NEWS

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French journal calls for domperidone to be withdrawn

Doctors need training to respond to domestic violence, NICE says

Ingrid Torjesen LONDON

All doctors should receive training to recognise and respond to domestic violence, similar to their mandatory training on child protection, guidance from the National Institute for Health and Care Excellence has said.

The guidance, published on 26 February, outlined how health services, social care, and the third sector organisations they work with could respond effectively to domestic violence and abuse.[1] It said that each year 7.4% of women and 4.8% of men experienced domestic violence or abuse and that 30% of women and 17% of men will experience it at some point in their lives.

The guidance is the first that NICE has produced on domestic violence. Mike Kelly, director of the Centre for Public Health at NICE, said that it was designed to provide a "wake-up call for the system as a whole."

Gene Feder, professor of primary care at the University of Bristol and chairman of the NICE guideline development group, said, "At the heart of the recommendations is training . . . Domestic violence and abuse is virtually absent from undergraduate medical education. That absence then carries on in postgraduate education, and then in continuing professional development. It is not the doctors' and nurses' faults that they do not feel competent in asking and responding appropriately."

The guidance recommended four levels of training targeted at different groups:

Level 1 is for allied health professionals, care assistants, and receptionists and covers how to respond to a disclosure of domestic abuse.

Level 2 teaches doctors, nurses, ambulance staff, and social care staff to ask about domestic violence in a way that makes it easier for people to disclose it, and to then refer it to specialist services.

Levels 3 and 4 are for specialist services and are designed to safeguard staff and domestic violence workers, respectively.

Feder said that the training should follow a similar format to "breaking bad news" and needed to be face to face rather than online because the necessary "asking skills" had to be practised.

Cite this as: *BMJ* 2014;348:g1797

PHE's chief executive Duncan Selbie: our first priority has been to secure safe health protection arrangements

SEAN SMITH/THE GUARDIAN

MPs say Public Health England has "faltering voice" on key issues

Adrian O'Dowd LONDON

The agency heading up public health in England is not sufficiently independent of government and has had a "faltering" voice so far in speaking up on public health issues, MPs have said.

MPs on the health select committee criticised Public Health England, which began operating last April, in a report published on 26 February.[1]

The report said that the agency had not yet shown that it was able to be an effective champion of the nation's public health interests, which is what it was created to do.

The Health Committee's inquiry that led to the report examined how Public Health England had set about establishing its policy priorities and programme of work. It was critical of the agency's apparent tendency to step away from the spotlight when it came to discussing national priorities.

During the inquiry Duncan Selbie, the agency's chief executive, told the committee that in its first six months of operation it had "not attached a high priority to contributing to public health policy debates."[2]

Selbie said, "There is some humility coursing through us about not making pronouncements and leading a debate until we are in a position to do so. Our first priority has been to secure safe health protection arrangements . . . and to get the new public health system under way."

However, the Health Committee's chairman, Stephen Dorrell, the Conservative MP for Charnwood, launching the new report, said, "Tackling alcohol misuse, smoking, and the crisis of obesity are fundamental to improving the nation's health, but PHE [Public Health England] has yet to strike the right tone when addressing these issues. Its public comments have often been faltering and uncertain when they should have been clear and unequivocal.

"In April 2013 PHE was created to put public health at the heart of policy making, but we are concerned that PHE has not yet found its voice. The organisation has not yet developed a clear set of priorities."

MPs said that they also had concerns that the agency was not sufficiently independent of government even though it was created as an independent voice within government to champion policies that would improve the nation's health.

Their report said, "We are concerned that there is insufficient separation between PHE and the Department of Health. The committee believes that there is an urgent need for this relationship to be clarified and for PHE to establish that it is truly independent of government and able to 'speak truth to power.'"

Cite this as: *BMJ* 2014;348:g1784

IN BRIEF

England's cancer services are in danger of deteriorating: All clinical commissioning groups should have a member who leads on cancer, experts are urging in the PACE (Patient Access to Cancer care Excellence) UK report.[1] The authors warn that progress in cancer care is now in danger of reversing because of loss of experienced staff in the recent NHS changes.

UK deaths from alcohol misuse fell slightly in 2012: There were 8367 alcohol related deaths in the United Kingdom in 2012, 381 fewer than in 2011, show figures from the Office for National Statistics.[3] In England, alcohol related death rates were highest in the north and lowest in the south throughout the period 2002-12.

RCGP remains opposed to assisted dying: After one of the most comprehensive consultations of its members, the Royal College of General Practitioners has said that it is to remain opposed to any change in the law on assisted dying. More than 1700 members responded to the consultation. Of the members who submitted individual responses, 77% expressed opposition to a change in the law, as did 20 of 28 organisations that took part in the consultation.

Rotary donates $36m to fight polio: The international charity Rotary has awarded grants totalling $35.9m (£21.5m) to support polio immunisation activities and research to be carried out by the Global Polio Eradication Initiative, which aims to end the disease worldwide by 2018. The grants include $6.8m for Afghanistan, $7.7m for Nigeria, and $0.93m for Pakistan, the three countries where polio remains endemic.

Call to act over newborn deaths: A million babies die in their first 24 hours each year, and there are 1.2 million stillbirths, new figures from the charity Save the Children show.[4] The charity said that half of the deaths of newborns could be prevented if the mothers had access to free healthcare and a trained midwife. The charity is urging donors and national leaders to commit to a 2025 target for every birth to be attended by trained and equipped health workers.

Cite this as: *BMJ* 2014;348:g1755

Antihypertensives are associated with falls in elderly people, study finds

Zosia Kmietowicz BMJ

People over 70 years old who are taking drugs for high blood pressure seem to be at a higher risk of fall injury, such as hip fracture or head injury, than those who are not being treated, especially if they have had a previous fall, a study has found.

In the study, published in *JAMA Internal Medicine*,[1] researchers from Yale University followed 4961 adults aged over 70 years who were living in the community and had hypertension.

The amount of medication patients were taking was calculated during four interviews in the first year of the study. Patients' daily dose of antihypertensive was converted to a standardised daily dose based on the defined daily dose proposed by the World Health Organization. A moderate antihypertensive intensity was defined as between 0.2 to 2.5 defined daily doses and high intensity as more than 2.5.

Of the patients in the study, 14% did not take any drugs for hypertension, 55% had moderate exposure to blood pressure drugs, and 31% had high exposure.

Over the three year study period, 446 patients (9%) experienced serious injuries from falls. The researchers calculated that the adjusted hazard ratios for serious fall injury, compared with non-users, were 1.40 (95% confidence interval 1.03 to 1.90) in the moderate intensity and 1.28 (0.91 to 1.80) in the high intensity antihypertensive groups.[1] Patients who had had a previous fall were at most risk of another fall injury. The adjusted hazard ratios for this group were 2.17 (0.98 to 4.80) for the moderate intensity

Mother cannot stop surgeon's role in her daughter's treatment

Clare Dyer BMJ

The mother of a 7 year old girl with cerebral palsy has failed to persuade a High Court judge that a surgeon at Great Ormond Street children's hospital in London should no longer be involved in her treatment.

The girl, named only as TM, who normally lives at home with her mother, is unable to swallow and was being fed through a nasogastric tube, but she was not receiving enough nutrition by this means. Her parents, who are separated, agreed with the paediatric surgeon looking after her that she should have a gastrostomy.

The mother also consented to a peripherally inserted central catheter, but when the site of its insertion became infected and it had to be removed she resisted the insertion of another catheter and became "more generally resistant to further procedures being performed," said the judge, Mr Justice Holman. She had then wanted her daughter to come home.

Tensions came to a head, and there was an "episode"—details of which were not given—after which the mother was banned from visiting the hospital. The hospital made an emergency application to the High Court and won a declaration that it would be in TM's interest to have a further catheter inserted.

When the case came to court for a full hearing the surgeon, identified only as JC, proposed that the gastrostomy should be replaced by a gastrojejunal tube in the hope that TM would be adequately nourished through it and the catheter and intravenous feeding line could be removed. The hospital also wanted to carry out investigations to try to determine why her stomach seemed not to be absorbing or processing nutrition as it should.

Both parents agreed that the procedures could be carried out, but the mother wanted a condition inserted that JC should play no part in them.

The judge said that he did not regard this as an acceptable stipulation in the circumstances and that it was "very sad" that the mother was expressing a lack of confidence or trust in JC. He said that this might be a result of the difficult meeting between them.

"But objectively there is not the slightest reason to doubt the competence of Mr JC, nor the wisdom of his medical judgment," said the judge. "No doubt in an extreme situation a parent may have a right to seek that her child is removed to a different hospital altogether. I am glad to say that it has not come to that in the present case.

"The stipulation of the mother is merely to the effect that Mr JC should not be involved. But it is not, in my view, tenable or acceptable that a child be treated at a given hospital and then, in the absence of some very clear and good reason, for the court, or indeed a parent, to stipulate by whom the treatment should be carried out."

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and 2.31 (1.01 to 5.29) for the high intensity antihypertensive groups.

The authors concluded, "Although cause and effect cannot be established in this observational study and we cannot exclude confounding, antihypertensive medications seemed to be associated with an increased risk of serious fall injury compared with no antihypertensive use in this nationally representative cohort of older adults, particularly among participants with a previous fall injury. The potential harms versus benefits of antihypertensive medications should be weighed in deciding whether to continue antihypertensives in older adults with multiple chronic conditions."

In a related commentary, Sarah Berry and Douglas Kiel of Hebrew SeniorLife, Boston, said that the findings added to the evidence that antihypertensive drugs were associated with an increased risk of falls, although they said that it might be the case that the increased falls were as much due to the underlying illness or overall burden of ill health.[2] "So how do clinicians reconcile the potential harms and benefits of antihypertensive medications in elderly patients?" they wrote. "In the absence of direct data, they should individualize the decision to treat hypertension according to functional status, life expectancy and preferences of care . . . Most important, clinicians should pay greater attention to fall risk in older adults with hypertension in an effort to prevent injurious falls, particularly among adults with a previous injury."

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ROBYN BECK/AFP/GETTY IMAGES

Treatment should be individualised according to functional status and fall risk, said doctors

Biologists were unable to reproduce the experiments of Haruko Obokata (above)

"Revolutionary" stem cell biology claims are called into question

Nigel Hawkes LONDON

A claim that was described as "revolutionary" and a "game changer" in stem cell biology has been called into question as the Japanese institute from which it originated opened an investigation into its credibility.

In January a team from the RIKEN Center for Developmental Biology in Kobe reported that it had reprogrammed mature mice cells into an embryonic state by brief exposure to an acid solution. The discovery came from Haruko Obokata, a biologist working at the centre, and coworkers including the US anaesthetist Charles Vacanti of Harvard Medical School. Two papers describing the achievement were published in *Nature*[1 2] amid considerable fanfare.

Developmental biologists were amazed that something as simple as low pH could reprogramme adult cells into a pluripotent state in which they could potentially divide into any of the specialised cells of the body. Chris Mason of University College London said at the time that Obokata's approach was "the most simple, lowest cost, and quickest method to generate pluripotent calls from mature cells." It was, he said, "an incredible discovery."

Others shared at least part of this sentiment, focusing on the credibility. The post-publication website PubPeer has so far published 60 comments on the papers, many expressing doubt. A spokesperson from *Nature* said, "The matter has been brought to *Nature's* attention, and we are investigating."

The critics have found fault with both of the *Nature* papers and an earlier one published in 2011, on which Vacanti was also a coauthor.[3] Obokata has not responded to the critics, but Vacanti told *Nature* that problems with images in the 2011 paper were an honest mistake "that did not affect any of the data, the conclusions or any other component of the paper."

Doubts might have eased if biologists outside the original team had managed to reproduce the experiment, but so far no one has reported doing so. Vacanti said that he had had no problem repeating the experiment, but one of Obokata's coworkers, Teruhiko Wakayama, admitted that he had. He said that he and a student had been able to reproduce the results at the RIKEN centre after being coached by Obokata but that since he moved to Yamanashi University his attempts had failed.

The Japanese team has been pressed to provide a detailed protocol to help others reproduce the work, and it has promised to do so.

Cite this as: *BMJ* 2014;348:g1695

Finalists are announced for The BMJ Awards 2014 out of a record entry

Ingrid Torjesen LONDON

Surgeons in Northumbria who trained surgeons in Tanzania in laparoscopic techniques, and gastroenterologists in London who shortened patients' wait for gastrointestinal tests through a GP "straight to test" service, are among the diverse range of medical teams to make the list of finalists for The BMJ Awards 2014, held in association with MDDUS, a medical defence union.

This year more than 400 entries were received for the awards, which are now in their sixth year—a 30% increase on 2013, when the number of entries was just under 300.[1]

The winners will be announced on 8 May at a prestigious ceremony in London, along with the recipient of a lifetime achievement award sponsored by GlaxoSmithKline.

The categories for 2014 include team awards for cancer care, diabetes, gastroenterology, respiratory medicine, surgery, primary care, emergency medicine, education, and clinical leadership. Other awards include research paper of the year and innovation in healthcare.

The awards are supported by a range of sponsors, including the Health Foundation, BUPA, Univadis, the Faculty of Medical Leadership and Management, Greater Manchester Academic Health Science Network, and the General Medical Council.

Cite this as: *BMJ;348*:g1754

The full list of finalists is at bmj.com.

Liverpool hosts the world's biggest brain

Zosia Kmietowicz BMJ

More than 650 people tried to set a new Guinness world record on 22 February when they created the largest image of a brain made out of people in Liverpool's University Square.

The participants donned ponchos of different colours to represent parts of the brain (red for the frontal lobe, blue for the parietal lobe, orange for the occipital lobe, green for the temporal lobe, yellow for the cerebellum, purple for the brainstem and spinal cord). The record attempt was led by Tom Solomon, head of Liverpool University's Institute of Infection and Global Health, in aid of world encephalitis day.

Volunteers also represented the workings of the brain in a performance art project coordinated by a former Liverpool Institute of Performing Arts student, Emma Lingard. They formed what they believe to be the largest ever brain wave and mimicked seizures and other injury caused by encephalitis (www.Liv.ac.uk/worldsbiggestbrain).

The team expects to find out if they have achieved the world record for "the largest human image of an organ" within the next few weeks.

Cite this as: *BMJ* 2014;348:g1747

Furore over data could jeopardise research

Ingrid Torjesen LONDON

Doctors and charities have warned that if GP patient data are not able to be linked to other datasets and shared with researchers, then important opportunities to improve health will be missed.

In an open letter to the *Times* on 24 February more than 50 of the UK's most senior doctors and health executives have joined forces to outline the research benefits of sharing data.[1] The letter comes just days after a campaigning group supported by more than 70 medical charities warned that the scaremongering about the care.data programme by the anti-data lobby could jeopardise medical research.[2]

Under the care.data programme England's Health and Social Care Information Centre will bring together health and social care data from primary and secondary care for the first time and make pseudonymised data available to "approved groups of users," including commissioners and researchers for planning and research purposes. Identifiable information would only be released in exceptional circumstances, such as during an epidemic.

Opponents of care.data have argued that data breaches and lack of security threaten patient confidentiality, and that private companies could acquire the patient data and use them for commercial purposes. The government has now delayed uploading of patient data from GP files to care.data for six months so that patients can be provided with more information about the programme, including details of how to opt out.[3]

In the letter to the *Times* more than 50 of the country's top health professionals argue that opportunities to protect and improve the nation's health could be missed if data cannot be shared. The letter's signatories include the former health minister Ara Darzi, the former NHS chief executive Nigel Crisp, and David Haslam, chairman of the National Institute for Health and Care Excellence, and it provides examples of past health advances made possible by data sharing.

"If data linkage in the UK had not been undertaken in the past we would know less about the causes of disease, be unaware of the dangers of some treatments and be ignorant of inequities in access to care," the letter said.

Cite this as: *BMJ* 2014;348:g1761

Mental illness does not mean patient cannot decide on her treatment

Clare Dyer BMJ

A woman with paranoid schizophrenia and type 2 diabetes whose foot had mummified and dropped off was perfectly capable of deciding for herself whether or not to have her leg amputated, a High Court judge has ruled.

Mr Justice Peter Jackson declared, "Many who suffer from mental illness are well able to make decisions about their medical treatment, and it is important not to make unjustified assumptions to the contrary."

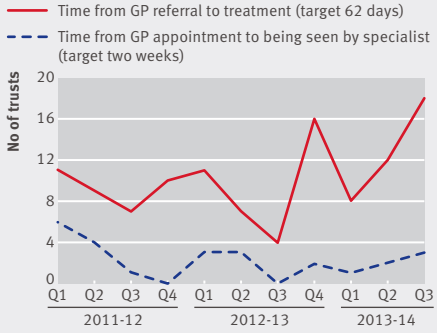
The case of JB, aged 62, went to the Court of Protection in London after doctors at Heart of England NHS Foundation Trust were unable to decide whether she had capacity. At some times she agreed to amputation but at other times refused. The trust sought a declaration that JB lacked capacity and that it would be in her best interests to have a through-knee amputation, but during the hearing doctors decided on a below-knee amputation. The official solicitor for England and Wales, who represented JB, argued that she did have capacity to decide.

In a judgment providing important guidance on assessing capacity in mentally ill patients, the judge reminded doctors that everyone who has capacity to make decisions is entitled to refuse treatment. He said it was particularly important for people with disadvantages or disabilities that no one interfered with their freedom of choice unless they lacked the capacity to decide.

Cite this as: *BMJ* 2014;348:g1737

More foundation trusts are missing targets, finds regulator

No of foundation trusts breaching waiting time targets on cancer treatment



US food industry wages bitter fight over sugars and corn syrup

Michael McCarthy SEATTLE

Internal company documents made public in a lawsuit between US sugar and corn companies have shown how the food industry has spent tens of millions of dollars to sway public opinion and capture market share—"spinning" research results and backing ostensibly independent consumer groups to attack competitors.

The Sugar Association—a trade association based in Washington, DC—and a group of large US sugar producers filed the lawsuit in 2011 against major producers of high fructose corn syrup (HFCS) and their industry trade group, the Corn Refiners Association.

The sugar companies charged that the corn refining companies, in a bid to halt a decline in HFCS sales, had conducted a "false and misleading" publicity campaign portraying HFCS as a natural product that was nutritionally the same as sugar—changing its name to "corn sugar."

The sugar companies argued that HFCS was not a natural product but a manmade one that was metabolised differently from sugar, which derives from sugar cane and sugar beet. By claiming that the two products were the same the HFCS producers sought to "co-opt the goodwill of 'sugar,'" the lawsuit claimed.

The suit called for the court to order the HFCS producers to halt their publicity efforts and to pay damages for any financial losses the sugar companies claimed to have suffered from the efforts to rebrand HFCS as equivalent to sugar.

The HFCS producers called the suit an attack on free speech and argued that there was no evidence that the sugar producers had suffered losses. They further argued that it was the HFCS producers that had seen sales decline and charged that the sugar industry had promoted "false perceptions that consumers may have regarding HFCS."

HFCS—a sweetener used in many beverages and food products—is produced by an enzymatic process that converts glucose from corn syrup into fructose. The resulting product is sweeter than sugar and cheaper. After its introduction to the market in the 1970s it quickly captured a substantial share of the sweetener market.

However, a decade ago researchers began to report that HFCS consumption might be associated with a number of adverse health effects, including diabetes and elevated triglycerides, and that it might be partly responsible for the soaring obesity rates in the United States.

Press reports about the research had an effect, and surveys soon found growing concern among consumers about the safety of HFCS, prompting some food and beverage producers to switch from HFCS to sugar.

A selection of documents made public by the lawsuit was posted on the internet by the *New York Times* in its coverage of the story.[1]

The Sugar Association encouraged the food and beverage industries to replace HFCS with sucrose, and a 2004 memo reviewing the association's activities noted that it had "fed the media with the science to help fuel the public concern and debate of HFCS."

Sales of HFCS flattened and then declined, and in 2008 the Corn Refiners Association hired Richard Berman, the president of a Washington public relations firm. An email from an employee of the food industry giant Cargill said that this appointment aimed "to identify the hidden links between the sugar industry and the anti-HFCS scientific research. It is widely assumed that sugar interests are behind the HFCS-trashing scientific studies that fail to identify their funding sources. However, we have no proof. We are hoping Berman's [opposition] research expertise can uncover some facts."

Both sides used the internet to make their case, and the Corn Refiners Association launched a website called "SweetSurprise.com" to provide "the facts about high fructose corn syrup." Both associations also funded research directly or indirectly and turned to "consumer advocacy" groups to spread their message.

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Sugar companies say their product, which comes from sugar beet (right) and sugar cane, is natural

Gareth Iacobucci BMJ

The number of foundation trusts in England breaching the target for 85% of patients with cancer to start treatment within 62 days of being referred by a GP has more than quadrupled in the past year, new figures show.[1]

Some 18 trusts breached the target between October and December 2013, up from 12 in the previous quarter and from just four in the same quarter last year, said the health sector regulator Monitor.

The latest quarterly report from the regulator said that foundation trusts were generally coping with winter pressures, but it identified notable "challenges in some individual foundation trusts."

It found that 28 trusts missed the target for 95% of patients to be seen within four hours of presenting at hospital emergency departments. This was down from 32 trusts that missed the target in the same period last year but double the 14 trusts that breached the target in 2011-12.

There were also more trusts breaching all three waiting time targets for elective care than in the same quarter the previous year, with waiting lists increasing "significantly."

In the latest quarter, Monitor found that 17 trusts breached the target for 90% of patients to be treated within 18 weeks of referral, compared with 13 in the same quarter the previous year and 11 two years ago. General surgery and trauma and orthopaedics were identified as the greatest contributors to admitted target failures.

Monitor said that it was closely monitoring the breaches in waiting time targets for cancer patients, which may be attributable to consultant capacity and an increase in referrals.

It added that the greatest pressure on emergency departments came from a lack of beds for patients being admitted, which in turn was due to delayed discharges.

More trusts were in financial deficit (39) than expected (24) at this stage of the year, almost double the number in the same period last year (21).

Monitor said that the £180m combined deficit of these trusts was higher than the anticipated £168m but said that 60% of this was attributed to five organisations that were already subject to regulatory action by Monitor.

Overall, it reported that the 147 foundation trusts (representing two thirds of all NHS hospitals in England) were continuing to make a surplus (£135m to date in 2013-14). But this was less than was planned (£173m) for this stage of the financial year.

Foundation trusts were also lagging in their delivery of efficiency savings, with £867m achieved so far this year, 18% (£185m) behind projections.

Jason Dorsett, financial director at Monitor, said trusts needed to up their game "to maintain and improve the quality of care for patients and ensure the sustainability of services."

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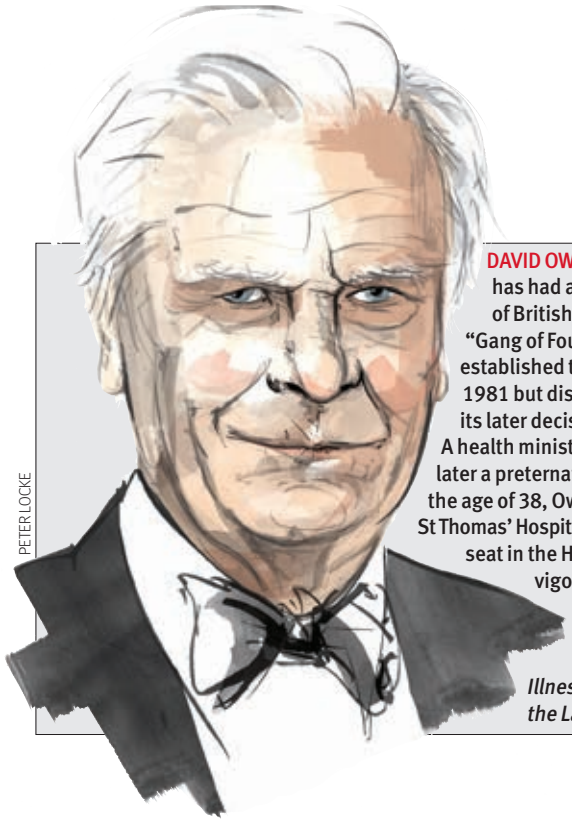
David Owen
Researcher into hubris



PETER LOCKE

DAVID OWEN born in Plymouth in 1938, has had a long career at the crossroads of British politics. He was one of the "Gang of Four" who left the Labour Party and established the Social Democratic Party in 1981 but disagreed with the other three over its later decision to merge with the Liberals. A health minister for Labour in the 1970s and later a preternaturally young foreign secretary at the age of 38, Owen trained as a doctor at St Thomas' Hospital in London. From his cross bench seat in the House of Lords he campaigned vigorously against the 2012 Health and Social Care Bill. He is the author of many books, including *In Sickness and In Power: Illness in Heads of Government during the Last 100 Years*.

What personal ambition do you still have?
"To help reinstate the NHS as the provider of a comprehensive service and get rid of the marketisation of the NHS in short emergency legislation to be enacted within three months immediately after the May 2015 general election"

What was your earliest ambition?
To join the Royal Navy as a cadet at age 13 years at Dartmouth Naval College.

Who has been your biggest inspiration?
My grandfather, Gear, a canon in the Welsh church. He went blind as a result of an infection as a schoolboy. Nevertheless, he went to Oxford and Dublin, getting a doctorate in divinity.

What was the worst mistake in your career?
Telling a highly intelligent female patient, when she inquired, that she was going to die and watching her total demoralisation. That left me wanting physicians to retain some discretion over when to fulfil the right to know.

What was your best career move?
To introduce the Children's Bill as a private member's bill in 1973 and take it into law as minister of health in 1975.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?
Bevan was the best. Kenneth Robinson was the best Labour one and Norman Fowler the best Conservative. Sadly, there are too many bad ones to name.

If you were given £1m what would you spend it on?
The Daedalus Trust, for research on the hubris syndrome. The trust promotes multidisciplinary research into an acquired personality change associated with the exercise of power by leaders in all walks of life (www.daedalustrust.org.uk).

To whom would you most like to apologise?
The Iraqi people for supporting the invasion in 2003. I believed Tony Blair when he told me that the intelligence was definite—that there were still weapons of mass destruction present.

Who is the person you would most like to thank and why?
James Callaghan, for appointing me foreign secretary in 1977 and giving me his full support.

Where are or were you happiest?
Greece.

What single unheralded change has made the most difference in your field in your lifetime?
The eradication of smallpox; and I am very proud of twice providing extra money to maintain the World Health Organization's programme on it, which had run out of money when I was health minister.

Do you believe in doctor assisted suicide?
Assisted suicide, yes, but not necessarily involving doctors. This is an issue for all citizens, not one on which doctors should take the lead.

What book should every doctor read?
The Gift Relationship by Richard Titmuss on voluntary blood donations, which warned about the dangers of relying on a commercial market in blood and plasma.

What is your guiltiest pleasure?
Eating honey while on a diet. I find the Atkins diet, for no longer than five weeks, the most effective.

If you could be invisible for a day what would you do?
To sit as part of an orchestra rehearsing in the Royal Albert Hall.

What television programmes do you enjoy?
Tinker, Tailor, Soldier, Spy; *Spooks*; and *Homeland*.

What is your most treasured possession?
I have had some form of sailing boat since I was a small boy. My present one is a Fisher 25 called *Merry Melody*, which I keep in Greece.

What personal ambition do you still have?
To help reinstate the NHS as the provider of a comprehensive service and get rid of the marketisation of the NHS in short emergency legislation to be enacted within three months immediately after the May 2015 general election.

Summarise your personality in three words
That's for others to decide. I have been called most things during my 50 years in public life!

Where does alcohol fit into your life?
I have virtually given up drinking.

What is your pet hate?
Lack of nerve to do what you know should be done.

Do you have you any regrets about becoming a doctor?
I had to give up medicine after six years when I became minister of the navy. I have enjoyed focusing on neuroscience, my specialty, during the past 10 years of writing about hubris.

If you weren't in your present role what would you be doing instead?
My present jobs are in business in the United States and Russia. When these end I will retire.

Cite this as: *BMJ* 2014;348:g1696