NEWS

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thebmj.com
Barts Health NHS Trust is put into special measures after a damning report by regulator

Doctors must not cherry pick information to give patients, landmark case determines

Nadine Montgomery and her son, Sam, who has serious disabilities

Clare Dyer THE BMJ

Doctors should no longer decide what information a patient should be given before agreeing to treatment but must spell out any material risks and any reasonable alternatives, the UK Supreme Court has ruled in a historic judgment.[1]

The age of "medical paternalism" is over, and healthcare is now a partnership between patients and professionals, seven justices declared unanimously in the most important UK judgment on informed consent for 30 years.

The judgment sweeps away a ruling delivered by the United Kingdom's highest court 30 years ago in its previous incarnation as the House of Lords appellate committee. The court decided in the Sidaway case in 1985 that the "Bolam" test for clinical negligence—whether a doctor's actions would have been acceptable to a responsible body of medical opinion—applies to the information given as well as the treatment chosen and the method of carrying it out.

The Supreme Court justices ruled in favour of Nadine Montgomery, whose son Sam is now expected to receive around £5m in compensation for serious disabilities resulting from complications at his birth in 1999 at Bellshill maternity hospital in Lanarkshire. Montgomery, who has diabetes and is just over 1.5 m (5 feet) tall, was not told of the risk of shoulder dystocia and the possibility that her baby might suffer serious harm.

A graduate in molecular biology whose mother and sister were GPs, Montgomery raised concerns with the consultant obstetrician Dina McLellan that she might not be able to deliver vaginally. But the consultant told the Court of Session in Edinburgh that her practice was not routinely to warn women with diabetes of the risks of shoulder dystocia. If she mentioned the risk to mothers with diabetes generally, she said in evidence, they would opt for a caesarean section, and "it's not in the maternal interest for women to have caesarean sections."

Montgomery lost her case at the outer house of the Court of Session after the judge decided that no warning was necessary because in most cases shoulder dystocia was dealt with by "simple procedures" and the risk to the baby of serious disability was "tiny." Her appeal to the inner house failed.

But the Supreme Court justices said that shoulder dystocia was a major obstetric emergency and the contrast with the tiny risks to the baby and mother from an elective caesarean was "stark." If it were left to doctors to decide what information to give to patients, the justices said, that would sanction differences in practice attributable not to different schools of medical thought but to "divergent attitudes among doctors as to the degree of respect owed to their patients."

The Montgomery judgment makes it clear that a doctor has a duty "to take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment and of any reasonable alternative or variant treatments," said the justices. "The test of materiality is whether, in the circumstances of the particular case, a reasonable person in the patient's position would be likely to attach significance to it."

The justices acknowledged that the legal requirement for a dialogue with the patient might not be welcomed by some healthcare providers and would make the outcome of litigation less predictable.

Cite this as: *BMJ* 2015;350:h1414

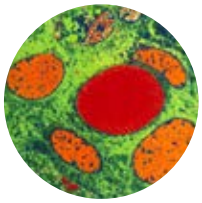
OBSERVATIONS, p 22

IN BRIEF

Questions left unanswered about Hinchingbrooke: No one has been properly held to account for the withdrawal of the contract by the private company Circle to run Hinchingbrooke Health Care NHS Trust, which ended in January 2015, just three years into the 10 year franchise, the House of Commons Public Accounts Committee has said (http://bit.ly/1GQXy2q). It demanded to know the cost to taxpayer of the deal.

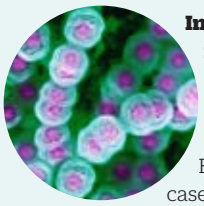
Children's mental health services to be overhauled: A taskforce has made a series of recommendations to improve mental healthcare for young people over the next five years, including making it easier to access care, providing better support to families, and more training for GPs in mental health.

Breast cancer deaths underestimated among younger women: A computer programme underestimated by 25% the number of women under 40 who die from the disease, a study has found (doi:10.1038/bjc.2015.57). The PREDICT programme said that 460 of 3000 women in the UK with breast cancer diagnosed between 2000 and 2008 would die within five years, when there were 610 deaths.



Call for insulin pumps to be better regulated: European and American diabetes groups have warned that insulin pump users are "exposed to significant and potentially fatal hazards" because of poor safety regulations. They recommend harmonising standards and a single publicly accessible database for reporting adverse events (doi:10.1007/s00125-015-3513-z).

IN BRIEF


SPL

Incidence of scarlet fever rises further in England: There has been a continuing substantial increase in the number of cases of scarlet fever in England, with exceptional activity for the second year in a row, Public Health England has reported. A total of 5746 cases have been reported since the season began in September, double the 2833 cases in the same period last season. The reasons behind the increase are unclear, but it may reflect a long term natural cycle in incidence.

Pharmacists could help ease pressure on GPs: The Royal College of General Practitioners and Royal Pharmaceutical Society have called on pharmacists to work as part of general practice to help ease pressure in primary care. They said that pharmacists would deal with day to day medicine issues and liaise with hospitals, community pharmacists, and care homes, which should improve patient safety and reduce waiting times for appointments.

Law is needed for equal funding for mental health: Legal measures are needed to enforce "parity of esteem" to ensure that mental health is valued as much as physical health, the wellbeing think tank 2020health has said.[1] The UK National Institute for Health and Care Excellence should ensure that legally binding recommendations become standard for mental illness treatments so that they achieve parity with treatments for physical illness, its report advises. It also said that relevant health organisations should be legally required to fund a range of services to meet local mental healthcare needs.

Teenagers to get vaccination against four meningitis serotypes: The Department of Health for England is planning a programme to vaccinate 14 to 18 year olds against four meningitis serotypes, A, C, W, and Y, after an expert vaccine group recommended vaccination against meningococcal group W for this age group to generate herd protection for the rest of the population. This would replace the group C vaccine already offered to teenagers. The number of cases of meningitis W rose from 22 in 2009 to 117 in 2014.

Call to ban powdered alcohol in US: The Democratic senator Charles Schumer introduced legislation on 12 March to make powdered alcohol illegal in the United States after the Alcohol and Tobacco Tax and Trade Bureau approved federal labels for four powdered alcohol products last week. The flavoured powder, marketed as Palcohol, can be dissolved in water or juice to create cocktails with the same alcoholic content as standard cocktails. But critics said that it could be used to spike drinks and food and be snorted. Several states have already banned the product. On its website the manufacturer, Lipsmark, said, "It's hypocritical to be calling for a ban on powdered alcohol and not liquid alcohol."

Seven UK health workers are evacuated over Ebola fears: A fifth UK healthcare worker has been discharged from hospital after evacuation from Sierra Leone over concerns about exposure to Ebola virus in the past two weeks. Four healthcare workers were discharged from the Royal Free in London and the Royal Victoria Infirmary in Newcastle late last week and over the weekend. At the time of going to press two UK healthcare workers were still at the Royal Free: one is receiving treatment for the disease; a second had a needlestick injury but has no symptoms.

Cite this as: *BMJ* 2015;350:h1511

Private firms enlisted to cut waiting lists for tests and surgery in £780m contract

Matthew Limb LONDON

Surgeons' leaders have criticised a deal potentially worth £780m over four years for private firms to help NHS hospitals in England ease waiting times for surgery and diagnostic tests.

The Royal College of Surgeons of Edinburgh expressed "grave concerns" over some of the companies involved in a new framework agreement to provide mainly mobile clinical services such as operating theatres, imaging, and ultrasonography. "The college is calling for proper consultation to take place and assurances that all companies involved in the process are subject to strict accreditation and governance," a spokesperson said.

The 11 for-profit firms in the agreement include Circle and Care UK, which have faced criticism by the Care Quality Commission.

Eric Watts, chairman of the anti-marketisation pressure group Doctors for the NHS, said, "This is another example of using the private sector for a short term fix whereas the sensible solution would be investment to ensure we have sufficient capacity to treat people in well run, purpose built hospitals."

The national framework agreement was struck by NHS Supply Chain, an outsourced procurement organisation that operates as an "agent" for the NHS Business Services Authority.

Cite this as: *BMJ* 2015;350:h1465

Eric Watts: "This is an example of using the private sector for a short term fix"

Homeopathy is not an effective treatment for any health condition, report concludes

Julia Pakpoor THE BMJ

A large review by the Australian National Health and Medical Research Council has said that homeopathy is not an effective treatment for any health condition.[1] It cautioned that "people who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence."

The council, the country's highest medical research body, conducted an extensive assessment of scientific evidence to develop a position statement on homeopathy. The report incorporated an evaluation of more than 1800 papers, including systematic reviews, published guidelines, and information provided by homeopathy advocacy groups. The analysis identified a total of 225 studies that compared a homeopathic treatment group with a control group and therefore met criteria to be further examined for effectiveness.

The committee concluded that "the review found no good quality, well designed studies with enough participants to support the idea that homeopathy works better than a placebo, or causes health improvements equal to those of another treatment."

Homeopathy should not be used to treat health conditions that were chronic, serious, or that could become serious, it said.

Cite this as: *BMJ* 2015;350:h1478

Former editor pays $1m to settle claims of kickbacks to promote products

Owen Dyer MONTREAL

Charles Denham, one of the best known patient safety advocates in the United States and a former editor of the *Journal of Patient Safety*, has paid $1m (£0.7m) to settle US government civil allegations that he solicited and accepted kickbacks to influence infection guidelines in a way that favoured his sponsor's product.

While serving as co-chair of the National Quality Forum's Safe Practices Committee, Denham was also receiving payments through his consultancy company Health Care Concepts Inc and his research organisation Texas Medical Institute of Technology.[1] He did not tell the committee, the government alleges.

Minutes of committee meetings show how Denham used his position to advocate for a recommendation specifying 2% chlorhexidine topical formulations in the prevention of surgical site infections.[2] This strength of chlorhexidine was found only in the ChloraPrep products made by CareFusion, whose parent company, Cardinal Health, was paying Denham's companies. These payments totaled $11.6m, and while they ostensibly covered contracted services, the government alleged that they violated the federal Anti-Kickback Statute.

Cite this as: *BMJ* 2015;350:h1459

Make social care free at end of life to help more people die at home

Zosia Kmietowicz THE BMJ

All people in England who are at the end of their life should be entitled to free social care to allow more of them to die at home with the appropriate support, MPs have said.

Means testing for social care should be phased out for people who have been recognised as being in the last days, weeks, or months of their life, said a report from the cross party House of Commons Health Committee into how end of life care has progressed since the review of the Liverpool care pathway, chaired by Julia Neuberger in 2013.[1]

Speaking ahead of the report's publication, Sarah Wollaston, a former GP who is the Conservative MP for Totnes and chair of the committee, said that wrangling over how social care is funded kept many people in hospital in their last days, when what they wanted was to die at home.

"Why aren't people dying in the place that they said they would like to? Different surveys have found that 63% and 72% of people prefer to be at home, but 53% of deaths still occur in hospitals and only 21% at home," she said.

Part of the problem, said Wollaston, was that people's preferences are not shared between different services, so ambulances are called and people are taken to hospital when support for them and their family should be provided at home. For many people hospital is also the only source of respite, she added.

"There is not enough data available on the cost of free social care at the end of life, but clearly being at home is less expensive than being in hospital, which is why we are recommending free social care at the end of life so nobody ends up in hospital for want of a social care package. Currently we have that equation wrong," said Wollaston.

CONSENT GIVEN

The government must calculate the cost of free social care at the end of life, said MPs

The committee said that the government should make it a priority to calculate the cost of free social care at the end of life. End of life care is currently free in hospitals and hospices and through the NHS's continuing healthcare fast track pathway, which GPs can commission for patients they expect to die soon, but people usually have to pay for social care and care homes. The report noted, "This is at best confusing and inconsistent, at worst a barrier to people getting the care they need."

Cite this as: *BMJ* 2015;350:h1457

Improve reporting of female genital mutilation, MPs tell doctors

Adrian O'Dowd LONDON

Doctors must be encouraged to report cases of female genital mutilation (FGM) to tackle what is still a woefully under-reported crime, MPs have claimed.

In a report[1] based on their follow-up inquiry on FGM published by the parliamentary Home Affairs Select Committee on 14 March, MPs said that "buck passing" for failure to prosecute the crime had to stop.

The profile of FGM has risen because of the media, politicians, victims, and campaigners, who have made people aware of this "horrendous form of child abuse," said MPs, but there have still been no successful prosecutions for FGM in the United Kingdom in the past 20 years. This was despite the Heartlands Hospital in Birmingham alone having recorded 1500 cases of FGM over the past five years.

An estimated 170 000 women and girls are living with FGM in the UK, said the report. "There seems to be a chasm between the amount of reported cases and the lack of prosecutions," it said. "Someone, somewhere is not doing their job effectively." The royal colleges had to do more to encourage their members to report cases of FGM, said MPs.

Cite this as: *BMJ* 2015;350:h1467

Major health committee report falls victim to MPs' disagreement

Adrian O'Dowd LONDON

MPs on the influential House of Commons Health Committee have taken the highly unusual step of not publishing a report from a major inquiry carried out late last year because they cannot agree on its conclusions, *The BMJ* has learnt.

The committee held its inquiry into public expenditure on health and social care from September to December.

An open letter has now been sent by the NHS Confederation, the body that represents most NHS organisations, and the NHS Partners Network, the trade association representing independent sector providers of NHS clinical services, to the committee's chair, Sarah Wollaston (left), the Conservative MP for Totnes and a former GP, to complain about the decision and call for the report to be issued.

During an election campaign "frank and honest debate" with the public about the pressures facing health and social care was crucial, the letter said. "The health select committee could play a role in facilitating that debate with its clear and considered views. We urge the committee to fulfil its responsibilities by returning to this matter and publishing their report in good time ahead of the election."

Cite this as: *BMJ* 2015;350:h1440

Hospitals must take lead on new care models and work better with GPs

Gareth Iacobucci THE BMJ

Acute care hospitals in England must avoid adopting a "fortress mentality" in the face of financial and workload pressure and instead focus on new models of care and improving relationships with general practice, a healthcare think tank has urged.

In its new report the King's Fund acknowledged that NHS hospitals were facing mounting financial pressure but said that they should look beyond merely safeguarding their own organisations and focus on leading system-wide changes.[1]

It said that better relationships between hospital leaders and GPs was crucial to the new models of integrated care described in NHS England's *Five Year Forward View*.[2] The think tank also argued that hospital trusts should be collaborating more with neighbouring hospitals.

Cite this as: *BMJ* 2015;350:h1512

NICE recommends small improvements to help people stay at healthy weight

Jacqui Wise LONDON

Making any improvements, however small, to physical activity or dietary habits is likely to help individuals stay at a healthy weight or prevent further weight gain, guidelines from the National Institute for Health and Care Excellence have said.

The new guidelines described the many things that people can do to maintain a healthy weight that are known to be effective.[1] These included walking more, limiting time spent watching television, eating more healthily, avoiding sugary drinks, and drinking less alcohol.

The guidance, the draft version of which was published last year,[2] said that being physically active and improving dietary habits were as important for people who were currently a healthy weight as for people who were already overweight.

Cite this as: *BMJ* 2015;350:h1427

Martin McKee called on the European Union to put health before profit

Experts warn trade treaty threatens vital health gains

Matthew Limb LONDON

Public health experts across Europe have sounded a new warning over the threat to people's health that a new trade deal between the European Union and the US would pose.

In a joint statement 71 public health organisations from 41 European countries have condemned the proposed Transatlantic Trade and Investment Partnership (TTIP). They said it would undermine public services, entrench inequality, and introduce measures that could lower vital standards on health and consumer safety to "dangerous levels."

The UK Faculty of Public Health and the European Public Health Association urged the EU to scrap the deal. Martin McKee, the association's president, said, "We are calling on the European Union to put health before profit and reject TTIP. We need healthy communities for economic growth."

Negotiations are under way between the US and the EU over what would, if successfully concluded, become the world's biggest trade deal. Advocates of the deal, including the UK government, claim that it would improve regulatory cooperation and reduce barriers to trade, thereby boosting investment and growth. But critics have said that it threatens vital public services, including the NHS, by giving foreign investors and corporations privileged access to markets and recourse to a secretive, extrajudicial arbitration system.[1]

The UK Faculty of Public Health said that the treaty risked "lowering" hard won improvements in standards covering health, environmental protection, and labour. And moves to liberalise access to EU procurement and services markets presented grave risks to the NHS and other services.

Cite this as: *BMJ* 2015;350:h1438

England launches programme targeting 10 000 people at risk of type 2 diabetes

PAULA SOLLOWAY/ALAMY

People of south Asian origin are five times as likely to develop the disease

Jacqui Wise LONDON

The government has announced the first phase of a new evidence based NHS diabetes prevention programme, which will target up to 10 000 patients at high risk of developing type 2 diabetes.

The programme, a joint initiative between NHS England, Public Health England, and the charity Diabetes UK, aims to significantly reduce the number of people—estimated at four million—in England otherwise expected to develop type 2 diabetes by 2025.

Seven demonstrator sites have been chosen to test new ways to reduce the incidence of type 2 diabetes through intensive lifestyle change interventions. The programme will then be rolled out nationally from April next year.

The seven sites comprise clinical commissioning group areas and local authorities in Birmingham, Bradford, Durham, Herefordshire, Medway, Salford, and Southwark. The local schemes include initiatives on weight loss, physical activity, cooking and nutrition, peer support, and telephone and online support. Bradford City Clinical Commissioning Group, for example, will send a letter to everyone aged over 40 and to all south Asian patients over 25, inviting them to see their GP for an initial health check.

The programme aims to replicate the results of randomised controlled trials in Finland, the United States, Japan, China, and India, which have achieved reductions of 30-60% in the incidence of type 2 diabetes over three years in adults at high risk, through intensive lifestyle change interventions.

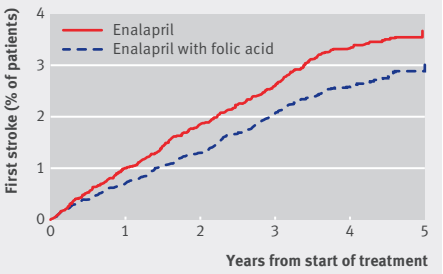
Simon Stevens, NHS England's chief executive, announced the initiative in a speech at the Diabetes UK conference in London. He said, "For over a decade we've known that obesity prevention cuts diabetes and saves lives. If these results were from a pill we'd doubtless be popping it."

Public Health England is also working with Imperial College Healthcare NHS Trust on a £134 000 weight loss pilot programme for NHS staff, which if successful will be rolled out nationally.

Cite this as: *BMJ* 2015;350:h1400

RESEARCH NEWS

Kaplan-Meier curves of cumulative hazards of first stroke by treatment group



STROKE

Folic acid significantly reduces risk, large study finds

The use of folic acid for the primary prevention of stroke, particularly among populations with low folate levels, is supported by a large randomised controlled trial reported in *JAMA*.

The China Stroke Primary Prevention Trial included 20 702 adults with high blood pressure but without a history of stroke or heart attack.[1] They were randomly assigned to receive daily treatment with 10 mg of the angiotensin converting enzyme (ACE) inhibitor enalapril and 0.8 mg folic acid or to enalapril alone.

The trial was terminated early, after 4.5 years, because of the emergence of a significant reduction in the incidence of first stroke among the group that received the combination of folic acid and enalapril. The study recorded 282 stroke events (2.7%) in the folic acid/enalapril group and 355 events (3.4%) in the enalapril only group. This represents an absolute risk reduction of 0.7% and a relative risk reduction of 21% (hazard ratio 0.79 (95% confidence interval 0.68 to 0.93)).

The benefit was most pronounced in the subgroup that had the lowest baseline levels of plasma folate (below 5.6 ng/mL): the rate of first stroke was 2.8% (73 events among 2600 participants) in the enalapril/folic acid group, compared with 4.6% (116 events among 2548 participants) in the enalapril only group (0.61 (0.45 to 0.82)).

The researchers also found that the participants taking folic acid and enalapril had a significantly reduced risk of ischaemic stroke (2.2 % *v* 2.8%) and of composite cardiovascular events (3.1% *v* 3.9%).

An accompanying editorial said that fortification of foods, or supplementation, should be considered for populations that have low levels of folate, such as those in northern China, Bangladesh, and Scandinavia.[2]

Cite this as: *BMJ* 2015;350:h1461

ANGINA

CT coronary angiography clarifies diagnosis

Coronary angiography by computed tomography clarifies the diagnosis in patients with suspected angina and helps identify appropriate treatment, shows the SCOT-HEART study, reported in the *Lancet*.

The study included 4146 patients with suspected angina referred to 12 cardiology chest pain clinics across Scotland who, after routine assessment and investigations, were randomised to coronary calcium score and CT coronary angiography plus standard care or to standard care alone to reassess the diagnosis after six weeks.[1] The technique uses advanced CT technology and an intravenous dye to obtain high resolution images of the heart and blood vessels.

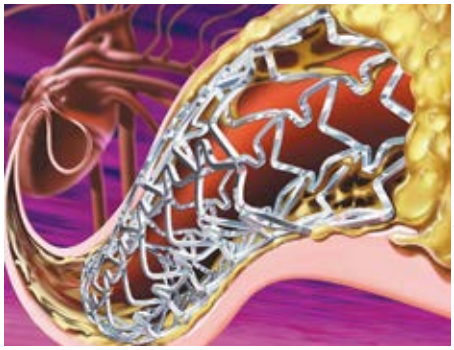
CT coronary angiography reclassified the diagnosis of angina caused by coronary heart disease in 23% (481) of patients, while the diagnosis changed in only 1% (23) of those given standard care (P<0.001). The diagnosis of coronary heart disease was changed in 27% (558) of patients who had CT coronary angiography and in 1% (22) of the controls.

Clinicians said CT coronary angiography markedly increased the certainty of the diagnosis of angina (relative risk 3.76 (95% confidence interval 3.61 to 3.89); P<0.001) and reduced the frequency of angina diagnosis by 22% when compared with standard care (relative risk 0.78 (0.70 to 0.86); P<0.0001).

Cite this as: *BMJ* 2015;350:h1464

HEART DISEASE

Stents match bypass surgery for mortality in registry study



CRAIG ZUCKERMAN/GETTY IMAGES

Percutaneous coronary intervention (PCI) with second generation drug eluting stents is associated with similar mortality as coronary artery bypass grafting (CABG) in patients with multi-vessel coronary artery disease, the results of a real world registry study have shown,[1] but a randomised trial found a higher event risk.[2]

The observational registry study,[1] reported in the *New England Journal of Medicine*, compared 9223 patients who underwent PCI using everolimus eluting stents with 9223 patients who underwent CABG.

Both procedures showed similar risk of death after a mean follow-up of 2.9 years.

The risk of myocardial infarction was higher with PCI than with CABG (1.9% *v* 1.1% a year; 1.51 (1.29 to 1.77; P<0.001)), as was repeat revascularisation (7.2% *v* 3.1% a year; 2.35 (2.14 to 2.58; P<0.001)). But patients who underwent PCI had a lower risk of stroke (0.7% *v* 1.0% a year; 0.62 (0.5 to 0.76; P<0.001)).

The new clinical trial[2] found that at two years 11.0% of patients undergoing PCI had had a myocardial infarction or target vessel revascularisation or had died, compared with 7.9% of those in the CABG group. PCI did not meet the criteria for non-inferiority to CABG.

Cite this as: *BMJ* 2015;350:h1489

CHOLESTEROL LOWERING

PCSK9 inhibitors reduce cardiovascular events

Two investigational drugs from a new class of lipid lowering agents, the proprotein convertase subtilisin-kexin type 9 (PCSK9) inhibitors, significantly reduce cardiovascular events, new exploratory analyses have shown.

PCSK9 promotes the degradation of low density lipoprotein (LDL) receptors, so blocking its action increases the levels of receptor, which facilitates the clearance of LDL cholesterol.

The studies, reported in the *New England Journal of Medicine*, investigated the efficacy and safety of two monoclonal antibodies that inhibit PCSK9 and showed that they reduced LDL cholesterol by around 60% more than standard therapy.

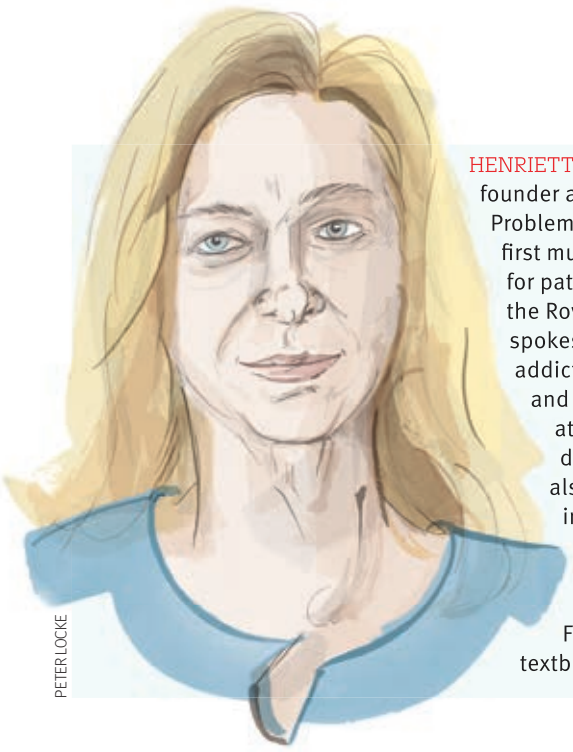
In the first study 4465 people with raised cholesterol levels were randomised to receive evolocumab (given subcutaneously at a dose of either 140 mg every two weeks or 420 mg once a month) plus standard treatment (statin or other lipid lowering treatment) or standard treatment alone.[1] Evolocumab reduced LDL cholesterol by 61%, from a median of 120 mg/dL to 48 mg/dL (P<0.001), compared with standard treatment alone.

Another study included 2341 patients already receiving statins. Patients given alirocumab (150 mg as a 1 ml subcutaneous injection every two weeks) showed a 62% greater reduction in LDL cholesterol from baseline than the placebo group.[2]

Cite this as: *BMJ* 2015;350:h1508

Henrietta Bowden-Jones

Extrovert, optimistic, driven



PETER LOCKE

HENRIETTA BOWDEN-JONES, 50, is founder and director of the National Problem Gambling Clinic, the NHS's first multidisciplinary treatment centre for pathological gamblers, and is the Royal College of Psychiatrists' spokesperson on behavioural addictions. As consultant psychiatrist and honorary senior lecturer at Imperial College London's division of brain sciences she also runs a research group investigating the neurobiology and aetiology of gambling addiction. She is vice president of the Medical Women's Federation and has edited two textbooks on pathological gambling.

What single unheralded change has made the most difference in your field in your lifetime?

"Clinically speaking, atypical antipsychotics have allowed millions of patients to live in the community without the stigma of significant extrapyramidal side effects that marked them out as mentally ill. However, brain neuroimaging techniques have truly revolutionised our field"

What was your earliest ambition?

From primary school age I was an avid reader and also loved Charles Schulz's *Peanuts* cartoons, which I think shaped not only my career path but also my approach to life. Every human problem appears in the comic strip at some point. Lucy became a role model, as I liked her energy and vitality: I decided to become a psychiatrist after reading endless cartoons of her in her little wooden stall, a large "The psychiatrist is in" sign above her head.

What was your best career move?

Two come to mind, both equally important: the first was to move to the United Kingdom from Italy to train in psychiatry, do my junior doctor years and membership exams, and later a neuroscience MD at Imperial College. I loved the meritocracy of the British system where you succeed if you are good. My other best move was founding the National Problem Gambling Clinic, which remains the only designated NHS clinic in the country for treating pathological gamblers.

Who is the person you would most like to thank and why?

Throughout my early medical career in the UK I was mentored by William Shanahan, one of the best clinicians in addiction psychiatry this country has seen.

Where are or were you happiest?

In a tiny medieval village in Italy where I grew up during the summers and where I still go regularly to reconnect with the sea and the Italian way of life. In a village where three generations of close family friends all share a simple life of coffee, newspapers, and swimming, it's easy to forget the professional pressures of London life.

If you were given £1m what would you spend it on?

I'd keep the money in a high interest account and use the interest to set up two prizes. One would be the art of science prize, given to one artist each year who has conveyed a scientific concept through art that manages to remain stunning and challenging. The second would be for scientists who inadvertently achieve beauty in their work—for example, the DNA double helix can be perceived as a work of art in its perfection.

What single unheralded change has made the most difference in your field in your lifetime?

Clinically speaking, atypical antipsychotics have allowed millions of patients to live in the community without the stigma of significant extrapyramidal side effects that marked them out as mentally ill, even when they were in remission. However, brain neuroimaging techniques have truly revolutionised our field, so they possibly come first in terms of historical relevance.

What book should every doctor read?

Two have left their mark, although I read them decades ago: *Notes of an Anatomist* by F González-Crussi and *A Country Doctor's Notebook* by Mikhail Bulgakov.

What is your guiltiest pleasure?

Taking time out at weekends to exercise; I love it and look forward to it. It is total "me" time and therefore not as nurturing to my family as playing with the children, but as they grow up I feel less bad about it.

What is your most treasured possession?

A tiny gold pendant of a pilot cutter sailing boat. My husband gave it to me when I had to sell the real thing—a three tonne classic boat I had bought from Scotland with great enthusiasm, but which turned out to be too large and time consuming to look after because of our busy London lives.

What personal ambition do you still have?

I have just become vice president of the Medical Women's Federation, and one of my ambitions is to increase the membership. We will celebrate 100 years in 2017, and I aim to enrol another 200 women by then. We exist to support female doctors at all levels of their careers (anyone interested should email me at h.bowdenjones@imperial.ac.uk). I have other ambitions too numerous to mention, but they all focus on making life easier for people with mental illness and addiction problems.

Summarise your personality in three words

Extrovert, optimistic, driven. All in equal, large amounts.

Where does alcohol fit into your life?

I am an addictions psychiatrist, and for many years I ran the Central and North West London NHS's detox beds for alcohol dependent patients. Having treated hundreds of people whose lives have been ruined by it, I tend to think of alcohol in clinical terms and in terms of the suffering it has caused to millions of children across the world who have grown up with alcoholic parents—so alcohol is not something I speak lightly about. Minimum pricing and reduced availability are approaches that I support.

What is your pet hate?

Badly written novels sold in airports.

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