI department said, "National HIV Testing Week gives people a great opportunity to get tested. Half of men who have sex with men recently diagnosed with HIV received their diagnosis the first time they tested, which is a strong indication that many men who should be testing are not.

"In the UK, people who are unaware of their infection are likely to be those most at risk of transmitting HIV to others. We must increase the speed at which we're reducing the number of undiagnosed HIV infections by encouraging earlier and more frequent HIV testing."

Cite this as: *BMJ* 2013;347:f7024

Sexual violence among children is widespread within gangs, report says

Jacqui Wise LONDON

Sexual assault, including rape, is being carried out by children as young as 12 within gangs, says a detailed report from the children's commissioner for England.

The report, *If Only Someone had Listened*, is the result of a two year inquiry into child sexual exploitation and gangs.[1] It says that young girls are often treated as commodities within gangs, passed around as sexual playthings or used to ensnare rival gang members. Despite increased awareness of child sexual exploitation, too many agencies and services were failing to safeguard children and teenagers effectively, the report concludes.

The deputy children's commissioner, Sue Berelowitz, said in a foreword to the report, "We have found shocking and profoundly distressing evidence of sexual assault, including rape, being carried out by young people against other children and young people.

"While we have published chilling evidence of this violence in gang-associated contexts, we know too that it is more widespread than that. This is a deep malaise within society, from which we must not shirk."

The report says that child sexual exploitation is essentially a child protection and safeguarding issue. It says that the child's best interests must be the top priority and sets out a framework for protecting young people from sexual exploitation.

Only 6% of local safeguarding children boards are complying fully with government guidance on tackling sexual exploitation, the report says. It adds that these boards should coordinate the work of a number of agencies, including children and young people's services, the police, education services, and NHS clinical commissioning groups.

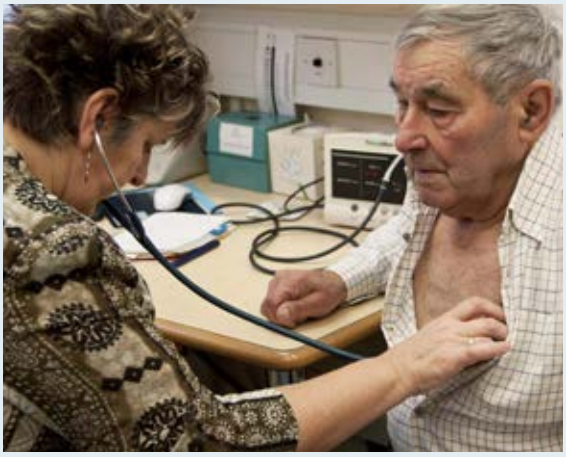
It says that local authorities and clinical commissioning groups should work together to prepare joint strategic needs assessments of the prevalence of child sexual exploitation in their area and should produce joint health and welfare strategies through the local health and wellbeing board. The report says that pockets of good practice exist around the country and gives some examples of exemplary joined-up working.

The report is published alongside two other reports commissioned by the Office of the Children's Commissioner. *"It's Wrong . . . but You Get Used to It"* is a qualitative study showing the pressure on young people who have been raised in neighbourhoods with gangs.[2] Researchers from the University of Bedfordshire interviewed 188 young people and carried out focus groups with 76 professionals across six research sites. It found that sexual victimisation was prevalent within the gang environment, with young women at particular risk.

A third report, "*Sex without Consent, I Suppose that is Rape*", examined young people's understanding of sexual consent. Researchers from London Metropolitan University interviewed 607 young people and concluded that muddled thinking about what constitutes consent and rape was widespread. In the main, young people had limited understanding of how to get consent to have sex or what constitutes rape, it found.[3]

Cite this as: *BMJ* 2013;347:f7098

UK health spend per head fell in 2010 and 2011



LIFE IN VIEW

Equitable healthcare in UK: the probability of a person visiting a doctor each year is virtually unaffected by level of income

Nigel Hawkes LONDON

Health spending per person in the United Kingdom fell by 2.5% in 2010 and by 1.1% in 2011, show annual figures published by the Organisation for Economic Cooperation and Development.[1]

The two years of decline in spending, adjusted for inflation and measured on a per capita basis, came after a decade in which health spending had risen by an average of 5.3% a year in the UK.

The figures reflect the recession, which has held NHS budgets more or less flat in real terms while the population has continued to rise. Nine

British women are engaging in a greater variety of sexual practices and showing more tolerance

Ingrid Torjesen LONDON

Great Britain is becoming more accepting of sexual diversity, and women in particular are now more open to participating in more diverse sexual behaviours, especially well educated and wealthier women, show the latest results of the largest survey of sexual attitudes and behaviour in England, Scotland, and Wales.

Over the past 20 years women have become four times more likely to have had a same sex sexual encounter, and they now have on average more than twice the number of sexual partners in their lifetime than they did in 1990.

Narrowing of the gap between the sexes in sexual views and behaviours is not the only change that has taken place since the first National Survey of Sexual Attitudes and Lifestyles (Natsal) survey was conducted in 1990-1. The latest results of the survey, which takes place every 10 years, were published in six research papers and a commentary in the *Lancet* on Tuesday (www.thelancet.com/themed/natsal). They show that people in Britain are having sex less often, because they are less likely to be living with their sexual partner and because of the pressure of modern life.

Over 15 000 adults aged 16-74 years were interviewed in England, Scotland, and Wales between September 2010 and August 2012 about their sexual behaviour, attitudes, and health and wellbeing for the third Natsal study.

Two thirds of women today say same sex relationships, such as that between TV presenter Clare Balding (left) and Alice Arnold, are "not wrong"

Commenting on the reduction in the frequency of sex—from more than six times a month on average 10 years ago to less than five times a month now—Cath Mercer, senior lecturer in infection and population health at University College London's Institute of Epidemiology and Health, said, "People are worried about their jobs, worried about money. They are not in the mood for sex. But we also think modern technologies are behind the trend too. People have tablets and smartphones, and they are taking them into the bedroom, using Twitter and Facebook, answering emails."

The results showed that the average number of partners over a woman's lifetime has more than doubled since 1990-91, when the mean was 3.7, to 7.7 today. Men's mean number of partners rose from 8.6 to 11.7.

And although the proportion of men aged 16-44 years reporting having engaged in same sex practices with genital contact changed little, from 3.6% in 1990-91 to 4.8% now, the proportion of women increased fourfold from 1.8% to 7.9%.

Correspondingly, there has been a much greater increase in the proportion of women aged 16-44 years who believe that same sex relationships are "not wrong at all" than among men. This view was held by less than a quarter of men aged 16-44 years in 1990-91 (22% for male same sex partnerships and 24% for female) and by almost half (48% and 52%, respectively) in 2010-12.

However, over the same period the proportion of women who were supportive of same sex relationships rose from less than a third in 1990-91 (28% for male same sex partnerships and 28% for female) to two thirds today (66% for both sexes).

Cite this as: *BMJ* 2013;347:f7087

other OECD countries showed falls in health spending, with the most abrupt being in Greece and Ireland. The average change in health spending among all 32 OECD countries was a modest 0.2% rise in the years 2009-2011, considerably less than the average 4.1% a year increase from 2000 to 2009.

Total spending on health in the UK as a proportion of gross domestic product rose above the OECD average for the first time in 2009. In 2011 it remained above average (9.4% versus 9.3%) but is exceeded by most European countries.

The UK had fewer doctors per 1000 population than the OECD average (2.8 versus 3.2) in the years between 2000 and 2011, but numbers of doctors in the UK grew rapidly over that decade, much more rapidly than in most OECD countries.

The statistics also indicate that the UK has the lowest proportion of doctors aged over 55 (13%) in the OECD, a finding that is unexplained but is probably a result of the NHS retirement age, of doctors leaving the medical register after retirement, and of increasing numbers of new doctors. In the OECD as a whole 32% of doctors are over 55, and in Italy (for example) 43% are, according to the statistics.

The recent expansion in training in the UK is shown by the fact that in 2011 it ranked higher in the number of medical graduates per 1000 doctors than it did in medical graduates per 1000 population. Only five other OECD countries are producing new doctors more rapidly as a proportion of the existing medical workforce.

Personal spending on healthcare in the UK is the lowest in the OECD, along with France, Turkey, and the Netherlands, at 1.5% of final household consumption, reflecting the NHS's principle of services being "free at the point of use." But this statistic might look very different if long term care were included.

The UK also seems to deliver healthcare more equitably than other countries, with the probability of a person having visited a doctor in the previous 12 months virtually unaffected by level of income. The United States, Brazil, Mexico, and Chile lie at the other extreme, with the probability of a visit highly dependent on income.

The OECD's tables on non-medical determinants of health show a mixed picture. Although the prevalence of overweight (including obesity) among children is lower in the UK than the OECD average, prevalence among adults is higher than average. Only Chile, Canada, Australia, New Zealand, Mexico, and the US had a higher proportion of overweight and obese adults than the UK in 2011.

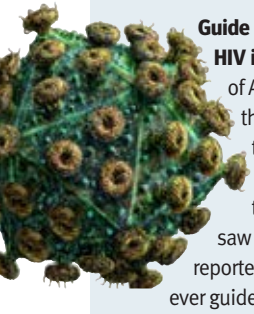
In the same year 19.6% of UK adults smoked, modestly below the OECD average (20.9%), while the decline in the number of smokers in the UK from 2000 to 2011 was faster than the OECD average.

Cite this as: *BMJ* 2013;347:f7021

IN BRIEF

Picture warnings deter smokers, study finds: Graphic warning labels on cigarette packs led to a fall in smoking rates in Canada of between 12% and 20% from 2000 to 2009, says a study in *Tobacco Control*.[1] The authors estimated that if the same model were applied to the United States graphic warnings would potentially lead to a fall in the number of smokers of between 5.3 and 8.6 million. In 2012 the US Court of Appeals found that evidence on graphic warnings was lacking.

New collaboration will fight poverty related diseases: The National Institute for Biological Standards and Control, part of the UK Medicines and Healthcare Products Regulatory Agency, is coordinating a European project to speed up the development of vaccines, drugs, and microbicides to combat tuberculosis, HIV, malaria, hepatitis B, and hepatitis C. The project is co-funded with £10.2m from the European Commission.



Guide to treating adolescent HIV is published: The number of AIDS related deaths among the world's children and teenagers rose by 50% from 2005 to 2012, whereas the general population saw a 30% decline, WHO has reported.[2] It has published its first ever guidelines on treating this age group, recommending that governments make it easier for young people to be tested for HIV without the consent of their parents.

Africa is urged to develop tobacco control policies: The World Lung Foundation has called on African governments to act urgently to prevent an impending epidemic of tobacco related disease, after a report from the American Cancer Society found that without new tobacco control policies the number of adult smokers in Africa would rise from 77 million to 572 million by 2100.[3]

Water and sanitation crisis persists in Harare: The government of Zimbabwe has done nothing to improve the state of sanitation in the capital in the five years since cholera killed over 4000 people and infected a further 100 000, says a report from Human Rights Watch.[4] Residents have little access to potable water and sanitation services and often resort to drinking water from shallow, unprotected wells that are contaminated with sewage and to defecating outdoors, it says.

Cite this as: *BMJ* 2013;347:f7070

Ireland's health minister, James Reilly, has announced that plain packaging of cigarettes will be introduced in the Irish Republic

MPs quiz health agency over its independence from government

Adrian O'Dowd LONDON

The leaders of England's public health agency seem to be opposed to the government's current reluctance to take specific steps on cutting smoking and alcohol consumption.

Standardised packaging of tobacco products could be the "next important step" in reducing the prevalence of smoking, the head of Public Health England told MPs on the parliamentary health select committee during an evidence session on 19 November. However, the Department of Health announced in July that it wanted to wait for more evidence on the effects of such packaging on tobacco consumption before deciding whether to adopt the policy.[1]

MPs on the Health Committee were quizzing top officials of Public Health England—the executive agency of the Department of Health that began operating in April this year—as part of their first accountability hearing with the agency.

The committee's chairman, Stephen Dorrell, Conservative MP for Charnwood, asked the witnesses about the relation between the agency and the Department of Health and how much of an "independent voice" the agency had.

Duncan Selbie, chief executive of Public Health England, replied that a framework agreement had been reached last week with the health department. He added, "This gives us all the necessary assurances. It gives us an unfettered freedom to

Barts doctor is struck off for "global deficiencies"

Clare Dyer BMJ

The Medical Practitioners Tribunal Service has struck off a hospital doctor for "global deficiencies" in the theory and practice of medicine after a performance assessment revealed "significant threats to patient safety."

Romany Yousef Wilson qualified in Egypt in 1996 but had begun working in the United Kingdom by 2007, becoming a member of the Royal College of Surgeons in 2008.

He was a clinical fellow at Barts Hospital in April 2011 when he was questioned by police after entering the bedroom of a young woman living in the house where he also had a room at night and trying to kiss her. In the same month, he was suspended from Barts due to concerns over his clinical performance. After an investigation, his contract was terminated and the GMC notified.

In December 2012, he faced an MPTS panel over the inappropriate sexual advance, which was ruled to be misconduct but not serious enough to impair practice. Wilson had been under interim suspension before the hearing, however, and the GMC learned that he was continuing to apply for posts without mentioning the GMC investigation or the interim suspension. For this dishonesty, he received a 12 month suspension last December.

The latest hearing served the dual purpose of reviewing this suspension and addressing new charges arising from his GMC clinical performance assessment.

Wilson scored below the 25th centile in 12 of 13 objective structured clinical examinations, including inserting a urinary catheter, taking arterial blood gas, suture insertion, adult basic life support, and respiratory system examination and management.

Cite this as: *BMJ* 2013;347:f6996

speak and to publish." Dorrell asked whether the agency had a view of minimum pricing of units of alcohol, for example, and whether it would be able to express that view freely and unambiguously in public.

Selbie said that it would, adding, "Minimum unit pricing [of alcohol] and standardised packaging [of cigarettes] came very early in our creation, and we were free to give our views, which we did. Our views certainly have been sought and, we believe, listened to."

Kevin Fenton, director of health and wellbeing at the agency, also giving evidence, said, "In the review that we have done . . . the overwhelming body of evidence to date suggests that there would be tremendous benefits to introducing standardised packaging.

"As an agency, it is our role to ensure that we are collating the evidence, presenting it to policy makers and to our local partners to ensure they are able to make the decisions based on the best available evidence."

The committee member David Tredinnick, Conservative MP for Bosworth, said, "I'm not sure I can see a justification for this organisation.

"You've got 5000 employees, and I see massive duplication. You've got clinical commissioning groups who are making assessments, you've got a massive commissioning board, the secretary of state and his huge department, health and wellbeing boards, Healthwatch, borough councils that have got health strategies, and directors of public health. I'm not sure why we need your body as well as these others."

Selbie replied, "We have our health protection responsibilities, which are not replicated anywhere else in the system."

Cite this as: *BMJ* 2013;347:f7004

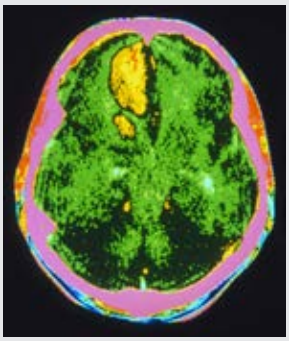
Earlier diagnosis is needed for cases of aneurysmal subarachnoid haemorrhage

Susan Mayor LONDON

Failure by GPs and hospital doctors to recognise symptoms of aneurysmal subarachnoid haemorrhage contributes to longer time to treatment and poorer outcomes in England, Wales, and Northern Ireland than in other developed countries, show results from an audit.[1]

The latest report of the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommends introducing standard protocols of care to improve the diagnosis and stabilisation of patients with subarachnoid haemorrhage, referral to neurosurgical centres, and subsequent rehabilitation. It also advises setting up formal networks of care, linking all secondary care hospitals to designated regional neurosurgical and neuroscience centres.

"This potentially fatal disease has to progress from the GP's surgery or accident and emergency, where it may present ostensibly as a simple headache, to the operative setting as fast as possible," said Bertie Leigh, chairman of the national inquiry.



GCA/SPL

Only a third of patients with subarachnoid haemorrhage had a prompt CT scan

Michael Gough, professor of vascular surgery at the University of Leeds and the report's senior author, explained why NCEPOD considered it important to review the care of aneurysmal subarachnoid haemorrhage: "Most patients are relatively young and outcomes are, by and large, not good—half of patients die within one month and only about one quarter get back to a relatively normal quality of life."

Expert reviewers assessed the care of 427 patients presenting to secondary care hospitals in England, Wales, and Northern Ireland after having had an aneurysmal subarachnoid haemorrhage during the study period (1 July to 30 November 2011) by reviewing their hospital notes and anonymised questionnaires sent to secondary and tertiary care.

The reviewers rated the overall standard of care as good in 58% of patients (248 of 427) but found room for improvement or considered care was unsatisfactory in 42% (177 of 427). There were insufficient data to categorise two patients.

Diagnosis of aneurysmal subarachnoid haemorrhage was overlooked in nearly half of patients seen in primary care (32 of 75). The NCEPOD advisers considered that this could have affected the outcome in 23 of these patients. Overall, they found that outcomes in 10% of patients were affected by failure of timely diagnosis in either primary or secondary care.

Nearly a fifth (62 of 344) of patients did not have a neurological examination recorded in secondary care.

Cite this as: *BMJ* 2013;347:f6925

Committee chairwoman Margaret Hodge asked witnesses about transparency in deals

MPs challenge Serco over its trustworthiness

Adrian O'Dowd LONDON

MPs have challenged the company at the centre of a GP out of hours service scandal over its trustworthiness to provide the public service.

A new report into what happened in Cornwall where private company Serco provides out of hours GP services for NHS Kernow Clinical Commissioning Group was discussed by MPs on the parliamentary public accounts committee at an evidence session on 20 November. Representatives from four private companies, which provide services to the public sector, appeared before the committee as part of its inquiry into the delivery of public services by private contractors.

In July the committee published a critical report into the service Serco provides in Cornwall in which it accused the company of bullying employees, providing a short staffed and substandard service, and manipulating data to hide the truth.[1]

At the evidence session Margaret Hodge, the committee's chairwoman and Labour MP for Barking, asked the witnesses for their views on the importance of transparency in deals.

Alastair Lyons, non-executive chairman of Serco, giving evidence, told MPs, "I think there is a duty on us as providers to the public sector to be transparent in all respects."

However, committee member Richard Bacon, Conservative MP for south Norfolk, mentioned a forensic audit report prepared by PricewaterhouseCoopers (PWC) on the out of hours service provided by Serco to the former Cornwall and Isles of Scilly Primary Care Trust that had been passed to the committee only the day before.

"I've now just seen Serco's rebuttal of the areas where PWC says it wasn't given full access, so there is an argument going on here in these two documents about whether you've been transparent in all respects or not," said Bacon.

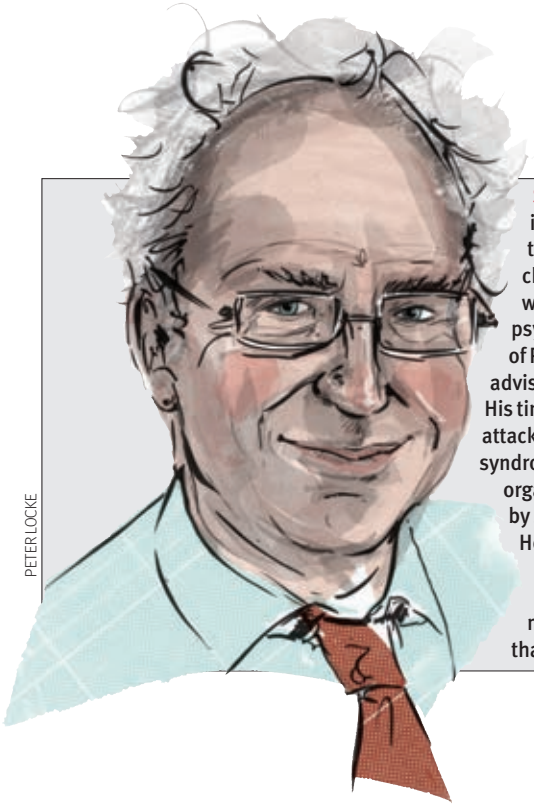
Lyons replied, "As far as Cornwall is concerned, this report relates to data 12 months ago and there's been a huge amount which has been done on Cornwall since then.

"As a company, we were deeply saddened and very sorry for what went on in Cornwall."

Cite this as: *BMJ* 2013;347:f7019

Simon Wessely

A man with "a joking seriousness"



PETER LOCKE

SIMON WESSELY is a psychiatrist who is unafraid to investigate conditions that excite great passion, such as chronic fatigue syndrome and Gulf war syndrome. He is professor of psychological medicine at the Institute of Psychiatry in London and consultant adviser on psychiatry to the British Army. His tin hat came in handy when he was attacked for his views on chronic fatigue syndrome, which he believes has an organic trigger but can be perpetuated by social and psychological factors. He is sceptical of the value of brief counselling for those who have just experienced trauma, believing that most people have more resilience than they are given credit for.

What single change has made the most difference in your field in your lifetime?
The white paper *New Ways of Working for Everyone*—the difference has been negative, as it led to marginalisation of the psychiatrist within the multidisciplinary team

What was your earliest ambition?
My parents were both teachers, so it was to change to subjects where they couldn't check my homework.

Who has been your biggest inspiration?
Anthony Clare, Anthony David, Anthony Soprano.*

What was the worst mistake in your career?
Not turning over the page in the part 1 physiology exam.

What was your best career move?
I couldn't decide whether I wanted to do general medicine, psychology, or sociology, so I went into psychiatry to do all three.

Who has been the best and the worst health secretary in your lifetime?
I was alive, albeit only just, when Enoch Powell (yes, that Enoch Powell) made his "water tower" speech, criticising psychiatric hospitals and heralding a new era in mental healthcare. The worst? All those associated with the 2012 Health and Social Care Act will not be treated well by historians.

Who is the person you would most like to thank and why?
Sorry to be sentimental, but it has to be Clare [Gerada], or @ClareRCGP to give her preferred name, for marrying me.

To whom would you most like to apologise?
An old friend whose baby I once called ugly. It was, but that's not the point.

If you were given £1m what would you spend it on?
A bike that cycles itself up hills.

Where are or were you happiest?
With one son in Munich and the other in Amsterdam (Chelsea fans will know what I am talking about).

What single unheralded change has made the most difference in your field in your lifetime?
In my life: the invention of the cash point. In my field: the white paper *New Ways of Working for Everyone*—the difference has been negative, as it led to marginalisation of the psychiatrist within the multidisciplinary team and had a role in the profession's recruitment difficulties.

Do you believe in doctor assisted suicide?
No. All doctors, not just psychiatrists, have a duty to reduce the risk of suicide by better management of pain, distress, depression, and so on, not to assist it.

What book should every doctor read?
Simon Sinclair's *Making Doctors: An Institutional Apprenticeship*, an anthropological look at medical training.

What poem, song, or passage of prose would you like mourners at your funeral to hear?
Aretha Franklin singing "Think" from the soundtrack of *The Blues Brothers*. The line "I ain't no psychiatrist, ain't no doctor with a degree" should raise a smile.

What is your guiltiest pleasure?
Salami.

If you could be invisible for a day what would you do?
I am fascinated by what really happens behind the scenes when people are at work, be it barristers negotiating settlements, surgeons unwinding after operations, soldiers on a mission, police on the beat, politicians doing deals, journalists deciding what goes in the paper—any of the above.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?
I watched Lord Clark as a kid, but Clarkson is another guilty pleasure. Un-PC and not ashamed, even when he should be. But if you tell anyone I will deny it.

What is your most treasured possession?
My collection of books on the Spanish civil war.

What personal ambition do you still have?
To give something more back to my profession, helping the best students go for the best medical specialty.

Summarise your personality in three words
Clive James recently quoted an Italian poet as having "a joking seriousness." I identified with that.

Where does alcohol fit into your life?
After 6 pm.

What is your pet hate?
To answer this question we need to do a deep dive and think outside the box, followed by a paradigm shift. Only then will we be world class.

What would be on the menu for your last supper?
Wiener schnitzel, cucumber salad, chilled Austrian wine.

Do you have any regrets about becoming a doctor?
Absolutely none. Within medicine being a psychiatrist is the best job in the world.

*Respectively, the psychiatrist and broadcaster who died in 2007, the Institute of Psychiatry's professor of cognitive neuropsychiatry, and the lead character in the television series *The Sopranos*.

Cite this as: *BMJ* 2013;347:f6803