# NEWS


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**thebmj.com**
Two Argentinean doctors on trial for role in removing babies from mothers

## GPs to publish average net earnings by 2016 under new contract

**Zosia Kmietowicz** THE BMJ

All general practices in England will have to display GPs' average net earnings in 2014-15 on their websites by the end of March 2016, under terms agreed in the new general medical services (GMS) contract for GPs.[1]

From next April practices must also provide all patients with a named accountable GP who will be responsible for coordinating their care. They will also have to expand the information that patients can see in their medical records online and make more appointments available to book online. Practices have had to provide a named GP for the four million people aged 75 or over since April this year.[2] The requirement includes monitoring the care that patients receive in hospital and through out-of-hours GP services.

The contract, which will come into force on 1 April 2015, was agreed between the BMA's General Practitioners Committee and NHS Employers after what the BMA described as five to six weeks of "intense negotiations."

The contract includes several changes that will free up GPs' time and give practices "a much needed breathing space," said Chaand Nagpaul, chairman of the General Practitioners Committee. Having a patient participation group and alcohol screening will no longer be listed under enhanced services, featuring instead under core services. And forms that GPs use to register unplanned admissions to hospital are to shrink from 12 pages to just two pages.

The reduced bureaucracy will give GPs more time to manage the care of vulnerable patients and reduce admissions to hospital, said Nagpaul. But he called on the government to better understand the wider pressure on GPs and its impact on the care of patients and their access to services.

He said, "Now that we have agreed a contract for next year, we need to work together to focus on solutions for both the short and longer term to ensure that general practice can deliver on the ever increasing demand and provide the care which patients deserve.

"We must not lose sight of the relentless pressure on general practice from rising demand, declining resources, and the move to transfer services from hospitals into the community."

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RICHARD GARDENER/REX

**Clive Peedell (left) and Amanda Doyle criticised Monitor's decision, but Charles Alessi welcomed it**

# Monitor is criticised over "double edged" verdict on competition

**Matthew Limb** LONDON

England's health sector regulator Monitor has dealt a blow to the Spire private health group by ruling against its complaint that anticompetitive practice by the NHS made it lose patients.

However, in a judgment that has drawn criticism from antiprivatisation campaigners, Monitor found that two NHS clinical commissioning groups did not do enough to ensure that patients were offered a choice of hospitals for surgery.

Clive Peedell, of the National Health Action Party, which campaigns against NHS privatisation, said that the "double edged" verdict showed that government legislation on competition was in a "complete mess."

Amanda Doyle, chief clinical officer of NHS Blackpool CCG, one of the pair told by Monitor to be more "proactive" on patient choice, was scathing about the judgment. Doyle said, "It is somewhat concerning that in their [Monitor's] search for evidence to demonstrate whether choice was promoted and offered in GP surgeries, not a single GP, practice manager, or patient was spoken to by the investigating team, nor was a single practice visited.

"Placing the burden of proof on CCGs in this way causes unacceptable pressures in terms of both cost and administrative capacity."

Spire Healthcare had alleged that its Fylde Coast hospital in Lancashire lost referrals because Blackpool CCG and Fylde and Wyre Coast CCG directed patients to nearby Blackpool Teaching Hospitals NHS Foundation Trust, which came under a block contract. Spire claimed that the CCGs broke the rules governing the conduct of commissioners.

But Monitor, in a report published on 25 September, said that analysis of patient referral data for the relevant period did not support the claim.[1] It also said, however, that commissioners were required to take "proactive" steps to ensure that GPs and other referrers offered patients a choice and promoted options. Neither of the two CCGs had ensured that patients were offered a choice of provider when referred for their first outpatient appointment, it said, nor had they publicised or promoted availability of choice.

Monitor said that since the investigation started Fylde and Wyre CCG had become more "proactive" but that Blackpool CCG's plans did not go far enough.

Charles Alessi, who is senior adviser to the representative group NHS Clinical Commissioners, welcomed Monitor's ruling. He told *The BMJ*, "As an individual within the population served by that CCG your aspiration is to have as much choice as possible and as much diversity in terms of delivery as possible."

But Peedell said, "On the one hand it's saying there's nothing to answer for—that the CCGs didn't do anything wrong—but on the other hand they're saying, 'No, you should be opening up to more competition.' It's a nonsense really."

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## IN BRIEF

**Most patients with cancer report excellent care:** Nearly nine in 10 (89%) patients with cancer rated their care as excellent or good in the national cancer experience survey 2014.[1] Most ratings improved on last year's results, apart from post-discharge care from social services (59% said that they had enough support, slightly down from 60% in 2013), adequate support from GPs and general practice nurses (66%, down from 68%), and staff in different locations working well together (63%, down from 64%).

**UK has more very old people:** The UK had more than half a million people (527 240) aged 90 or over in 2013, it has been estimated, up from nearly 385 000 in 2002.[2] In 2013 there were 840 people aged 90 or over per 100 000 in England and Wales, a higher proportion than in Scotland (707) and Northern Ireland (620).

**Prime minister is urged to act in case of UK man held in Pakistan:** Lawyers for a mentally ill British man who was shot in a Pakistani jail last week are calling on David Cameron to ensure his safety, after it emerged that plans were under way to return him to the prison. Mohammad Asghar, 70, who has paranoid schizophrenia and who had been sentenced to death earlier this year on blasphemy charges,[3] was shot in the back on 25 September by a guard. He received surgery and has since remained in hospital.

**Men wait longer for psychosis treatment:** It takes men with symptoms of psychosis a median time of four and a half weeks to get a prescription, whereas women wait three weeks, a report from the Health and Social Care Information Centre says.[4] In 2013-14 28 115 people with psychotic symptoms were in touch with NHS services for early intervention in psychosis services. In just 5.3% of cases was there enough information to calculate duration of undiagnosed psychoses.

**Ashton to return to role at Faculty of Public Health:** The board of trustees of the Faculty of Public Health has decided that John Ashton, the faculty's president, will return to his post after taking a voluntary leave of absence following an exchange on social media, during which he used inappropriate and offensive language.[6]

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# Cameron reiterates promise of seven day access to GPs by 2020

**Gareth Iacobucci** THE BMJ

Everyone in England will be able to see a GP seven days a week between 8 am and 8 pm by 2020 if the Conservative Party is elected next year, the prime minister has pledged. In an announcement at the Conservatives' conference in Birmingham David Cameron said that £400m would be committed over the next five years to fund the plan nationally.

**2013 CONFERENCE SAW AN INITIAL £50m committed to give 7 day access to 7.5m patients**

The initiative is currently being piloted in parts of England after an announcement at last year's Conservative Party conference,[1] which saw an initial £50m committed to give seven day access to 7.5 million patients registered at 1195 practices. Cameron said that additional pilots would be launched in 2015-16, with £100m of funding, and that he expected full coverage by 2020.

The Department of Health for England said that general practices would be able to bid for a share of the £100m next year "by demonstrating new initiatives to improve patient access, in and out of normal working hours."

Announcing the plans, Cameron said, "People need to be able to see their GP at a time that suits them and their family. That's why we will ensure everyone can see a GP seven days a week by 2020.

"We will also support thousands more GP practices to stay open longer, giving millions of patients better access to their doctor."

After the announcement of the initial pilot for the scheme last year, one senior GP who adopted 8 am to 8 pm, seven day working in his practice

# GMC will develop single exam for all medical graduates wishing to practise in UK

**Abi Rimmer** BMJ CAREERS

The General Medical Council has said that it will develop a single examination for all medical graduates wishing to practise in the UK.

If introduced, the national licensing examination will apply to all UK medical graduates and will also replace the current entrance examination for international medical graduates, the Professional & Linguistics Assessment Board (PLAB) test. It will be the first time that UK and overseas graduates will be submitted to the same national exam to achieve GMC registration.

Earlier this year two research papers concluded that the pass mark for the PLAB test needed to be raised, to ensure that doctors sitting the exam met equivalent standards to UK trained doctors.[1] The GMC said that the PLAB was under ongoing review.

The regulator said that if the national licensing examination was introduced, all graduates, including those who qualified in the UK, would need to undertake and pass it to register with the GMC. A timetable for the exam's introduction is yet to be decided, but the GMC said that it was "provisionally considering" 2017 as the date when the first candidates will take the exam. "This may be subject to considerable revision if, for example, we decided to give a full five years' notice of being required to take the exam," the regulator added.

**Harrison Carter: we must avoid excessive exams**

Niall Dickson, the GMC's chief executive, said, "Our aspiration is that this exam should apply to any doctor joining the medical register, [though] current European rules are likely to make it difficult to enforce this on those who come from the European Economic Area.

"We would certainly like to see a situation where doctors from Europe would themselves wish to demonstrate that they are meeting the required standards by sitting the exam. The fact that a doctor has passed the national exam would almost certainly be noted on his or her entry on the medical register for everyone to see."

The BMA has said that the proposal would provide equal opportunities for doctors entering medicine in the UK and could work to reassure patients that those treating them, regardless of where they have trained, are competent and able.

Harrison Carter, co-chair of the BMA's Medical Students Committee, added, "However, we must ensure that medical students are not subjected to excessive examinations, which could distract them from essential medical training. We will work closely with the GMC."

Cite this as: *BMJ* 2014;349:g5896

said that the plan would require an investment of £35 per head of population and would require the government to redistribute up to £2bn of funding from elsewhere in the NHS to primary care.[2]

Reacting to the latest announcement, the BMA said that the plan ignored the current workforce crisis and pressures facing general practice in 2014. Chaand Nagpaul, chairman of the BMA's General Practitioners Committee, said, "GPs naturally wish to improve access to patients. But this announcement does not address the current reality of what patients and GPs are facing. We need immediate solutions to the extreme pressures that GP practices are facing, with inadequate numbers of GPs and practice staff to manage increasing volume of patients, who are already having to wait too long for care.

"The BMA has already set out a range of solutions to address the immediate access needs of patients. We urge the government to prioritise caring for the needs of patients today, rather than promises for tomorrow."

Andy Burnham, the Labour Party's shadow health secretary, said that Labour would reinstate its previous commitment to a GP appointment within 48 hours or a same day consultation with a doctor or nurse, if elected in 2015.

"David Cameron made an almost identical announcement this time last year, but in the 12 months since he has made it harder, not easier, to get a GP appointment," said Burnham. "After the [last] election David Cameron scrapped Labour's GP appointment guarantee and cut support for evening and weekend opening. His broken promises on the NHS have caught up with him."

Cite this as: *BMJ* 2014;349:g5960

CRISPIN HUGHES/PHOTOFUSION/ALAMY

**Andy Burnham criticised David Cameron for cutting previous support for weekend and evening opening**

**Hinchingbrooke has been run by Circle since 2012**

## Privately run NHS hospital is warned over standards

**Gareth Iacobucci** THE BMJ

The United Kingdom's only privately run NHS hospital has been warned over poor standards of care by the healthcare regulator the Care Quality Commission (CQC).

Managers at Hinchingbrooke Health Care NHS Trust in Cambridgeshire, which is run by Circle Health, have been urged to tackle "poor care provided to patients" ahead of the publication of a full report of a recent CQC inspection of the trust. Hinchingbrooke became the first UK hospital to be taken over by a private company when Circle was awarded a 10 year franchise to run the trust in 2012.[1]

After the inspection a letter from the regulator to the trust's chief executive, Hisham Abdel-Rahman, obtained through a leak to the *Health Service Journal*,[2] raised several concerns about instances of staff treating patients in an "undignified and emotionally abusive manner." The letter said that inspectors had noted cases of sedation of patients who "lacked the capacity to consent."

Cite this as: *BMJ* 2014;349:g5926

## Guidelines are often based on evidence not relevant to primary care, study finds

**Jacqui Wise** LONDON

Almost two thirds of research cited in support of primary care recommendations is based on higher risk populations and could lead to overtreatment, say researchers.

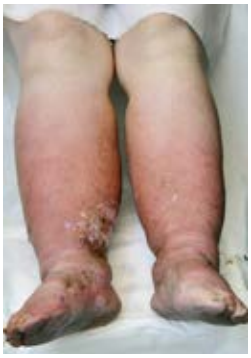
A study published in the *Journal of Clinical Epidemiology* analysed 22 guidelines from the National Institute for Health and Care Excellence (NICE) that were relevant to primary care.[1] These contained 1185 recommendations, of which 495 were evidence based and relevant to primary care.

For example, the NICE guideline on heart failure recommends that all primary care patients with chronic heart failure (including low grade) should be offered beta blockers and ACE inhibitors. This is supported by evidence generalised from higher risk populations where there is clear evidence of benefit. However, some lower risk patients may risk harm from adverse effects of beta blockers and a substantial risk of acute kidney injury from ACE inhibitors.

It is likely that a lack of suitable primary care research results in guideline development groups extrapolating from research that has been conducted on other, often higher risk, populations. But the authors, from Norwich Medical School, said that it was often not clear which recommendations were supported by primary care based relevant evidence.

"The guideline should be specific about where primary care research has or has not been used, including limitations or lack of evidence, and research recommendations where relevant primary care evidence is lacking should be clearly badged," wrote the authors. "Uncertainties about the evidence should always be clearly presented and not lost in the understandable desire to produce straightforward recommendations."

Cite this as: *BMJ* 2014;349:g5914



SPL

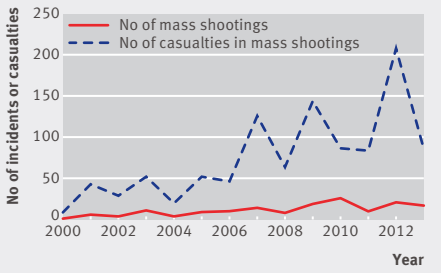
**Heart failure: beta blockers and ACE inhibitors for all?**

### EVIDENCE FOR 22 NICE GUIDELINES CAME FROM 1573 RESEARCH PAPERS

- Only 590 (38%) of the papers were considered relevant to primary care
- 916 publications (58%) were not considered relevant to primary care
- In 67 publications (4%) the research population was not clearly described

# Mass shootings in US more than double in six years, says FBI report

**Mass shootings* and casualties in US**




*Shootings in which individuals actively sought to kill several people in a populated area (excluding drug or gang related shootings)
Source: FBI

**Michael McCarthy** SEATTLE

Mass shootings have risen markedly in the United States over the past 15 years, from an annual average of 6.4 a year between 2000 and 2006 to 16.4 a year between 2007 and 2013, says a new report by the US Federal Bureau of Investigation.[1]

"This trend reinforces the need to remain vigilant regarding prevention efforts and for law enforcement to aggressively train to better respond to—and help communities recover from—active shooter incidents," the report said. "Active shooter incidents" are shootings during which there is time for either citizens or law enforcement personnel to intervene.

The purpose of the study was to provide local police with data to help them to better prepare for "these dangerous and fast-moving incidents," the FBI said.

The report did not look at murders, domestic violence, drug and gang related violence, or mass killings to which police or individuals did not have time to respond. Nor did the researchers look at how and where the shooters had obtained their weapons.

The FBI said that there were 1043 casualties, including 486 deaths, from the 160 active shooter incidents between 2000 and 2014. In 64 incidents three or more people were killed.

The incidents occurred in a wide variety of public spaces, including offices and factories, grocery stores and hair salons, churches and temples, and theatres, cafes, and fast food restaurants. More than a quarter of shootings occurred at a school or college. These shootings tended to have the highest numbers of casualties.

All but six of the 160 incidents involved male gunmen, and only two involved more than one shooter. More than half (90) the incidents ended because of the shooter's initiative, such as fleeing the site or, in the case of 64 shootings, committing suicide.

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# Everyone is happier in UK except for long term sick, figures show

**Nigel Hawkes** LONDON

People in the United Kingdom have a sunnier disposition since the economic situation improved, the latest measures of personal wellbeing indicate. Small but significant improvements in happiness, life satisfaction, and the feeling that what one does is worth while are accompanied by a decline in anxiety when responses in 2013-14 are compared with those a year ago.

The only group excluded from the feelgood factor are people with long term illness, whose ratings have remained unchanged or declined slightly. The Office for National Statistics, which collects the data, speculated that because these people are less able to take advantage of better job prospects, they become less satisfied with their lives as they see others doing so. It does not mention changes in disability allowances as a possible cause.

The wellbeing programme, favoured by the prime minister for going where simple measures of gross domestic product could not, is now three years old and has shown improvements in each successive year over the baseline established in 2011-12. The Office for National Statistics each year asks around 165 000 people aged 16 or over to answer four questions: how satisfied they are with their lives, to what extent they believe that the things they do in their lives are worth while, how happy they felt yesterday, and how anxious they felt yesterday. They answer on a scale of 0 ("not at all") to 10 ("completely").

In 2013-14 average life satisfaction was 7.5 (up 0.06 points from 2012-13), the worthwhile life question scored 7.7 (up 0.05), happiness yesterday 7.4 (up 0.09), and anxiety yesterday 2.9 (down 0.10).[1] All these changes were statistically significant. There have also been significant rises in the proportion of people giving the highest ratings for all four measures and reductions in the proportions giving the lowest ratings for happiness and anxiety.

There are significant local variations, with people in Northern Ireland happier than those in the rest of the UK. Glenn Everett, of the Office for National Statistics, admitted that this was "a

**HAPPINESS RATING (OUT OF 10)**
ANTRIM 8.42

**HAPPINESS RATING (OUT OF 10)**
BARROW IN FURNESS 6.68

**Northern Ireland had a higher happiness rating than other countries in the UK but the number of respondents in each local authority was small so local figures have to be treated with care**

# Company withholds lifesaving drug in row

**Amy Coopes** SYDNEY

A lifesaving drug treatment for the ultra-rare but fatal blood disorder atypical haemolytic uraemic syndrome (aHUS) is at the centre of an unprecedented funding stand-off in Australia that has left patients in limbo and is being closely watched abroad, experts have said.

The global drug firm Alexion last week walked away from the Australian government's offer of $A63m (£33.9m) in funding over five years at full price ($A500 000 a patient each year) to subsidise its humanised monoclonal antibody, eculizumab (Soliris), under the country's Pharmaceutical Benefits Scheme. Alexion objected to the recommended terms of use, under which patients would be taken off the drug if the markers of their condition returned to normal; the company wanted patients to be put on the drug for life.


Eculizumab is currently the only available treatment for aHUS.[1] It was approved for treatment of aHUS by the US Food and Drug Administration and the European Medicines Agency in 2011 and by the Australian Therapeutic Goods Administration in 2012, but arguments over the prescribed

conundrum" that he could not explain, because economic conditions in Northern Ireland were similar to those in northeast England, where scores were lower. He speculated that a greater sense of community might boost the score in Northern Ireland or that people there might feel more positive because life had improved since the peace deal was agreed.

On an even more local scale, the top five local authorities for happiness include four in Northern Ireland: Antrim, Fermanagh, Omagh, and Dungannon. The south Suffolk district of Babergh, which takes in the town of Sudbury and most of "Constable country," is the only English district in the top five.

The bottom five for happiness are Barrow in Furness, Dartford in Kent, Torridge in Devon, Maldon in Essex, and South Ribble in Lancashire. But the numbers of respondents for each local authority were small, and confidence intervals wide, so these league tables need to be taken with a pinch of salt.

London is the nation's capital for anxiety, scoring worst as a whole and also including three of the most anxious local authorities: Hackney, Barking and Dagenham, and Lambeth. But since 2011-12, when measurements began, London has shown improvements in average scores across all four ratings.

Whether wellbeing measures are genuinely independent or simply a marker for other harder economic data remains unanswered. The Office for National Statistics has yet to do a regression analysis to investigate what proportion of the year on year improvement can be attributed, say, to the unemployment rate, to household income and expenditure, or simply to growth in gross domestic product.

But a study by a team led by the economist David Blanchflower found that unemployment rates were much more strongly correlated with wellbeing measures than was inflation.[2]

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CHINAFOTOPRESS/STRINGER

**China's pollution is responsible for nearly a third of the world's greenhouse gas emissions**

# China tells UN climate talks it should still be treated as developing nation

**Bob Roehr** WASHINGTON, DC

The UK prime minister, David Cameron, made a strong commitment to reduce greenhouse gas emissions at the opening session of the United Nations General Assembly on 23 September. But he was one of the few national leaders to do so.

The UN secretary general, Ban Ki Moon, had invited the world's heads of state to discuss the topic in preparation for the next round of climate negotiations, set for next year in Paris. Cameron said that he would push for a 40% reduction in total global emissions by 2030 at the Paris talks.

**THE US REDUCTION OF** 10% was less than the 13.9% REDUCTION **in Europe** over same period

The Chinese government broke no new ground at the summit, only reiterating its commitment to reduce "carbon intensity"—carbon emissions per unit of gross domestic product (GDP)—by 2020.

It continued to insist that China be treated as a developing country, even though the country is now the world's second largest economy and produces the largest amount of carbon dioxide. It is responsible for producing 10 billion tonnes of emissions, nearly a third of the world's total of 36 billion tonnes. Second is the United States, which produces 5.2 billion tonnes

The US president, Barack Obama, noted the reductions in carbon pollution achieved by his country. He said, "Over the past eight years the United States has reduced our total carbon pollution by more than any other nation on Earth." But the US reduction of 10% was less than the 13.9% reduction in Europe over the same period.

Commentators believe that most of the US reduction was the product of the recession and that, as the US economy recovers, its emissions will increase. In the first six months of 2014 it produced 3% more than the same period last year and 6% more than in 2012.

Delegates also discussed the Green Climate Fund, which was created in 2010 as a way to help poor countries make the transitions necessary to limit and reverse climate change. It was modelled on the UN Millennium Development Fund and on the Global Fund for AIDS, TB, and Malaria.

EDITORIAL, p 10; ANALYSIS, p 17

Cite this as: *BMJ* 2014;349:g5925

length of treatment have stymied a local funding deal, said Sue Hill, chair of the independent Pharmaceutical Benefits Advisory Committee (PBAC). "In 22 years in the pharmaceutical sector I've never seen anything like this," said Hill.

On 18 September the health minister, Peter Dutton, announced cabinet approval for the Pharmaceutical Benefits Scheme's listing of eculizumab under the restricted terms recommended by PBAC. The committee has recommended case reviews of patients at six and 12 months, with a view to closely supervised and managed withdrawal if patient markers have returned to normal.[2]

In what Hill described as an "unprecedented" move, Alexion has refused to agree the funding offer for the drug and is seeking further talks with the government, arguing that the treatment window ought to be at clinicians' discretion. David Kwasha, Australasia managing director at Alexion, said, "We believe that this approach raises significant safety concerns for patients, who would be put at constant risk for life threatening complications since aHUS is a genetic disease and sudden and catastrophic symptoms can occur in affected patients without warning." Until a funding agreement is finalised, the company will not guarantee the supply to new patients.

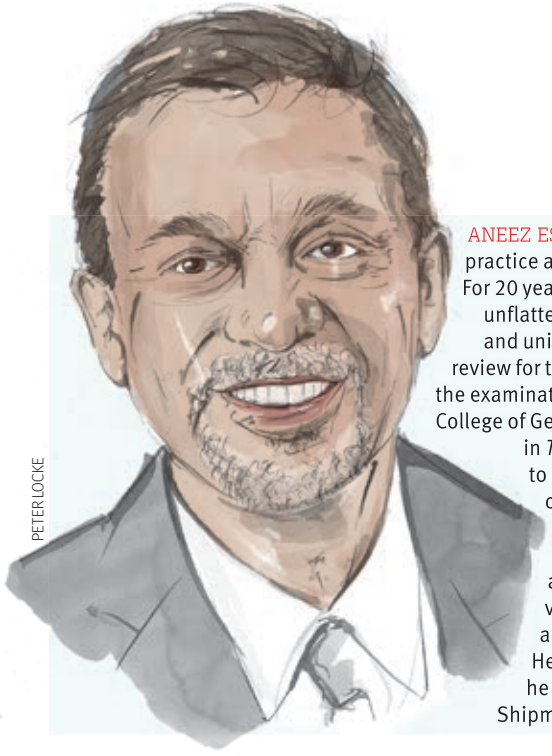
Hill said that PBAC was unable to agree to a recommendation of lifelong treatment because little had been established about the natural history of the condition.

Cite this as: *BMJ* 2014;349:g5869

**Health minister Peter Dutton says the drug should be used according to committee recommendations**

# Aneez Esmail

## "Fighter against injustice"



PETER LOCKE

ANEEZ ESMAIL, 57, is professor of general practice at the University of Manchester. For 20 years he has been throwing an unflattering light on racism in the NHS and universities. He recently wrote a review for the GMC on possible racial bias in the examination for membership of the Royal College of General Practitioners and concluded in *The BMJ* that subjective bias owing to racial discrimination may be a cause of higher failure rates for candidates from ethnic minorities (*BMJ* 2014;347:f5662). He rejected an OBE in 2006 because in his view it represented an outdated and hierarchical honours system. He is interested in patient safety, and he served as medical adviser to the Shipman inquiry.

**What is your most treasured possession?**
"My father's briefcase—I used it as my doctor's bag early in my career but I can't use it on my bike so it sits under my desk. My father died unexpectedly when he was only 38."

**What was your earliest ambition?**
To be a doctor—I always wanted to work in an area where I could diagnose disease, solve problems, and help people.

**Who has been your biggest inspiration?**
Norman Bethune: the Canadian surgeon who died while supporting the Chinese Communist Party in the second Sino-Japanese war. I admire and aspire to such selflessness.

**What was the worst mistake in your career?**
Nearly getting expelled from university as a medical student because of my involvement in student politics—it still worries me how close I came to throwing it all away. But it also taught me how to challenge authority.

**What was your best career move?**
Moving to Manchester in 1992 when my wife's job transferred from London and I became an academic general practitioner. It was meant to be a temporary move, marking time as I tried to work out what I was going to do (I was planning to be a public health physician). I'm still here nearly a quarter of a century later.

**Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?**
Best: Alan Milburn for recognising that unless there was additional investment in the NHS it would always remain a second class service. Worst: Lansley for destroying that legacy and wasting £3bn on a pointless reorganisation. Our failure as a profession to confront Lansley still angers me and speaks volumes about how we placed our professional needs above those of the people.

**Who is the person you would most like to thank and why?**
My wife: for supporting me in my career ambitions (and giving up hers).

**To whom would you most like to apologise?**
My wife: for giving up her career so that we could have a family and I could pursue my career.

**If you were given £1m what would you spend it on?**
Supporting postgraduate scholarships for healthcare workers from sub Saharan Africa to study public health.

**Where are or were you happiest?**
When I'm with my family and we are all together.

**What single unheralded change has made the most difference in your field in your lifetime?**
Government support for academic general practice in 1992. It allowed me time to complete my PhD while still working clinically.

**Do you support doctor assisted suicide?**
No—as doctors we should, however, not be fearful of allowing patients to die with dignity even if it means that our treatment may hasten death.

**What book should every doctor read?**
*Love in the Time of Cholera* by Gabriel García Márquez. One of the main characters is a doctor, and it gives an incredible literary insight into love and perseverance.

**What poem, song, or passage of prose would you like mourners at your funeral to hear?**
*The Internationale*, "We want no condescending saviours to rule us from their judgement hall."

**What is your guiltiest pleasure?**
Reading the newspaper.

**If you could be invisible for a day what would you do?**
I'd spend the day learning to cook with a top rated chef like Raymond Blanc.

**Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?**
Neither— Clarkson is a bigot and a bore; Clark meant well but was too aloof and gave a very narrow Western interpretation of civilisation.

**What is your most treasured possession?**
My father's briefcase—I used it as my doctor's bag early in my career but I can't use it on my bike so it sits under my desk. My father died unexpectedly when he was only 38.

**What, if anything, are you doing to reduce your carbon footprint?**
I help my wife on her allotment, and I cycle to work every day.

**What personal ambition do you still have?**
To become a rural doctor in a warm country where I could work part time and spend time with my wife growing things (flowers and food). My wife is from Greece, so that would be my country of choice.

**Summarise your personality in three words**
Fighter against injustice.

**What is your pet hate?**
The Conservative Party, owing to their belief in the superiority of certain professional classes and their subservience to wealth as a measure of your worth.

References are in the version on bmj.com.

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