NEWS

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Musicians are at increased risk of noise induced deafness, study finds

Jeremy Hunt interferes too much in daily running of NHS, stakeholders say

Gareth Iacobucci BMJ

England's Department of Health must be prepared to loosen its grip on the management of the NHS and allow new organisations the freedom to perform their roles, a new survey has found.

Research from Ipsos MORI[1] commissioned by the government found that many organisations within and outside the NHS thought that the department had been "maintaining more of a focus on operational issues than they had envisaged" since the Health and Social Care Act came into force in April 2013.

The architect of the act—the former health secretary, Andrew Lansley—created the arm's length organisation NHS England to oversee the day to day operation of the NHS alongside local clinical commissioning groups, in a bid to reduce political interference in the running of the health service.[2]

But the survey found that since Lansley was replaced in 2012[3] his successor, Jeremy Hunt, had seemed less willing than Lansley to relinquish managerial control and had intervened regularly on issues such as hospital performance.[4]

The study, which was conducted in July and August 2013, combined qualitative research with survey questions.

There was a mismatch between the words most commonly used by stakeholders to describe the Department of Health now (professional, bureaucratic, political, approachable, and slow) and the qualities stakeholders thought were needed to deliver the 2013 "reforms" (engaging, openness, and clarity). (See Picture of the Week.)

Participating stakeholders included professional bodies such as the Royal College of General Practitioners; arm's length bodies such as the National Institute for Health and Care Excellence (NICE); commercial companies such as Boots; regulators; and many voluntary organisations.

Most of those questioned (78%) thought that the department was a good organisation to do business with, and most respondents (66%) said that it did involve stakeholders in developing its policy and strategies.

But respondents were unsure about whether the department had the necessary skills to perform its new role: only 17% agreed that it did, 27% disagreed, and 45% were unsure.

Cite this as: *BMJ* 2014;348:g2983

MARTIN VALIGURSKY/ALAMY

Induction: a way to reduce the likelihood of caesarean birth, said research lead Khalid Khan from Barts

Inducing labour reduces the risk of caesarean delivery by 12%

Zosia Kmietowicz BMJ

The risk of a caesarean delivery was 12% lower in women whose labour was induced than in women who were managed with expectant management, a new analysis has found.

Researchers led by Khalid Khan, professor of women's health and epidemiology at Barts and the London School of Medicine in London, carried out their study because they said that there was confusion about the risks associated with induction despite recent studies that had shown that there were fewer caesarean deliveries with induced labour than without it.

They conducted a systematic review and meta-analysis of 157 randomised controlled trials that met their inclusion criteria and involved 31 085 deliveries. The results were published in *CMAJ*, the journal of the Canadian Medical Association.[1]

The analysis found that the risk of caesarean delivery was 12% lower with labour induction than with expectant management (pooled relative risk (RR) 0.88 (95% confidence interval 0.84 to 0.93); I^2=0%). The effect was significant in term and post-term gestations but not in pre-term gestations.

Further analysis of the data showed that initial cervical score, indication for induction, and method of induction did not alter the main result. The risk of caesarean delivery was lower in both high risk and low risk pregnancies, and induction also reduced the risk of fetal death (RR 0.50 (0.25 to 0.99); I^2=0%) and admission to a neonatal intensive care unit (RR 0.86 (0.79 to 0.94)). Induction did not affect maternal death.

Four methods of induction were associated with a significant reduction in risk of caesarean delivery: prostaglandin E2 (RR 0.90 (0.84 to 0.96)), misoprostol (RR 0.62 (0.48 to 0.81)), alternative methods (such as acupuncture, breast stimulation, bath, and enema) (RR 0.66 (0.50 to 0.86)), and mixed method (RR 0.81 (0.70 to 0.95)). However, oxytocin and amniotomy did not show a decreased risk of caesarean delivery.

The researchers reported that their analysis had several limitations, including the fact that half the studies were unclear about how they concealed the allocation of women, which could bias the findings. They also said that they did not account for all confounding factors, such as age and weight, and that because some studies dated back to 1975 practices that were no longer used may have influenced the findings.

Khan said that the finding of a reduced risk of caesarean with induced labour "supports evidence from systematic reviews but is contrary to prevalent beliefs and information from consumer organisations, guidelines, and textbooks."

He added, "These findings show that induction is a way to increase the likelihood of a vaginal birth."

Cite this as: *BMJ* 2014;348:g2960

IN BRIEF

Poor areas have most admissions for dog bites: Hospital admissions for bites and strikes by dogs among people living in the 10% most deprived areas of England were three times as high as in the 10% least deprived areas (24.1 versus 8.1 per 100 000 admissions), show new figures for 2013 from the Health and Social Care Information Centre. Dog bites and strikes accounted for 75% (6740) of 9710 for injuries caused by dogs and other mammals (such as horses, foxes, and cats).

Alcohol sales fall in UK: The number of units of alcohol sold in the UK fell by 253 million from 2011 to 2012, a quarter of the way towards meeting the target of one billion by the end of 2015 set by the "responsibility deal" between the government and 30 retailers and producers, figures from England's Department of Health have shown. The biggest reduction was due to a fall in the average amount of alcohol by volume in beer.[2]

More countries are investigated by GSK over bribery charges: GlaxoSmithKline has added Jordan and Lebanon to the list of countries where its staff are accused of bribing doctors. GSK said that it was investigating allegations "regarding the activity of a small number of individuals" in its operations in Jordan and Lebanon, where it employs 140 staff. The allegations, reported by the *Wall Street Journal*, came only days after GSK acknowledged it is cooperating with bribery investigations in Poland and Iraq.[1]

Charity asks for true heat stability of vaccines: The medical aid organisation Médecins Sans Frontières is calling on drug companies to show the true heat stability of their vaccines, after a study it conducted showed that a tetanus vaccine kept outside the "cold chain" remained effective for up to 30 days. Needing to keep vaccines cold is one of the biggest barriers to effective vaccination, said the charity's Greg Elder.

UK GPs trial smartphone consultations: More than 100 doctors have agreed to provide consultations by smartphone in what the scheme's founder describes as an "integrated digital healthcare system." The service, called Babylon, will cost general practices £7.99 a week, said Ali Parsa, former chief executive of the private healthcare organisation Circle.

Cite this as: *BMJ* 2014;348:g2991

Atlas aims to show possible environmental effects on UK health

Nigel Hawkes LONDON

Local variations in health and the environmental factors that may influence it have been mapped in unprecedented detail in a new atlas of England and Wales.[1]

Users can input their postcode and see how much better, or worse, the health of the immediate vicinity is compared with the average. They can also access maps showing air pollution, pesticides, or sunshine against a similar scale, to identify any obvious similarities that may show cause and effect.

The atlas, produced by the UK Small Area Statistics Unit at Imperial College London, is adjusted for age and deprivation so that any remaining correlations may be the result of small environmental differences. However, it maps relative risk and not absolute risk and represents an average for the population as a whole from 1985 to 2009, so it cannot be used to work out the healthiest place to live or the absolute risk for a person living there.

Still, some areas seem healthier than expected, given their demography and socioeconomic status. The atlas showed that central London, north Norfolk, parts of Suffolk, and Brighton and Hove all had lower health risks than people might expect. At the other extreme the North West, parts of Yorkshire, and South Wales seem to be less healthy than expected.

Anna Hansell, the lead author of the atlas, said at a press conference in London that the unexpectedly good health of central London might be a result of failing to adjust sufficiently for wealth. "It's a very wealthy area so we adjusted for that, but we may not have adjusted enough," she said. But she and Paul Elliott, a senior author, warned against drawing conclusions too readily from the maps, which they said were better at suggesting hypotheses for further investigation.

IAN FRANCIS/ALAMY

Smokers are turning to e-cigarettes to help them cut down or quit, said Deborah Arnott of ASH

Use of e-cigarettes in UK has tripled in two years to 2.1 million, finds survey

Zosia Kmietowicz BMJ

The use of electronic cigarettes in the United Kingdom has tripled in the past two years, with 2.1 million people regularly using the devices in 2014, up from 700 000 in 2012, a survey for the antismoking charity Action on Smoking and Health (ASH) has found.

Nearly two thirds of people who use electronic cigarettes are also smokers of conventional cigarettes, and a third are former smokers. The survey did not distinguish between those who took up vaping to quit smoking and those who turned to it after a period of not smoking.

ASH commissioned the survey from YouGov, which asked 12 269 adults about their smoking and vaping habits in March this year and extrapolated the results to the general population.

The findings show that more than half (52%) of current or former smokers have tried e-cigarettes, up from 8% in 2010. The proportion of these using e-cigarettes regularly has risen sixfold to 17.7%, up from 2.7% four years ago.

Use of e-cigarettes among people who had previously never smoked remains negligible, with only about 1% of the respondents trying them and virtually none continuing to use them. Of smokers who have quit smoking conventional cigarettes, 11.8% have tried e-cigarettes, and 4.7% use them regularly.

The survey results were released on 28 April to coincide with the end of a consultation on advertising of e-cigarettes by the Advertising Standards Authority. Hundreds of complaints have been made about the marketing of e-cigarettes, and some advertisements have been banned.[1] Doctors have also raised concerns that marketing practices could encourage non-smokers, especially children, to take up smoking.

ASH said that the findings provided evidence that this was not the case and that people were using e-cigarettes to try to stop smoking. The prevalenec of smoking in England has fallen from 19.3% in 2013 to 17.8% in March this year.

However, the conclusions from the survey contradict findings reported last month in a study of 40 000 US adolescents, which found that those who used e-cigarettes were more likely to smoke cigarettes and less likely to quit smoking.[3]

Cite this as: *BMJ* 2014;348:g2987

Users can zoom in on a neighbourhood of as few as 6000 people and can toggle between the health and environment maps for that area. This makes the maps the most detailed scale so far attempted anywhere in the world, Elliott said. Asked whether anything leapt out of the maps, both authors were guarded, but they said that skin cancer was more prevalent in the South West than its sunshine record would suggest and that liver cancer was more common in the North West.

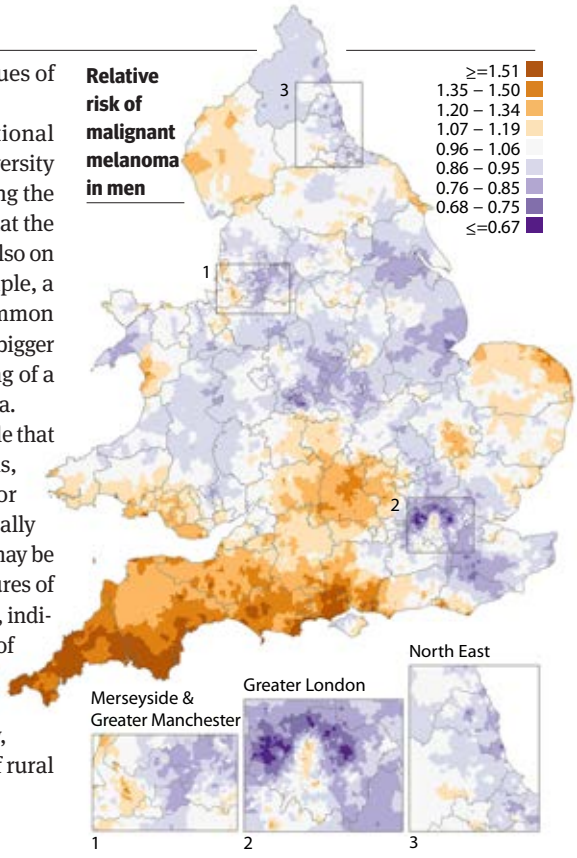
The maps also showed that lung cancer was worse in urban areas and mortality from heart disease higher in the north than the south. But the relative risks of breast and prostate cancer, leukaemia, brain cancer, stillbirths, and low birth weight were similar across England and Wales.

"The atlas is a fantastic tool for researchers, policy makers, and the public," Hansell said. "It is the first publication in the UK to amalgamate data at this level of resolution on health and environment. It connects people to health and environment at a neighbourhood level and provides resources to learn about these issues. It also allows us to identify the important questions that need answering about patterns of health and environment for future avenues of research."

David Coggon, professor of occupational and environmental medicine at the University of Southampton, said, "When interpreting the findings it is important to bear in mind that the absolute risk of an outcome will depend also on its underlying frequency. Thus, for example, a 20% increase in the occurrence of a common disease such as lung cancer represents a bigger absolute elevation of risk than a doubling of a much rarer disorder such as mesothelioma.

"The sources of data are the most reliable that are available, but they do have limitations, many of which the authors identify. For example, environmental levels of potentially hazardous chemical and physical agents may be only a poor proxy for the personal exposures of individuals. Thus, in the case of pesticides, individual exposure is influenced also by use of pesticidal products in the home and garden, and by residues in food. Exposures from these other sources are extremely low, but they often outweigh any exposures of rural residents from spray drift."

Cite this as: *BMJ* 2014;348:g2948



Exonerated psychiatrist criticises regulator for being ill informed

Clare Dyer BMJ

A psychiatrist who was cleared of misconduct in a child protection case after five and a half years has spoken of the "frightening" experience of facing fitness to practise proceedings brought by the General Medical Council.

George Hibbert, 61, has spoken after the GMC decided to drop charges that had been outstanding relating to a second case dating back to 2006.

Dubbed "the doctor who broke up families" by the *Daily Mail*, Hibbert carried out parenting assessments of mothers whose cases were referred by the family courts. Newspapers took up the cases of mothers whose babies were removed on the basis of Hibbert's reports to the courts.

In February Hibbert was cleared of all charges in the case of Miss A, described by the Medical Practitioners Tribunal Service panel's chairman as having "a long and complex history of mental illness, familial difficulties, alcohol abuse, and personal problems."[1]

SWNS

Psychiatrist George Hibbert said: "You expect your regulator to regulate in an informed way"

Hibbert told *The BMJ* that his message to other doctors in his position was, "If you try to protect children your career is at serious risk."

He believes that his case got as far as it did because the GMC failed to understand the legal context in which a court appointed expert, such as he had been, works. The GMC had instructed as its expert witness for the case a perinatal psychiatrist unfamiliar with the expert witness role.

She admitted under cross examination, as the panel chairman put it, that she was not an expert on "the dual role of a doctor who had a duty as a psychiatrist to his patient but who also had an overriding duty to the family court, having been instructed to provide an expert opinion."

Hibbert added, "I was being judged by an expert who knew less about the duties of an expert than I did. That's very frightening for a doctor. You do expect your regulator to regulate in an informed way."

The GMC's chief executive, Niall Dickson, said, "On the basis of the information we had at the time we felt that there was a case to answer, and we stand by our decision to refer it to a hearing and ask the MPTS to look at the matter in detail."

Cite this as: *BMJ* 2014;348:g3002

A quarter of reported waiting times for elective care "are probably wrong"

Adrian O'Dowd LONDON

The accuracy of information on waiting times for elective care in hospitals in England is uncertain and misleading for patients deciding where to have treatment, claim MPs.

A report published on 29 April by the parliamentary public accounts committee on NHS waiting times for elective care in England says that trusts use a "hotchpotch of IT and paper based systems," which makes accurate comparisons difficult and has led to mistakes in how waiting times are recorded.[1]

The report says: "NHS England publishes waiting time data, based on information provided by trusts, but it has not made sure that this is consistent, complete and accurate.

Moreover, spot checks by the National Audit Office had shown that waiting times for nearly a third of cases it reviewed at seven trusts were not supported by documented evidence and that a further 26% were wrong.

The report recommends that NHS England works with trusts to identify weaknesses in current guidance and inconsistencies in the way it is applied and simplifies the guidance by the end of 2014.

Cite this as: *BMJ* 2014;348:g3013

Deaths from pancreatic cancer in Europe continue to increase in both sexes

Susan Mayor LONDON

Deaths from pancreatic cancer are predicted to increase in men and women while rates for all other cancers, except lung cancer in women, continue to decrease, says an analysis of current trends across European countries.[1]

Researchers reviewed population and death certification data for all cancers and reviewed data individually for cancers of the stomach, intestine, pancreas, lung, prostate, breast, and uterus (including cervix), and types of leukaemia. They analysed figures for all 27 countries of the European Union from 2007 and separately for the six largest countries—France, Germany, Italy, Poland, Spain, and the United Kingdom—to predict trends for 2014.

The trends showed that the proportion of deaths due to cancer of any sort would decrease in Europe in 2014: the study predicted rates of 138.1 per 100 000 in men and 84.7 per 100 000 in women, representing decreases of 7% in men and 5% in women compared with 2009.

Pancreatic cancer was the only cancer for which deaths were predicted to increase in men and women. Estimates showed that 41 300 men and 41 000 women would die from pancreatic cancer this year—an age standardised rate of 8.0 and 5.6 deaths, respectively, per 100 000 of the population. This represented a small but steady increase from 2000-04, when death rates from the disease were 7.6 per 100 000 in men and 5.0 per 100 000 in women.

"The increased death rate is cause for concern, because the prognosis for this tumour is bleak, with less than 5% of pancreatic cancer patients surviving for five years after diagnosis," warned Carlo La Vecchia, a coauthor of the study from the University of Milan, Italy. "As so few patients survive, the increase in deaths is very closely related to the increase in incidence of this disease. This makes pancreatic cancer a priority for finding better ways to prevent and control it and better treatments."

In men, predicted rates for the three major cancers (lung, colorectal, and prostate cancer) have fallen by 8%, 4%, and 10% respectively since 2009.

In women, the study predicted that breast and colorectal cancer death rates would fall by 9% and 7% respectively but that lung cancer death rates would rise by 8% in 2014.

The study said that the increase in deaths from lung cancer in women was due to higher smoking rates in the 1960s and 1970s.

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UK cancer survival has risen from one to 10 years over past 40 years

SPL

Age standardised 10 year net survival, England and Wales, 1971 to 2011

Ingrid Torjesen LONDON

Half of patients who are given a diagnosis of cancer today will survive at least 10 years, whereas only a quarter would have done so 40 years ago, show figures from Cancer Research UK.

The charity unveiled the figures as it launched an ambitious 10 year strategy to accelerate progress against cancer still further and set a goal which, in 20 years' time, would see at least three quarters of all patients with cancer surviving at least10 years after their diagnosis.

In 1971-72 only half of patients with a cancer diagnosis survived for one year. By 2005-06 survival among 50% of patients had risen to five years, and in the next five years it doubled. Predicted survival is 10 years for 50% of patients whose cancer was diagnosed in 2010-11.

To demonstrate this trend, Cancer Research UK analysed details of more than seven million patients in England and Wales held by the National Cancer Registry and whose cancer was diagnosed in specific years from 1971 to 2011. The years they looked at were 1971-72, 1980-81, 1990-91, 2000-01, 2005-06, and 2010-11.

Researchers used these data to develop a survival index for all cancers, adjusted for other causes of death, age, sex, deprivation, and year of death.

Michel Coleman, head of Cancer Research UK's cancer survival group at the London School of Hygiene and Tropical Medicine, who led the research team, told a press conference in London on Monday 28 April: "The nearest parallel is the retail price index—it's a basket of measures summarised in a reliably weighted fashion which is intended to be consistent over time and to reflect progress in cancer control."

Currently outcomes from cancer are predominantly measured in terms of five year survival, but Harpal Kumar, chief executive of Cancer Research UK, said it is now time for a new measure.

"With the progress that has been made over the last few decades, we think it is time now to shift the narrative and to change the language that we use and really start talking about 10 year survival for cancer," he told the press conference. "Firstly, that is much more meaningful for cancer patients—five years is not what most people would aspire to after diagnosis. But secondly, with the progress that has been made, it is now reasonable and realistic to start talking about 10 year survival."

Doctors need not give blood transfusion to mentally ill Jehovah's Witness, judge rules

Clare Dyer BMJ

Doctors need not give a blood transfusion to a 23 year old Jehovah's Witness detained under the Mental Health Act who slashed his arm with a razor blade and who keeps trying to reopen the wound, a High Court judge has ruled.

In the Court of Protection in London Mr Justice Mostyn decided that the man, a convicted sex offender named only as J, has the mental capacity to take decisions about his care and can refuse lifesaving treatment.

J was moved from prison to a psychiatric hospital after cutting his arm and opening an artery. He suffered major blood loss, and his haemoglobin fell to "an extremely life-threatening level" before he recovered without a transfusion, the judge was told.

Nottinghamshire Healthcare NHS Trust made an urgent application to the High Court on 9 April for a declaration that doctors could abide by an advance decision by J refusing blood or

Setting out Cancer Research UK's goal for 10 year survival for at least three quarters of patients after a diagnosis of cancer, Kumar said, "We have gone from just under a quarter to 50% over a 40 year period. We now want to go from 50% to 75% within a 20 year period, so that represents a real acceleration of future progress. And we firmly believe that that is achievable."

Cancer Research UK's 10 year strategy to help achieve this goal covers eight key areas:

- **Diagnosing cancer earlier**—Cancer Research UK wants to move the focus from treating late stage disease to understanding the biology of cancer and improving diagnosis, detection, and screening.
- **Tackling cancers with unmet needs**—Research will focus on cancers, where survival is extremely low, including oesophageal and brain cancers' where 10 year survival is below 15%, and lung and pancreatic cancers, where it is below 5%.
- **Understanding cancer**—Trying to increase understanding of biological aspects such as tumour heterogeneity.
- **Developing new treatments**—Besides new drugs, this will include improving surgical techniques and radiotherapy.
- **Personalised cancer treatment**—Personalised approaches to prevention, screening, and treatment will be further developed. These are being investigated for non-small cell lung cancer in a massive trial led by Cancer Research UK.
- **Tackling tobacco control**—Reduce smoking prevalence in the UK to less than 5%.
- **Campaigning for the best cancer services**—Cancer Research UK will continue to improve services to close the gap in survival between the UK and similar EU countries.
- **Engaging patients in fighting cancer**—Encourage patients to take part in trials to support Cancer Research UK's work.

Cite this as: *BMJ* 2014;348:g3011

Doctor is not to blame for baby left brain damaged 32 years ago

Clare Dyer BMJ

A High Court judge has ruled that a hospital doctor was not to blame for a brain injury in a newborn baby 32 years ago that left him with cerebral palsy as well as epilepsy and cognitive, behavioural, and physical problems.

Mr Justice Phillips said it was "unfortunate" that Sunita Nagpal and her former colleagues at Queen's Park Hospital, Blackburn, had had the case hanging over them for so many years, and he commended their care of John Aspinall as a baby.

Through his mother and litigation friend, Evonne Taylforth, Aspinall began proceedings in 2012 against the health secretary for England, who now has legal responsibility for events that occurred at the hospital in 1982, when Aspinall was born. Legal aid was granted as long ago as 1993, but in cases such as this, where the claimant has never had legal capacity, the usual time limits on litigation do not start to run.

TIM IRELAND/PA

Mr Justice Phillips commended the care given to John Aspinall as a baby

Aspinall was born prematurely and in a poor condition after his mother was admitted to hospital as an emergency with severe pre-eclampsia. He developed hyaline membrane disease and at some point had a bleed in his germinal matrix, which led to intraventricular haemorrhage, hydrocephalus, and the development of venous cerebral infarction.

There were four separate allegations of negligence, one of them involving other doctors as well as Nagpal; but by the close of the trial the claimant's counsel had accepted that three of these could not have caused the brain injury and the focus had then narrowed to one allegation, the judge said. This was the allegation that Nagpal, then a senior house officer and locum registrar, was negligent in failing to detect and rectify a problem in the baby's ventilation during a 45 minute period.

But the judge accepted expert evidence that the injury would have happened in any event because of the baby's condition at birth.

"I have considerable sympathy for the claimant and his parents and commend the devoted care and attention he has received continuously and without stint from them," the judge said. "However, sympathy alone is not enough. It was for the claimant to establish that his condition was caused by a breach of duty, and this he has failed to do."

He concluded, "I should add that it is unfortunate that Dr Nagpal and indeed other doctors in charge of the claimant's care 32 years ago have had this claim hanging over them for so many years. That is particularly so, given that the allegation ultimately deployed against Dr Nagpal at trial was not even identified until shortly before the trial began and, in my judgment, lacked substantial merit.

"I would express the view that Dr Nagpal and her colleagues deserve credit for the competent and conscientious way in which they treated the claimant all those years ago, were not responsible for the very sad outcome, and can consider themselves vindicated by this judgment."

Cite this as: *BMJ* 2014;348:g2970

The Mental Health Act did not stop doctors withholding a transfusion, said the judge

blood products. The psychiatrist treating J sought a declaration on whether the advance decision was valid and applicable and whether, in not forcing treatment with blood products, she had "correctly struck the balance between the right to freedom of religion and the . . . right to life of a detained patient."

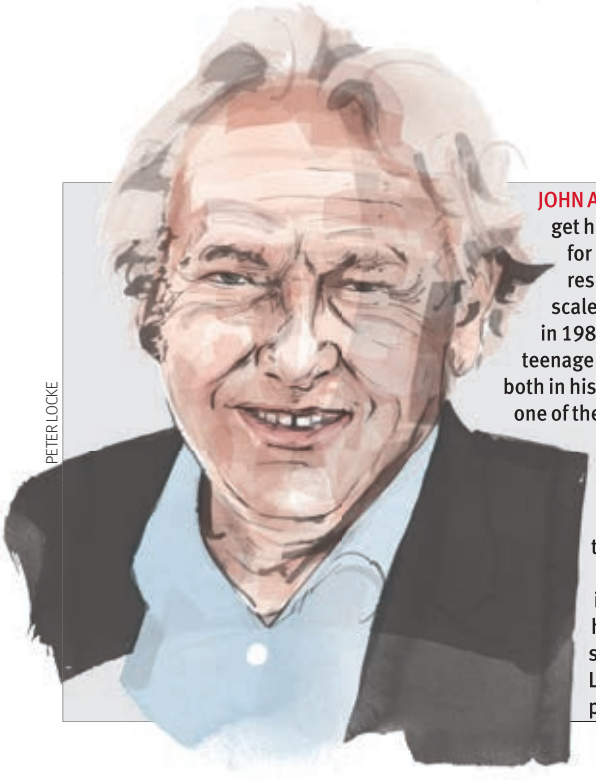
But Mr Justice Holman said he was not willing to make an interim declaration without hearing both sides and adjourned the case to hear J's arguments.[1]

A key issue in the case was the inter-relationship between the advance decision and a provision in the Mental Health Act giving doctors power to treat a detained patient without his or her consent. Mostyn concluded that the doctors could lawfully decide not to administer the transfusion under the terms of the act.

J, who has a severe personality disorder, has been placed in a mechanical restraint belt to keep him from picking at the wound.

Cite this as: *BMJ* 2014;348:g2950

John Ashton
Outspoken and impatient



PETER LOCKE

JOHN ASHTON has not been afraid to get his hands dirty when fighting for better public health. He was responsible for England's first large scale syringe exchange programme in 1986 and for a drive to reduce the teenage pregnancy rate in the 1980s, both in his home city of Liverpool. He was one of the initiators of WHO's Healthy Cities programme in 1987 and helped to evacuate medical casualties from Kosovo in 1999. He implemented triage procedures during the Hillsborough stadium disaster in 1989 and was vindicated in his support for the Liverpool supporters by the Bishop of Liverpool's independent inquiry panel in 2013.

If you weren't a doctor what would you be doing instead?
"If I wasn't president of the UK Faculty of Public Health of the Royal Colleges of Physicians, I'd be the secretary of state for public health at the Cabinet Office. This position does not yet exist, but I live in hope"

What was your earliest ambition?
Coming from a family of farm labourers and gardeners I aspired to be a vet—until my uncle John, who had been to university, advised against it as a closed shop. He recommended medicine on three grounds: for the pay; as a passport to the world; and as a way of putting off a career choice for five years. He was right on all counts, and I still haven't decided on the last of those.

Who has been your biggest inspiration?
I'm spoilt for choice. Bill Shankly and Bob Dylan—modern philosophers and guides. My uncle, Dan Pettit (all round sportsman, Berlin Olympian, and captain of industry, who remained modest and kept the common touch). My headmaster, Bill Pobjoy (who guides me to this day with his encouraging notes). My alternative mother, Jewish refugee, and internationalist, Dora Hayling, who gave me a humanistic frame of reference. Remarkable teachers at every stage; the list is long. My brother, David, who showed us how to look death in the face and pass through. And above all, the Hillsborough families whose love and courage is humbling.

Where are or were you happiest?
To have grown up in Liverpool in the 1960s, to have been a student at Newcastle medical school, and to have travelled the world on a Nuffield scholarship in the momentous year of 1968, takes some beating. But the joy of small children in the house and the satisfaction of seeing teenagers become adults is on a different level.

What single unheralded change has made the most difference in your field in your lifetime?
Oral contraception. It has freed women and families from the tyranny of unwanted pregnancy and transformed the position of women in society.

What was your best career move?
Studying public health at the London School of Hygiene and Tropical Medicine, after a wide ranging and stimulating training in psychiatry and general practice.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?
Bevan was the best. Lansley is wicked; he has wantonly harmed the greatest British social institution. I am here only because my father, from a poor family, was an early beneficiary of insulin and had the security of the NHS.

Who is the person you would most like to thank and why?
My parents, for unconditional love; both of my wives, Pam and Maggi, for enabling me to do what I have done; the six sons; and our amazing family.

To whom would you most like to apologise?
Those I have hurt through my insensitivity.

If you were given £1m what would you spend it on?
Extending opportunities for outdoor education for family, friends, and special people on our fields in Dentdale.

Do you believe in doctor assisted suicide?
Absolutely! As a humanist I believe that each person as a citizen has an exclusive right to the final freedom—the choice of when and how to exit life.

What book should every doctor read?
A Fortunate Man by John Berger with photographs by Jean Mohr.

If you could be invisible for a day what would you do?
Listen to what the posh boys Cameron and Osborne really think about us plebs, whose lives are so affected by their vandalism.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?
Clark—one of the more benign types of conservative. Clarkson is just a nasty aberration.

What personal ambition do you still have?
To live long enough to see our youngest son and the grandchildren become active citizens.

Summarise your personality in three words
Visionary, outspoken, impatient.

Where does alcohol fit into your life?
Much less than at medical school. It's now an appreciated part of a good meal.

What is your pet hate?
I have a deep rooted antagonism to the abuse of power or position. My grandfather, John Ashton, who was a gardener for one of the shipping families in Liverpool, was blacked until his death for standing up for the other servants when their wages were cut in the 1930s.

If you weren't a doctor what would you be doing instead?
If I wasn't president of the UK Faculty of Public Health of the Royal Colleges of Physicians, I'd be the secretary of state for public health at the Cabinet Office. This position does not yet exist, but I live in hope.

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