NEWS

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Smoking rates continue to fall in the UK

EMA pledges to publish clinical reports behind trials

Rory Watson BRUSSELS

The European Medicines Agency, after widespread pressure from scientists and the public, will soon publish the clinical reports that underpin market authorisation requests for new drugs.

The decision, taken unanimously by the agency's management board on 2 October, is part of its more proactive policy on transparency. It will apply to all centralised marketing authorisations submitted after 1 January 2015.

Announcing the commitment, Guido Rasi, the agency's executive director, said, "The adoption of this policy sets a new standard for transparency in public health and pharmaceutical research and development. This unprecedented level of access to clinical reports will benefit patients, healthcare professionals, academia, and industry."

The policy overturns the agency's previous insistence that clinical data would be made available through a read only format that could be viewed only on screen, making it hard to digest, process, and share large volumes of complex information.[1] Under the new arrangements the data may be downloaded, printed, and saved.[2]

The agency has insisted that the reports may not be used for commercial purposes. Although it maintains that their contents do not normally contain commercially confidential information, it retains the right to redact elements if it agrees with a company's arguments for doing so.

Campaigners for greater transparency have welcomed the policy change but believe it does not go far enough. Carl Heneghan, director of the Centre for Evidence Based Medicine at Oxford University and a cofounder of the AllTrials campaign (www.alltrials.net), described the announcement as "a major step forward" but he said that clinical study reports (CSRs) for all drugs in use today should also be made available, including those submitted before 1 January 2015.

Ben Goldacre, another cofounder of the AllTrials campaign and author of *Bad Science*, emphasised the point. He said, "The EMA [European Medicines Agency] records are woefully incomplete for informed decision making. The EMA only holds CSRs for a small proportion of all the trials done on all medicines we use today. We need a radical overhaul giving retrospective transparency on all CSRs from industry."

Emily O'Reilly is making transparency in European public administration a key theme of her tenure

Emily O'Reilly, the European Union ombudsman, who is making transparency in European public administration a key theme of her tenure, welcomed the agency's commitment. "This is an important step towards ensuring the transparency that is vital in order to build and maintain citizens' trust in the reliability of the EU's system of making sure that the medicines placed on the market in the EU are safe and effective," she said.

Cite this as: *BMJ* 2014;349:g6086

NHS is close to "buckling," doctors' leaders warn politicians

Gareth Iacobucci THE BMJ

Senior doctors and healthcare professionals have written to the leaders of the three major political parties in England, calling for urgent action to tackle the NHS funding crisis.

The letter[1]—whose signatories included Mark Porter, BMA chair; Jane Dacre, president of the Royal College of Physicians; and Maureen Baker, chair of the Royal College of General Practitioners—warned that health and social services were deteriorating because of the "twin crises of rising demand and flatlining budgets."

It warned that problems in seeing a GP, pressure on maternity services, increased waiting times for cancer referrals and in emergency departments, and a shortage of beds for mental health patients were symptoms of a system that was close to buckling. The authors said that the projected funding deficit of £30bn by 2021, forecast by David Nicholson, the former NHS England chief executive,[2] was "a funding black hole that must be filled." They added, "The NHS and social care are at breaking point and things cannot go on like this."

The letter, issued after debates over NHS funding came to the fore at this year's annual party conferences, urged all parties to urgently produce a "comprehensive, fully costed, long term spending plan" for health and social care. It also called on political leaders to guarantee that no further top-down reorganisations of the NHS would take place after next year's general election.

In his recent speech to the Conservative Party conference, Prime Minister David Cameron vowed to ringfence the NHS budget.[3]

PROJECTED FUNDING DEFICIT OF £30bn by 2021

This came after Ed Miliband, the Labour leader, had pledged an investment of £2.5bn a year to help integrate health and social care in England.[4] And ahead of his party's conference the Liberal Democrat leader, Nick Clegg, was expected to pledge an extra £1bn a year to the NHS over and above the amount promised by Cameron.[5]

But healthcare leaders said that more detail was needed on all commitments.

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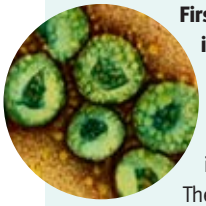
IN BRIEF



First case of MERS seen in Austria: A case of infection with Middle East respiratory syndrome coronavirus was diagnosed in Vienna on 30 September. The 29 year old woman, from Saudi Arabia, had travelled to Vienna from Doha, Qatar. She is in a stable condition. Contacts with the woman have been followed up, and two have been admitted to hospital with respiratory symptoms.

E-cigarette maker to challenge EU rules: Totally Wicked, a Lancashire based manufacturer of electronic cigarettes, has been given the go ahead by the Royal Courts of Justice in London to challenge controls over the production, sale, and marketing of the devices, set to be introduced by the European Union in 2016. The company said that the rules were disproportionate and would deprive consumers of an alternative source of "recreational" nicotine. The case is expected to be heard next autumn.

Midwives and nurses set four hour strike for 13 October: Midwives and other NHS staff in England will go on strike from 7 am to 11 am on Monday 13 October after the government rejected a recommended 1% pay rise. It will be the first time midwives are striking in the 133 year history of the Royal College of Midwives. Members of the unions Unison and Unite, which represent about 400 000 NHS staff, including nurses, voted for the same four hour strike, followed by a work to rule for the rest of that week.

Baby born to woman who received a womb transplant: A 36 year old Swedish woman, who was born without a uterus and received a donated womb from a friend in her 60s, has given birth to a baby boy. The *Lancet* reported that the baby was born at nearly 32 weeks into the pregnancy in September after the mother developed pre-eclampsia and the baby's heart rate became abnormal.[1]

US neurologists oppose opioids for non-cancer pain: A new position statement from the American Academy of Neurology suggests that the risks associated with prescribed opioids, including death, overdose, addiction, and serious side effects, outweigh the benefits of treatment for chronic, non-cancer conditions such as fibromyalgia, headache, and chronic lower back pain. The position paper was published in *Neurology*.[2]

Cite this as: *BMJ* 2014;349:g6084

Obstetrician who delayed caesarean section for nearly an hour is struck off

Clare Dyer THE BMJ

A staff grade obstetrician who delayed an emergency caesarean section for nearly an hour when "every minute counted" has been struck off the UK medical register.

Chandrasiri Abayasiriwardena, who qualified in Sri Lanka in 1968, was working on the labour ward at Wexham Park Hospital in Slough on 10 November 2008 when a 21 year old woman, 32 weeks pregnant, was brought in after a car crash.

At around 6.15 pm Abayasiriwardena obtained a brief tracing of cardiotocography, which appeared to show fetal bradycardia. Ultrasonography also indicated bradycardia and he asked a midwife to try to obtain a better trace before leaving the room.

Irreversible brain damage can occur within 15 minutes in unborn babies if no action is taken

NHS chief: hospitals could run GP clinics in some areas

Simon Stevens and Maureen Baker acknowledged the need for new models of integration

Gareth Iacobucci THE BMJ

Hospitals could take control of general practice services in parts of England to provide new investment and infrastructure for under-resourced practices, the chief executive of NHS England has said.

In a speech to delegates at the Royal College of General Practitioners' conference in Liverpool on 3 October, Simon Stevens said that areas where practices were struggling to recruit doctors or to expand their premises to offer more services could benefit from coming under the umbrella of large NHS foundation hospital trusts. He cited areas such as Northumberland and Newcastle,[1] where hospital trusts provide list based general practice services as part of moves to integrate primary and secondary care services.

But Stevens stressed that the model would not be appropriate everywhere, citing the royal college's preferred federations model—in which GP practices cluster together to provide a wider scope of services—as an equally valid mechanism for revamping primary care. He also suggested a third model where federations expand to include consultants, specialists, community teams, and social care in GP led provider organisations.

He said, "We . . . have a situation where the route for building practice infrastructure and premises may have been fit for purpose in 1948 but in many ways is now not.

"In some parts of the country, perhaps in some inner cities where it is hard to recruit and where the current GP services are struggling, should we for all time persist in the notion that GPs and hospitals can never be in the same organisation? I don't think we should.

"If we're serious about integration, we certainly don't want a takeover by hospitals of general practice, but should we back the arrangements that exist in Northumberland or in Newcastle, [or] one or two others, where a single organisation—the hospital—could also provide list based general practice on the same terms as other GPs? I think to rule that out across the board would be an assertion of ideology over pragmatism."

Stevens also said that well developed GP federations could fulfil a similar function, if they looked beyond simply being general practice organisations.

THREE MODELS CITED:

- Hospitals provide GP services
- GP practices form federations
- Federations expand to include consultants, and other specialists

In his speech, which received a mixed response from the assembled GPs, Stevens set out four other suggestions for "future proofing" general practice, alongside his proposals for new models of integration. These were to stabilise and review current funding; to give clinical commissioning groups more power by allowing them to commission primary care; to tackle workforce problems by recruiting and retaining more GPs; and to communicate more effectively to patients and the public what the NHS can and cannot deliver.

In response, Maureen Baker, chair of the RCGP, said, "This could be the beginning of a 'new deal' for general practice as long as it is backed up by major investment to make it a reality. Simon Stevens has shown today that he recognises the shocking crises in investment, workforce, and premises engulfing general practice, whilst acknowledging the need for new models of care and greater patient involvement."

Cite this as: *BMJ* 2014;349:g6055

when prolonged bradycardia is present, the General Medical Council's expert witness, the consultant obstetrician Michael Maresh, told a panel at the Medical Practitioners Tribunal Service in Manchester. He said that Abayasiriwardena should immediately have telephoned the consultant and prepared the patient for an emergency caesarean.

6.30 pm Consultant tells doctor to do a **CAESAREAN SECTION**
7.25 pm Procedure is carried out

Abayasiriwardena returned to the patient's room at around 6.30 pm and telephoned the consultant, who told him to proceed to a caesarean if he could not get a good heartbeat on cardiotocography. But he left again for a further 35 minutes, without checking the patient's condition, a course of action that Maresh called "unbelievable."

After a midwife sought him out, he returned, and the procedure was carried out at 7.25 pm. The baby was delivered alive but died two weeks later.

GMC case examiners at first thought that Abayasiriwardena's case, as a single clinical failure, could be dealt with through a series of undertakings. Abayasiriwardena wrote to the GMC reporting that he was in constant contact with his supervisor, but the GMC found that the person he named had not agreed to undertake the role and that Abayasiriwardena had not contacted the dean.

In an email to the GMC in April 2014 he wrote that he was "fed up with this non-stop harassment and as far as I am concerned I have finished with the GMC." He was only considered a "danger" to the public, he continued, because a "stupid midwife, on her first day in a labour ward, did not report to me about a CTG [cardiotocograph] and did not know what she was doing." He added: "I have voluntarily retired and please Do Not send any post to my address."

Cite this as: *BMJ* 2014;349:g6066

Hospital trust borrows £114m to end PFI early

Zosia Kmietowicz THE BMJ

An NHS trust in the north of England has become the first to borrow money to pay its way out of a private finance initiative (PFI) contract, and there are signs that more trusts may follow suit.

Northumbria Healthcare NHS Foundation Trust has borrowed £114m from the local council to pay off the firm that built and ran Hexham General Hospital, which was opened by the former Labour prime minister Tony Blair in 2003. The deal will save the trust £66.5m, £3.5m each year for the remaining 19 years that the contract was due to run. The hospital was built for £51m, and the contract included maintenance for 32 years. By the time the debt expired in 2033 the trust would have paid out £249.1m.

PFI projects were first introduced by the Conservative government under John Major in 1992 and expanded when Labour came to power in 1997 as a way to use private finance to build public services.

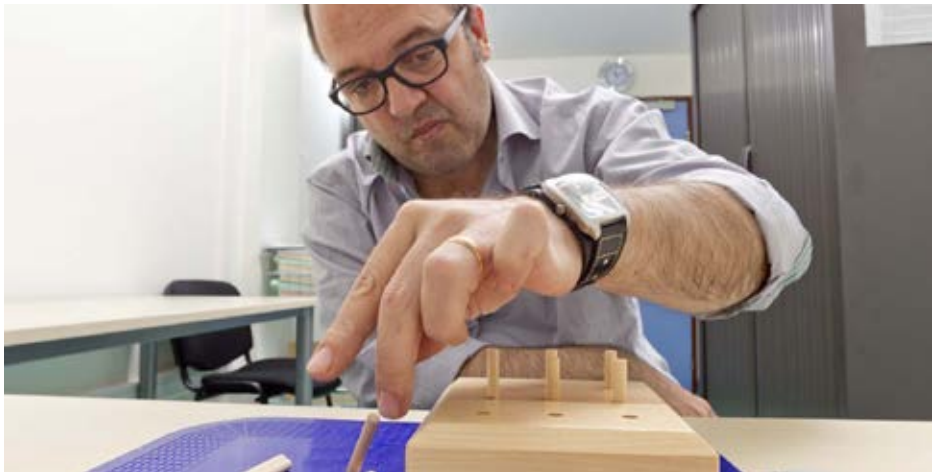
At least 22 NHS trusts in England have faced serious financial difficulties because of expensive PFI deals.[1] Audit and tax consultants at DeLoitte advised Northumbria on how the trust could secure release from the debt, and the company said that it was negotiating similar buybacks for "about 10" other trusts.

Northumbria Trust had not provided a comment by the time *The BMJ* went to press.

Cite this as: *BMJ* 2014;349:g6060

CHRIS LEACHMAN/ALAMY

The deal will save Northumbria Trust £66.5m



ASTIER/BSIP/SPL

Neurologists should diagnose MS, and not on the basis of a scan, said Paul Cooper, of the guideline group

NICE: Prompt diagnosis of multiple sclerosis should be routine

Zosia Kmietowicz THE BMJ

Patients suspected of having multiple sclerosis (MS) should be referred to a neurologist, and existing patients should have a comprehensive review of their care every year, new guidance has said.

Other key recommendations in the guidance from the National Institute for Health and Care Excellence (NICE) included offering MS patients access to multidisciplinary care with physiotherapists, occupational therapists, specialist nurses, and neurologists, and a single point of contact with whom they can raise concerns.[1]

Speaking at a press briefing to launch the guidance, Paul Cooper, consultant neurologist at the Greater Manchester Neuroscience Centre and chair of the guideline development group, said that inequalities in the care of MS patients across England and Wales needed to be tackled urgently.

"Currently some people are receiving excellent care and support, but others around the country are not," he said. "The care someone receives should not depend on where they live. We want to ensure that, throughout the country, people with this distressing and disabling disease have prompt access to specialists who understand their needs and can help improve their condition.

"It is also important that those with suspected MS see a consultant neurologist promptly. Diagnosis can be difficult, but it is important to get it right because MS has lifelong consequences for the patient. The diagnosis should be made by a neurologist, and not on the basis of a scan."

The guidance does not recommend fampridine (Fampyra) or the cannabinoid drug Sativex, because both provide only modest benefit in terms of improving symptoms and are costly, said Cooper. Fampridine costs £160 000 for each quality adjusted life year (QALY), while Sativex costs £50 000 a QALY—both above the £30 000 threshold set by NICE.

The MS Society described the decision over the drugs as disappointing and said that it "was based on a flawed assessment completed within an inappropriate process."

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UK based scientist wins Nobel prize for work on the brain's "inner GPS"

Emma Parish THE BMJ

The 2014 Nobel prize in physiology or medicine has been awarded jointly to UK based John O'Keefe and Norwegian husband and wife team May-Britt Moser and Edvard Moser for their work in cognitive neuroscience.

O'Keefe discovered cells in the rat hippocampus that constitute a positioning system in the brain. These "place cells," described by many as an "inner GPS," allow animals to build spatial memory to navigate their environment. The Mosers' finding of "grid cells" during their time working with O'Keefe at University College London further explains the coordination and accuracy of positioning.

O'Keefe's success was met with great enthusiasm across the country, including from colleagues at Oxford and Edinburgh Universities, University College London, and the British Neuroscience Association, which O'Keefe helped to found. Director of the Wellcome Trust, Jeremy Farrar, said O'Keefe "is a world leader who has inspired a generation of neuroscientists."

O'KEEFE AND THE MOSERS SHARE £690000

Born in 1939 in New York, O'Keefe studied engineering and then philosophy at New York University. He completed a PhD in physiological psychology at McGill University, Canada, in 1967. After that he moved to the UK to continue his research at University College London. O'Keefe is now director of the Sainsbury Wellcome Centre in London, a research facility currently being built, which aims to have 150 neuroscientists. The first teams are expected to enter in spring or summer 2015.

MATT DUNHAM/AP/PA

John O'Keefe warned of the dangers of limiting migration, stating "science is international"

Meeting the press in "a state of shock," O'Keefe thanked University College London for its support. He received news of the award while at home revising a grant application. Describing himself as a "bench scientist," his enthusiasm for nurturing research was obvious, proclaiming that "science is part of the intellectual life of a country." He warned of the dangers of limiting migration and collaboration of the scientific community, stating "science is international." He acknowledged that there was some resistance to his early theories and that funding novel research could be difficult. However, he praised the UK funding system for being very supportive.

Acutely aware of the controversy surrounding use of animals in research, he welcomed the regulatory systems in place but advocated the need for a "reflective approach" to avoid a "constrictive regulatory system." Andrew King, professor of neurophysiology at the University of Oxford, said O'Keefe's work "highlights the importance of electrophysiological studies in animals for revealing major insights into how the brain works."

Clinical application may be some way off, but O'Keefe cautioned that we should not always judge research on those grounds, claiming that "curiosity driven science is very important." He said research was the first step to the scientific basis of disease management. Many hope dementia will be one area to benefit from his findings. Simon Ridley, head of research at Alzheimer's Research UK, stated, "Pinpointing the biological mechanisms involved in these processes could inform new ways to help those affected."

Cite this as: *BMJ* 2014;349:g6095

Recommendation of drug to cut drink dependence proves controversial

Jacqui Wise LONDON

Nalmefene (Selincro) has been recommended to help people reduce their dependence on alcohol, in final draft guidance from the National Institute for Health and Care Excellence (NICE). The decision is controversial, as some commentators say that the data supporting the treatment are inadequate and have questioned how the drug will be prescribed in clinical practice.

Nalmefene is recommended for adults who have a high drinking risk level without physical withdrawal symptoms and who do not require immediate detoxification. The World Health Organization has defined drinking high amounts of alcohol as consuming more than 60 g (7.5 units) a day for men and more than 40 g (5 units) a day for women. The men's figure is equivalent to three pints of beer at 5% strength.

The drug, an opioid receptor modulator, is taken as a tablet once a day, as needed, and reduces the urge to drink.

The NICE guidance[1] states that the drug should be prescribed only alongside continuous psychosocial support focused on treatment adherence and reducing alcohol consumption.

Cite this as: *BMJ* 2014;349:g6054

Health experts launch campaign to reverse NHS changes introduced in 2013

Queen Mary University's Allyson Pollock said the bill was "a vital public health measure"

Adrian O'Dowd LONDON

Leading health experts and academics have launched a campaign to reverse some of the fundamental aspects of the NHS changes brought about by the Health and Social Care Act 2012.

The campaign seeks support for the so called NHS Reinstatement Bill 2015,[1] which was launched on 4 October by Allyson Pollock, professor of public health research and policy at Queen Mary University of London, and Peter Roderick, barrister and senior research fellow at the university's Centre for Primary Care and Public Health. The proposed bill, coauthored by Pollock and Roderick, would abolish competition and the purchaser-provider split, re-establish public bodies and public accountability, and restrict the role of commercial companies.

The campaign (www.nhsbill2015.org) aims to encourage voters to ask candidates in next year's general election to support the bill, which would "reverse the failings of the Health and Social Care Act 2012[2] and fully restore the NHS

Conflicts of interest may affect conclusions of systematic reviews

Michael McCarthy SEATTLE

Systematic reviews by authors with financial conflicts of interest gave favorable assessments of the use of neuraminidase inhibitors for the prevention and treatment of influenza more often than did reviews by authors without such conflicts, a new study has found.

Writing in the *Annals of Internal Medicine*, Adam Dunn of the Centre for Health Informatics at the University of New South Wales, Sydney, and colleagues noted that the role of neuraminidase inhibitors in the prevention and treatment of flu remained controversial and that the conclusions of review articles have ranged from strong endorsement of their use to assessments that questioned the drugs' safety and efficacy.[1] Dunn and his colleagues sought to determine whether there was an association between assessments of systematic reviews and their authors' financial conflicts of interest.

The researchers identified 26 systematic reviews, of which 13 looked at prophylaxis and 24 at treatment, for a total of 37 different assessments. They wrote, "The systematic reviews ranged from those supporting the efficacy of neuraminidase inhibitors for widespread prophylaxis and early treatment and advocating for national stockpiling to others recommending that these drugs not be used in routine seasonal prophylaxis, those reporting no evidence that they reduce the risk for hospitalization and complications, and those discouraging stockpiling."

The researchers found that seven (27%) of the 26 systematic reviews, corresponding to eight (22%) of the 37 assessments, were associated with a financial conflict of interest. Of those assessments made by authors with a financial conflict of interest, seven of eight were favorable, whereas just five of 29 of those by authors without a conflict of interest were favorable, the researchers reported. The researchers told *The BMJ* that because some authors overlapped across the reviews and because some reviews had multiple conclusions (prophylaxis and treatment were assessed as conclusions) they could not consider them as independent in a statistical test but that anyhow the results were clear cut.

Cite this as: *BMJ* 2014;349:g6065

WITH CONFLICTING INTERESTS
7 out of 8 were favourable
WITHOUT CONFLICTING INTERESTS
5 out of 29 were favourable

KATIE COLLINS/PA

Some reviews of neuraminidase inhibitors such as Tamiflu and Relenza advocated stockpiling the drugs

in England as an accountable public service" in the first Queen's Speech after the election.

The authors are seeking responses (nhsrbconsultation@gmail.com) to the bill, which they say draws on some of the best examples of NHS administration over its history, keeps some features of the reforms from the Health and Social Care Act, and would be implemented on a timescale set by the health secretary.

Pollock said, "This bill is a vital public health measure. It will both restore the NHS in England and reverse more than two decades of policies which have been intent upon privatising NHS services and funding, ultimately to its demise."

Roderick added, "The proposed NHS Reinstatement Bill is a necessary legal measure to prevent the NHS in England becoming simply a memory, something that we had once upon a time. We need to put pressure on those wanting our votes in the general election to restore its founding vision."

David Owen, the independent social democrat peer, said, "As the failures of the 2012 act become daily evermore obvious, this bill provides a template for very necessary reinstatement and reform."

Cite this as: *BMJ* 2014;349:g6057

GARY LEE/PHOTOSHOOT

Ms Justice Russell: decision made with sadness

Brain damaged baby dies after judge rules doctors can withdraw treatment

Clare Dyer THE BMJ

A profoundly brain damaged baby boy has died after a High Court judge ruled that his life support treatment could be withdrawn against his parents' wishes because it was not in his best interests to be kept alive.

Ms Justice Russell made the decision "very sadly and with great reluctance" after a hearing at the High Court in London.

Doctors told the judge that the boy, who had his first birthday earlier this year, had suffered profound and irreversible brain damage and that it was in his best interests for life sustaining treatment, including mechanical ventilation, to be withdrawn.

But the boy's mother argued that doctors did not have the right "to end his life because he has got brain damage." She said, "He is still alive. Miracles do happen." His father said that no one had the right to take away the "privilege" of life. He told the court that his son "knows what is going on and is making improvements."

Claire Watson, representing the NHS trust, said that the baby, who was born prematurely by emergency caesarean section, had required resuscitation and ventilation at birth. In late 2013 the baby experienced an "acute cardiorespiratory deterioration" that required him to be put back on a ventilator.

Something had "gone wrong" with his care, with "multiple failures in the multidisciplinary team caring for him," and he went into cardiac arrest for 20 minutes. A serious untoward event investigation had been carried out, she said, and the trust had "endeavoured to be entirely transparent about what has gone wrong."

Russell said that she had reached her decision with "great reluctance" in the "unbearably sad" case. As "committed and devout Christians," the boy's parents thought that they did not have the right to agree to the withdrawal of life sustaining treatment.

"It is their belief that given time God may work a miracle," she added in her ruling.

Cite this as: *BMJ* 2014;349:g6024

Alison Murdoch
Planting trees for posterity

PETER LOCKE

ALISON MURDOCH, professor of reproductive medicine at the University of Newcastle, runs the fertility centre at the International Centre for Life. Her research includes pronuclear transfer in human embryos to better understand the earliest stages of human development, under a licence issued by the Human Fertilisation and Embryology Authority. But this hasn't stopped her criticising the organisation, which she accuses of self aggrandisement, overemphasising risks, and—by implying that they pose special moral and ethical dilemmas—forcing IVF treatments out of the NHS and into the private sector.

What is your pet hate?
"The 'tick box' culture in regulatory procedures when administered by those who don't understand the underlying rationale. Since it is easier to comply than complain, it leads to incompetence."

What was your earliest ambition?
"To be a mother" was my first memory of a response to that question. My father was a doctor. He died when I was young, but I always thought that I would be a doctor too.

Who has been your biggest inspiration?
Perversely, I was more influenced by seeing others do things badly and wanting to do better. Of the many I greatly admire, I choose Anne McLaren, who was based at the Gurdon Institute in Cambridge when she died, as I would like to be remembered with the respect that she had. She was a great scientist; thoughtful, wise, and prepared to challenge when needed.

What was the worst mistake in your career?
When a houseman, I followed the consultant's instructions (to do a lumbar puncture despite papilloedema—an absolute contraindication then) despite telling him of my concerns. The patient survived, but I learnt to rely on my own judgment and take clinical responsibility.

What was your best career move?
Realising in 1999 that the Newcastle hospital where I was working was never going to provide adequate facilities for a tertiary fertility service. I took a risky decision to force a move of the NHS clinic off site to the Centre for Life, and it flourished there.

To whom would you most like to apologise?
The majority of couples who must pay for IVF treatment because some colleagues have failed to implement the NICE recommendations—a scandal that lines the pockets of the UK private sector.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?
Bevan was best, because he gave us the NHS. Health secretaries make changes, but by the time they have been filtered through the administration, they have little impact. The best have been those who believed in Bevan's vision and had his understanding. The worst are those who think that the NHS can be run like a manufacturing business.

Who is the person you would most like to thank and why?
Professor John Lawson in Newcastle, who over-ruled hostility and gave me a part time training contract; and Professor Bill Dunlop, for agreeing to be my trainer then.

Where are or were you happiest?
At home in Wylam, Northumberland.

What single unheralded change has made the most difference in your field in your lifetime?
Realisation of the significance of embryonic stem cells in science and medicine. Stem cell researchers needed embryos, and that need provided 10 years' funding for preimplantation research. Previously, ethical arguments had prevailed, and funding bodies very rarely supported fertility related embryo research.

Do you support doctor assisted suicide?
Since I can envisage being in a situation where I might request it for myself, yes.

What book should every doctor read?
One that you can read in a quiet place and forget the rest of the world.

What is your guiltiest pleasure?
Why would I feel guilty about anything that is pleasurable but hurts no one else?

If you could be invisible for a day what would you do?
Wander unseen among wild animals.

What is your most treasured possession?
Twenty three acres of neglected parkland that we are planting with trees for posterity.

What, if anything, are you doing to reduce your carbon footprint?
See above. That allows me to enjoy my sports car.

What personal ambition do you still have?
With retirement looming, to complete the projects to which I am currently committed and leave a tidy desk. Thereafter, there is a freedom to give opinion without the constraints of employment, and that might be useful.

Summarise your personality in three words
Self awareness is definitely not a problem for me—but it's the personality that others see that really matters, so you should ask them.

What is your pet hate?
The "tick box" culture in regulatory procedures when administered by those who don't understand the underlying rationale. Since it is easier to comply than complain, it leads to incompetence.

Do you have any regrets about becoming a doctor?
No. I worried that my children would suffer, but I was wrong.

If you weren't a doctor what would you be doing instead?
I'd probably be a mathematician.

Cite this as: *BMJ* 2014;349:g6052