

NEWS

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thebmj.com

WHO
is “unfit
for health
emergencies”



A total of \$3.23bn went to research and \$2bn to general payments, such as speaker fees, travel, and gifts

Firms paid \$6.5bn to US doctors and hospitals

Michael McCarthy SEATTLE

Drug and medical device makers paid \$6.49bn (£4.2bn) to doctors and teaching hospitals in the United States last year, reported the US Centers for Medicare and Medicaid Services.¹

The transactions were detailed in an open access database, called Open Payments, that provides information on more than 11.4 million financial transactions reported for the year between the industry and more than 600 000 doctors and 1100 teaching hospitals.

The Open Payments programme, which was created by the 2010 Affordable Care Act, requires drug and device manufacturers to report all “transfers of value” to healthcare providers and teaching hospitals. These range from research grants to honorariums, speaking fees, travel expenses and meals, and payments in the form of stock, royalties, and other financial instruments.

The database is searchable, so consumers can look up the financial relations that individual doctors and hospitals have with

specific drug and medical device companies. The database was launched last year but covered payments only for half of 2013. This is the first time that the database has detailed payments for a full year.

A similar searchable database providing details of payments from drug companies in the United Kingdom to doctors and teaching hospitals is expected to go online next year.² Drug companies made payments totalling roughly £40m to 21 000 clinicians in the UK in 2012 and £38.5m in 2013.³

The updated US database shows that 1444 companies in the US reported \$6.49bn in payments in 2014. About half, \$3.23bn, went to payments for research, \$2.56bn went to what are known as “general” payments, such as honorariums, fees to speakers, travel, gifts and entertainment, and \$703m went to payments relating to investments or ownership.

Of the \$3.23bn in payments for research, \$2.52bn went to individual doctors. This total,

however, included payments in which an individual doctor was named and payments for research projects in which the principal investigator was named as the recipient. As a result, a principal investigator on a clinical trial might be reported as having received millions of dollars that year, but in reality the payment was being spent on research.

However, individual doctors did receive \$2.02bn in general payments and all of the \$703m in payments relating to ownership or investment interest. Teaching hospitals received \$705m in payments for research and \$543m in general payments.

In a statement the American Medical Association said that it was “committed to transparency” but criticised the government for providing physicians with only a 45 day window to review and correct any incorrect data and for setting up a registration process that, the association said, was “time-consuming, non-user friendly and complicated.”

Cite this as: *BMJ* 2015;351:h3697

IN BRIEF

Number of prescription items rises by over 50% in 10 years:

Over 1.06 billion items were prescribed in 2014 in England, an increase of 3.3% (34.5 million items) on 2013 and of 55.2% (378.5 million items) on 2004, show figures from the Health and Social Care Information Centre. Prescription costs rose by much less. The overall net ingredient cost in 2014 was £8.85bn, a rise on 2004.

Oral cholera vaccine protects against endemic disease:

An oral cholera vaccine (Shanchol) given as part of routine health services in urban Bangladesh reduced cases of severe, life threatening cholera by nearly 37% in children and adults, even with moderate vaccine coverage (65%), show the results of a trial in the *Lancet*.

Clinicians could do more to deliver better health outcomes at lower cost:

The productivity of the NHS in England has improved by just 1% a year over the past 35 years, a King's Fund report says. Day surgery, prescribing of generic drugs, and reduced hospital tariffs have had an effect, but more needs to be done, says the report, including dealing with the overuse, underuse, and misuse of care and improving care of patients with long term conditions.

WHO urges higher taxes on tobacco:

Just 33 countries (with 10% of the world's population) levy taxes of 75% or more on the price of a packet of cigarettes, a low cost measure that curbs smoking and generates funds for health services, a World Health Organization report says.

Cite this as: *BMJ* 2015;351:h3681



Act 2003 in England, Wales, and Northern Ireland and the Prohibition of Female Genital Mutilation Act 2005 in Scotland, which state that female genital mutilation is illegal.

If it is confirmed that a girl under 18 years of age has undergone genital mutilation it is mandatory to report it to the police, the guideline adds. Other cases should be reported if the unborn, or any related, child is considered at risk.

Acute care trusts, general practices, and mental health trusts in England are required to record data about women who have undergone genital mutilation. The guideline says, "All gynaecologists, obstetricians

and midwives should receive mandatory training on FGM and its management, including the technique of de-infibulation."

All pregnant women should be asked for a history of genital mutilation at their antenatal visit booking, and the information documented in the maternity record, the guideline says.

Re-infibulation performed just after vaginal delivery is not covered by the female genital mutilation acts. However, the latest guideline emphasises that there is "no clinical justification" for re-infibulation and that it should not be undertaken under any circumstances.

[Cite this as: BMJ 2015;351:h3709](#)



Dharmasena had not been trained in dealing with female genital mutilation or read the hospital's policy on it and had put in a small suture to stop bleeding

UK lags behind on cancer survival but outperforms on low antibiotic prescribing

Jacqui Wise LONDON

The United Kingdom lags behind most other high income countries in several measures of healthcare, including preventable admissions to hospital, cancer survival, and mortality from heart attacks and strokes, says a new report by the think tanks the Nuffield Trust and the Health Foundation.¹

However, the UK's performance has improved on almost every measure since 2000, and it does better than other countries in achieving high rates of flu vaccination and lower rates of prescribing of antibiotics.

The report was based on an analysis of 27 healthcare quality indicators between 2000 and 2013 across four sectors: primary care, acute care, care of patients with cancer, and mental healthcare. The report compared 15 countries: Australia, Belgium, Canada, France, Germany, Greece, Ireland, Italy, the Netherlands, New Zealand, Portugal, Spain, Sweden, the United States, and the UK.

The report said it was worrying that the UK performed worse than most countries on 14 of the 27 indicators and that performance on two indicators had deteriorated. Numbers of potentially preventable admissions to hospital for chronic respiratory conditions, including

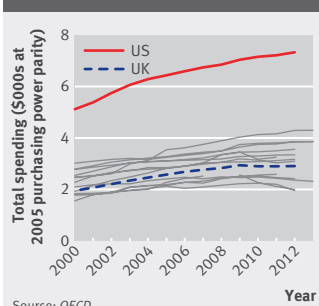
asthma and chronic obstructive pulmonary disease, remain relatively high in the UK. For example, in 2011 the UK had 61 hospital admissions for asthma per 100 000 population, whereas the number was only 13.6 in Canada and 11.4 in Italy.

Mortality from heart attacks has fallen in the UK in recent years but still lags behind five other countries. In 2011 in the UK 10% of people over the age of 45 died 30 days after an infarction, which compared with 8.4% in New Zealand and 8.5% in Sweden.

The UK performed very well on cancer screening, with over three quarters of 50-69 year olds being screened for breast cancer between 2000 and 2012. But it lagged behind other countries on survival from breast, bowel, and cervical cancer.

[Cite this as: BMJ 2015;351:h3618](#)

Annual health spending per head in OECD countries



Two thirds of NHS trusts forecast a deficit this year, up from a quarter last year

Ingrid Torjesen LONDON

Two thirds of NHS trusts in England, including nine in 10 acute care trusts, are forecasting a deficit at the end of the 2015-16 financial year, a survey of finance directors by the think tank the King's Fund shows.

The survey of 254 finance directors at NHS trusts was carried out between 5 June and 22 June 2015. One hundred responded, of whom 66% forecast an end of year deficit, up from 25% at the same time last year. Among acute care trusts 89% forecast a deficit, up from 21% last year.

And 62% of the finance

directors said that even these pessimistic forecasts depended on the provision of additional financial support, running down their reserves, or both.

Richard Murray, director of policy at the King's Fund, said, "Last year's deficit among NHS providers was unprecedented, but this year is shaping up to be much worse. If the chancellor does not find additional funding in the Budget, the government must face the consequences: either patient care will suffer or the Department of Health will overspend its budget this year."

[Cite this as: BMJ 2015;351:h3670](#)

£40m is wasted on GP data extraction system

Ingrid Torjesen LONDON

The £40m General Practice Extraction Service (GPES), the IT system designed to allow NHS organisations to extract data from general practice computer systems in England for monitoring and research purposes, cannot provide the services intended, an investigation by the National Audit Office (NAO) has shown.¹

The GPES was meant to extract data from general practice computer systems in England to allow NHS organisations to monitor quality, and to aid research. It was also intended to play a key role in the care.data initiative to enable the Health and Social Care Information Centre to extract patient information from GPs' computer systems and align it with Hospital Episode Statistics data, to provide a comprehensive NHS dataset.

However, four years after GPES was scheduled to start, just one customer, NHS England, has received data through it.

The NHS Information Centre began the GPES project in 2007 with the aim of extracting the first data for customers by 2009-10, but it took until April 2014 to provide the first data, leading customers to seek alternative data sources.

[Cite this as: BMJ 2015;351:h3609](#)



LAINNE MILTON/PANOS

In 2013 Cuba saw only two babies born with HIV and only five born with syphilis

Cuba is first country to eliminate mother to child transmission of HIV and syphilis

Anne Gulland LONDON

Cuba has become the first country to receive validation from the World Health Organization for having eliminated mother to child transmission of HIV and syphilis.

In 2010 all countries of the Americas, including the United States and Canada, committed to eliminating mother to child transmission of these two diseases by 2020. Cuba has been the first to officially achieve that goal, but another 30 countries in the region are close, said Carissa Etienne, director of the Pan American Health Organization, at a press conference to announce Cuba's success.

To achieve official recognition Cuba had to show for at least one year that new infections from

mother to child transmission of HIV had fallen below 50 cases in 100 000 live births and that the rate was less than 5% in breastfeeding populations and less than 2% in non-breastfeeding populations.

The country also had to demonstrate that rates of mother to child transmission of syphilis were lower than 50 cases in 100 000 live births.

Other indicators for recognition included: 95% of pregnant women knowing their HIV status; 95% of HIV positive pregnant women receiving antiretroviral drugs; and over 95% of pregnant women with syphilis receiving treatment. In 2013 Cuba saw only two babies born with HIV and only five born with syphilis.

Cuba's public health minister, Roberto Morales Ojeda, said that his country's achievement showed the success of its healthcare system, which is "free, accessible, universal and whose main strength is primary healthcare."

Etienne added, "If you have a resilient healthcare system, based on primary healthcare and universal health coverage, then you can confront any challenge, be it natural disasters, emerging infectious diseases, or re-emerging infectious diseases."

She said that Cuba's success proved that "vertical" top-down healthcare systems were not the way to manage and treat diseases such as HIV. "Health systems based on primary healthcare and universal access to health are the best and most sustainable way for any country to ensure the health and wellbeing of its people," she added.

Although the Joint United Nations Programme on HIV and AIDS (UNAIDS) and WHO target of eliminating mother to child transmission of HIV globally by 2015 will not be met, eight of the 22 countries that account for 90% of new HIV infections have reduced their infection rate by over 50%. The countries that have requested official validation of zero mother to child infections include Bulgaria, Cambodia, Moldova, Oman, Sri Lanka, and Turkmenistan.

Cite this as: *BMJ* 2015;351:h3607

US sees first measles death in 12 years

Michael McCarthy SEATTLE

Washington state health officials reported on 2 July that an autopsy showed that a woman who died earlier this spring had died from measles. It is the first death from measles to be reported in the United States in 12 years.

The woman, whose name and age were not released by officials, had several health conditions and was taking drugs that suppress the immune system. The woman lived in Clallam County on the Olympic Peninsula, which had a measles outbreak this spring.

Officials said that during the outbreak she had visited a medical facility at the same time as a person who later developed a rash and who was contagious for measles.

The woman, however, did not develop typical symptoms of measles, such as a rash, and the infection was not discovered until after her death, which has now been determined to be caused by pneumonia that was due to measles.

As at 26 June, 178 measles cases in 24 states and the District of Columbia have been reported in the US so far this year. Most of these, 117 (66%), were part of a large multi-state outbreak linked to two Disney theme parks in southern California.¹

Cite this as: *BMJ* 2015;351:h3653

US vaccine researcher is jailed for fraud

Michael McCarthy SEATTLE

A vaccine researcher in the United States who admitted to fabricating and falsifying HIV vaccine research results has been sentenced to 57 months in prison and ordered to repay \$7.2m (£4.6m) to the US National Institutes of Health (NIH), which funded much of his work.

The researcher, Dong-Pyou Han, pleaded guilty to the charges earlier this year. At the time of the fraud Han was a research assistant professor in the Department of Biomedical Services at Iowa State University of Science and Technology in Ames, Iowa.

An investigation conducted by the university found that Han had intentionally spiked samples of rabbit serum with human antibodies to make it appear that rabbits immunised with the gp41-54 moiety of the HIV gp41 glycoprotein produced antibodies capable of neutralising a broad range of HIV-1 strains.

The results were not published but were presented at national and international meetings from 2010 to 2013. Because it has been difficult to induce such broad immunity, the results caused considerable excitement and led the NIH to award



CHARLIE NEIBERG/AP/PA

Han's fraud was uncovered by a researcher at an outside laboratory

as much as \$20m in grants to the university.

The fraud was uncovered in 2013 after a collaborating researcher at an outside laboratory reported detecting

human antibodies in samples sent from the Iowa State University laboratory. An investigation was launched, and shortly thereafter Han confessed and resigned his position.

Han, a South Korean national, said that he had initially mixed up samples in error and had then sought to cover up the mistake by fabricating and falsifying data.

The case was reviewed by the US Department of Health and Human Services' Office of Research Integrity, which banned Han from receiving federal funding for three years. However, Han's case was later taken up by federal prosecutors.

Cite this as: *BMJ* 2015;351:h3651

RESEARCH NEWS

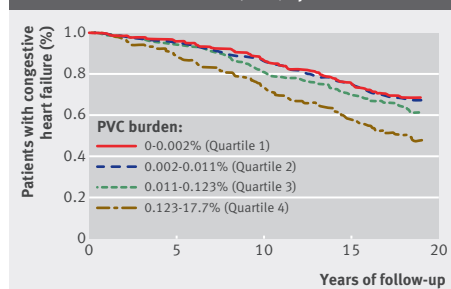
CONGESTIVE HEART FAILURE

Abnormal extra heartbeats are risk factor for heart failure

Having commonly occurring abnormal extra heartbeats known as premature ventricular contractions may be a modifiable risk factor for congestive heart failure, a large US follow-up study has shown.¹ The study, in the *Journal of the American College of Cardiology*, assigned 1139 people aged 65 and over to 24 hour ambulatory electrocardiography. All participants had normal left ventricular fraction and no history of congestive heart failure.

Results showed that people in the top quarter for frequency of premature ventricular

Unadjusted Kaplan-Meier estimates of congestive heart failure by premature ventricular contraction (PVC) quartiles



contractions at baseline had a three times higher risk of decline in left ventricular ejection fraction (LVEF) over five years than people in the lowest quarter (odds ratio 3.10 (95% confidence interval 1.42 to 6.77); $P=0.005$). They also had a 48% higher risk of developing congestive heart failure over a median follow-up of more than 13 years (hazard ratio 1.48 (1.08 to 2.04); $P=0.02$) and a 31% higher risk of death (1.31 (1.06 to 1.63); $P=0.01$). The population risk for congestive heart failure attributed to premature ventricular contractions was 8.1% (1.2 to 14.9).

The authors said, "Given the capacity to prevent premature ventricular contractions through medical or ablation therapy, they may represent a modifiable risk factor for congestive heart failure and death."

Cite this as: *BMJ* 2015;351:h3674

TYPE 2 DIABETES

Gastric surgery improves remission rates

Two thirds of obese patients with type 2 diabetes who had a gastric bypass did not need any antidiabetes drugs three years after their operation, a US study in *JAMA Surgery* has shown. The study also found that a third of patients who had less invasive gastric banding

showed remission of their diabetes.¹

The trial examined outcomes among 61 obese patients with type 2 diabetes randomised to three groups: one group had an intensive lifestyle weight loss intervention for one year followed by a low level lifestyle intervention for two years; the second group underwent a Roux en Y gastric bypass; and the third group had laparoscopic adjustable gastric banding. The participants who underwent bariatric surgery also received low level lifestyle intervention in years two and three.

Fifty two of the participants were evaluated over three years. Partial or complete diabetes remission was achieved by 40% (8) of those who had a gastric bypass, 29% (6) who had a gastric band, and none of those in the intensive weight loss group ($P=0.004$). After three years 65% of those who had the gastric bypass and 33% of those who had a gastric band had gone from using insulin or oral drugs at baseline to needing no drugs. In contrast, none of those in the intensive weight loss group managed to do so.

The mean reduction in percentage of body weight after three years was greatest after gastric bypass (25%), followed by gastric banding (15%) and lifestyle treatment (5.7%). More than 40% of the study population were people at the lower end of the definition of obesity (body mass index 30-35).

Cite this as: *BMJ* 2015;351:h3603

STROKE

Even small brain lesions raise the risk of stroke and death

Even very small brain lesions detected by magnetic resonance imaging should not be dismissed, researchers have said.¹ Subclinical brain infarctions are usually defined as larger than 3 mm in patients with no history of clinical stroke, and smaller ones are typically ignored. But a new study published in *Annals of Internal Medicine* found that, in asymptomatic patients with no history of clinical stroke, having brain lesions that were smaller than 3 mm tripled the risk of stroke and death. If small and large lesions were both present, the risk rose to eightfold.

The study involved 1884 adults aged 50 to 73 who had no prior stroke and who were given a brain MRI scan. Half of the participants were black, and 60% were women. The patients were followed for an average of 14.5 years, during which time the researchers recorded 157 clinical strokes, 50 stroke related deaths, and 576 deaths from all causes.

Compared with no lesions, the risk of stroke

tripled with lesions smaller than 3 mm only (hazard ratio 3.47 (95% confidence interval 1.86 to 6.49)) and doubled with lesions that were 3 mm or larger only (1.94 (1.22 to 2.07)).

The risk was eight times higher with lesions of both sizes (8.59 (4.69 to 15.73)). Risk for stroke related death tripled with lesions smaller than 3 mm only (3.05 (1.04 to 8.94)) and was seven times higher with lesions of both sizes.

Cite this as: *BMJ* 2015;351:h3621

BREAST CANCER

Mammography screening is linked to overdiagnosis

Screening mammography results in overdiagnosis, researchers have warned, as more small cancers are detected but there is no corresponding decline in the detection of larger cancers and no significant change in deaths from breast cancer. A study published in *JAMA Internal Medicine* examined cancer registry data on 16 million women aged 40 and over who lived in 547 US counties in the year 2000.¹ Of these women, 53 207 had breast cancer diagnosed that year and were followed up for 10 years.

A positive correlation was found between the extent of screening and breast cancer incidence but not with breast cancer mortality. An absolute increase of 10 percentage points in the extent of screening was associated with 16% more breast cancer diagnoses (relative risk 1.16 (95% confidence interval 1.13 to 1.19)) but no significant change in breast cancer deaths (1.01 (0.96 to 1.06)).

More screening was strongly associated with a higher incidence of small breast cancers of 2 cm or less but not with a lower incidence of larger breast cancers over 2 cm. An increase of 10 percentage points in screening was associated with a 25% increase in the incidence of small breast cancers and a seven percentage point increase in the incidence of larger breast cancers.

Despite the findings the authors did think that there was still a place for screening mammography. "The balance of benefits and harms is likely to be most favourable when screening is directed to those at high risk, provided neither too frequently nor too rarely, and sometimes followed by watchful waiting instead of immediate treatment," they said.

Cite this as: *BMJ* 2015;351:h3661



ZEPHYRUS

IN BRIEF

WMA condemns Australia for trying to gag doctors

at asylum seeker detention centres: The World Medical Association's president, Xavier Deau, and chair, Ardis Hoven, have written to Australia's prime minister, Tony Abbott, calling on the Australian government to allow doctors to speak out about the health of asylum seekers in Australian detention centres. The recent Australian Border Force Act threatens anyone who discloses information obtained while working at a detention centre with a two year prison sentence.

Dutch universities plan to boycott Elsevier after it fails to agree open access deal:

Universities in the Netherlands are to ask their researchers to resign from editor in chief posts with Elsevier journals because the publisher will not agree an open access deal. The universities won't renew a deal in which they gain access to all of Elsevier's subscription journals unless the publisher ensures, without significant price rises, that 60% of the country's scientific output is open access by 2019 and 100% by 2024. If this action does not succeed the universities plan to ask Dutch researchers to stop reviewing for Elsevier journals and may, as a last resort, ask them to stop publishing papers in its titles.

Care Quality Commission publishes 37 more reports on GP clinics:

Twenty nine of 37 general practices inspected in the latest round by the Care Quality Commission have been rated as good and three as outstanding. Four were rated as requiring improvement and one as inadequate. The CQC intends to rate all England's general practices according to whether they are safe, effective, caring, and responsive by April 2016, and since 1 April practices have been required to display their ratings on their premises and on their websites.

GPs believe that patients are becoming more aggressive and violent:

A Medical Protection Society survey found that 46% of 254 GP members who responded believed that patients were more violent and aggressive than five years ago. Half (51%) had experienced violent or aggressive behaviour from patients, and a third (34%) of those respondents accepted it as part of their job. (See BMJ Careers <http://careers.bmj.com/careers/advice/view-article.html?id=20022763>.)

**Genetically engineered mosquito suppresses dengue carrying mosquito population:**

A genetically engineered mosquito reduced the population of dengue mosquito by 95% in a trial area in Brazil, well below the threshold for epidemic disease transmission, says research published in *PLOS*

Neglected Tropical Diseases.¹ Male genetically modified mosquitoes were released to mate with the *Aedes aegypti* mosquito; the resulting offspring died before they could reproduce and become transmitters of the disease.

Patients with dementia are forced to rely on family and friends:

Over three quarters of GPs (77%) think their patients with dementia rely on family because they don't get enough help from health and social care services. The survey of over 1000 GPs for the Alzheimer's Society also found that almost as many (73%) believed their patients were forced to depend on friends, neighbours, and other unpaid carers for support.

Cite this as: *BMJ* 2015;351:h3681

Royal college clarifies how doctors should manage cases of female genital mutilation

Ingrid Torjesen **LONDON**

The Royal College of Obstetricians and Gynaecologists has revised its guideline on female genital mutilation to clarify healthcare professionals' legal responsibilities, the requirements to notify cases, and the management of women who have undergone mutilation who are pregnant or giving birth.

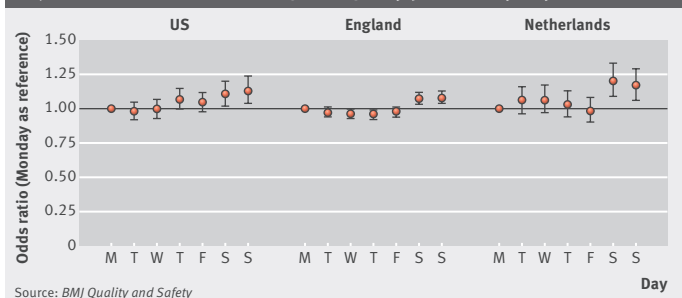
The update comes after the first attempted UK prosecution of a doctor for female genital mutilation.

Dhanuson Dharmasena, a trainee registrar in obstetrics and gynaecology

at the Whittington Hospital in north London, who was acquitted earlier this year,¹ was accused of reinfibulating a woman by sewing her labia together after the birth of her first child.² But he told the jury that he had put only a small suture at the top of a cut he had made to deliver the baby, to stop bleeding. The judge suggested that the doctor had been made a scapegoat for the hospital's systemic failures.

The royal college's updated guideline emphasises that all healthcare professionals must be aware of the Female Genital Mutilation

Adjusted odds of death among emergency patients by day of admission



Weekend effect on deaths is international

Jacqui Wise **LONDON**

The raised risk of death after admission to hospital at a weekend is not just a problem in England but is common in other developed countries, new research published in *BMJ Quality and Safety* shows.¹

Researchers examined data from the Global Comparators project covering almost three million admissions to 28 city hospitals in England, Australia, the Netherlands, and the United States during 2009-12.

The risk of dying within 30 days was higher among emergency admissions at the weekend than on Mondays at hospitals in England, the Netherlands, and the US. The risk was 8% higher in 11 hospitals in England (adjusted odds ratio 1.08 (95% confidence interval 1.04 to 1.13) on Sunday), 13% higher in five US hospitals (1.13 (1.04 to 1.13) on Sunday) and 20% higher in six Dutch hospitals (1.20 (1.09 to 1.33) on Saturday).

In Australian hospitals no significant increase was seen in the risk of death within 30 days among emergency admissions at the weekend, but the researchers found a "weekend effect" among deaths within seven days.

In elective surgical procedures a weekend effect on mortality was observed in all four countries.

The authors said that the explanation for increased mortality was multifactorial and that some diagnoses and procedures may be particularly sensitive to hospital services that are reduced over the weekend. Weekend patients may be subject to reduced and unsuitably skilled staff, as well as reduced availability of diagnostics.

In a linked editorial Richard Lilford and Yen-Fu Chen cautioned against rushing to conclusions, as the data were unlikely to be nationally representative.

Cite this as: *BMJ* 2015;351:h3659

● MARGARET McCARTNEY, p 23

James Cave

Torn to shreds by Sister Harvey



PETER LOCKE

JAMES CAVE, 54, is editor in chief of the *Drug and Therapeutics Bulletin*, published by BMJ Publishing Group. He has been a partner at the Downland Practice in Berkshire for 20 years. Under his editorship the *DTB* has campaigned for the abolition of prescription charges, which he describes as a poorly conceived and manifestly unfair tax in need of reform. England is the only UK country to retain the charges. He likes cars but distrusts single disease charities.

What was the worst mistake in your career?

"During my house jobs I set up a nitrate infusion on a man in the coronary care unit. Despite having to go down to the night pharmacy and use up the whole hospital supply of the drug, the penny didn't drop that my infusion was 100 times more concentrated than it should have been. Thankfully, the patient came to no harm (and spent a night with no chest pain)"

What was your earliest ambition?

As corny as it may sound, I've always wanted to be a GP. My father was a GP, and I loved the relationship he had with his patients.

Who has been your biggest inspiration?

My granny: a strong Welsh woman who remained young and interested in life right up to her 99th year. She always saw the best in people, and I loved dropping in to have tea with her when I was working on a Kent fruit farm.

What was the worst mistake in your career?

During my house jobs I set up a nitrate infusion on a man in the coronary care unit. Despite having to go down to the night pharmacy and use up the whole hospital supply of the drug, the penny didn't drop that my infusion was 100 times more concentrated than it should have been. Thankfully, the patient came to no harm (and spent a night with no chest pain). Sister Harvey pinned me up against the wall in the sluice room and tore me to shreds the following morning: a far more educational experience than a significant event analysis.

What was your best career move?

Was it doing my surgery with Tom Bates in Ashford, Kent—a surgeon practising evidence based medicine in the 1980s? Or managing to get onto the Stoke Mandeville GP vocational scheme? At that time the jobs were a brilliant mix for general practice.

Do you support doctor assisted suicide?

The law is always a blunt instrument, and this is no place for blunt instruments.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?

They come and go, but I'm not that sure any of them have understood primary care and the essential characteristics that make it work. The current model for the NHS, with a here-today-gone-tomorrow politician at its head, is wrong for the 21st century.

Where are or were you happiest?

Probably now. My children seem to have grown up into pretty rounded people despite me, and I love my work—in the practice, with BMJ Publishing, and at Red Whale (www.gp-update.co.uk/Red-Whale).

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

Information technology has transformed general practice. It's sometimes forgotten that it was GPs who drove the IT agenda in its early days. Having to sit at the dining room table every night writing out repeat prescriptions for his patients was a pain my father could have done without, and he jumped at the chance of letting a computer do it for him.

What book should every doctor read?

The Citadel by AJ Cronin.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

A passage in Justine Picardie's novel *Daphne*, which talks of a peaceful death and happy life. It reminds us that to really live life to the full is better than to live life dead to the world.

What is your guiltiest pleasure?

Civ III, the computer game. I fire up my old laptop from time to time and then spend hours trying to dominate the world.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*? What television programmes do you like?

Top Gear, every time. I think that there must be a *Top Gear* gene (probably on the Y chromosome) and that, if you have it, you are powerless to find those programmes anything other than brilliant.

What, if anything, are you doing to reduce your carbon footprint?

I shower only a few times a week, and I wear a jumper in the house rather than have the heating on.

What personal ambition do you still have?

I feel as if I've hardly started. I'd love to develop the *DTB* further; it's such a strong and important publication. Very few truly independent publications are available to clinicians these days.

Summarise your personality in three words

My wife says that I'm intense, amusing, and an arse; my daughter says that I'm funny, paranoid, and nice; my son says, "a leader among men"; a friend suggests, "intense, pompous (in an endearing way), and supportive." Take your pick!

Where does alcohol fit into your life?

I love a beer, and I'll have a drink most evenings.

What is your pet hate?

Single disease charities. They all play the "My disease is more important than anything else" card and usually denigrate general practice. It's too easy to be an expert in one thing.

Cite this as: *BMJ* 2015;351:h3625