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APA colluded with Pentagon and CIA to protect interrogation programme, report finds

Michael McCarthy SEATTLE

Officials of the American Psychological Association colluded with the US Department of Defense, the Central Intelligence Agency, and other officials of George W Bush's administration to permit psychologists to participate in “enhanced interrogations” that used techniques such as waterboarding, widely considered to be torture, a new report has found.¹

The 542 page report, released on 10 July, was commissioned by the association and prepared by a team led by David H Hoffman, an attorney in the Chicago office of the Sidley Austin law firm and a former federal prosecutor.

At issue was whether association officials worked with US government officials to formulate ethical guidelines that were aligned with the Bush administration's policies so that psychologists could participate in the harsh interrogations of detainees held at the US Guantanamo Bay military prison and at secret CIA “black sites” set up around the world after the terrorist attacks on 11 September 2001.

The guidelines were drawn up in 2005 by a specially commissioned association task force, the Presidential Task Force on Ethics and National Security (“PENS”), and adopted shortly thereafter by the association's board.²

Critics of the guidelines have long charged that they violated traditional professional ethical standards, put few limits on the types of interrogation in which psychologists could participate, and dovetailed so closely with policies formulated by the Bush administration that they



Critics say that the 2005 association guidelines seemed to have been drawn up in coordination with officials of the Bush administration

seemed to have been drawn up in coordination with government officials.^{3,4} The association had repeatedly denied such collaboration.

The report, however, concluded that these critics were by and large correct: “Our investigation determined that key APA officials, principally the APA Ethics Director joined and supported at times by other APA officials, colluded with important DoD [Department of Defense] officials to have APA issue loose, high-level ethical guidelines that did not constrain DoD in any greater fashion than existing DoD interrogation guidelines.”

At the time, the US Office of Legal Counsel had defined torture in narrow terms that allowed the use of such measures as stress positions, sleep deprivation, and waterboarding in interrogations of

detainees. A 2002 memorandum from the Office of Legal Counsel said that, to be considered torture, the pain inflicted “must be the equivalent in intensity to the pain accompanying serious physical injury, such as organ failure . . . or even death.”

The American Psychological Association's principal motive for adopting the 2005 ethical guidelines was to “curry favor” with the Department of Defense, one of the largest employers of psychologists, the report said.

The investigators found that association officials “engaged in a pattern of secret collaboration” with government officials to defeat efforts by the association's Council of Representatives to pass resolutions that would have prohibited participation in the interrogations.

Cite this as: *BMJ* 2015;351:h3805

IN BRIEF

England has wide variation in cancer rates:

The North West has England's highest incidence of cancer (636.6 per 100000) and London the lowest (571.0 per 100000), show data from the Office for National Statistics (*BMJ* 2015;351:h3792). Rates were also higher than average in Yorkshire and Humber (616.6), the South West (604.1), and the West Midlands (602.9).

State drug company gets new freedoms:

Public Health England has transferred its drug development and production department to a new standalone company, Porton Biopharma, which will remain state owned (*BMJ* 2015;351:h3780). Its managing director, Roger Hinton, said that the change would enable the company to shape its own future, pursue more opportunities, and respond more rapidly to drug markets.

Centralisation of cancer surgery to be evaluated:

Researchers are to evaluate the effect of having fewer hospitals delivering specialist cancer surgery services in London and Manchester, where services are being centralised for prostate, bladder, renal, and oesophagogastric cancer (*BMJ* 2015;351:h3820).

The same team's evaluation of stroke services in London led to fewer centres in Manchester.



Success in reducing HIV cases:

The number of new HIV infections has fallen from 3.1 million in 2000 to two million last year, a reduction of 35%, achieving the UN millennium development goal of halting and reversing the spread of HIV, says a new report by UNAIDS (*BMJ* 2015;351:h3832).

Cite this as: *BMJ* 2015;351:h3816

IN BRIEF

Companies fined for supplying defective prefilled syringes:

The company Fresenius Kabi has been fined £500 000 plus £5900 in costs and Calea UK £50 000 with £5900 costs for supplying hospitals with defective prefilled syringes that contributed to the death of a patient with diabetes. Neil Judge developed multiorgan failure after being treated with a batch of insulin syringes that contained no insulin. The faulty syringes were supplied to Sheffield Teaching Hospitals NHS Foundation Trust by Fresenius Kabi as a licensed wholesaler for Calea UK, the manufacturer.

Breast cancer campaign targets older women:

About a third of women who receive a diagnosis of breast cancer report a symptom other than a lump, says a campaign from Public Health England to increase the knowledge of lesser known symptoms among women over 70. Women should also look out for changes in the shape of their breasts, the nipple, and the skin. The agency said that older women were more likely to delay going to their GP with symptoms of breast cancer.

A third of overweight teenagers don't think they are:

A study that asked 4979 adolescents aged 13 to 15 if they thought they were too heavy, about right, or too light found that almost half of overweight or obese boys (47%) and a third (32%) of overweight or obese girls identified themselves as "about the right weight" or "too light." In comparison, 83% of normal weight boys and 84% of normal weight girls correctly identified themselves as "about the right weight."¹

The BMJ "a standout winner" in publishing awards:

The BMJ won the award for "business magazine of the year" at the Professional Publishers Association last week. Judges praised *The BMJ* for its pioneering journalism: "This is a title that manages to both challenge and support its industry, playing a central role in acting as a whistleblower and a campaigner at the same time. The judges felt the confidence in its voice is only increasing with time . . . a standout winner in this category."

The BMJ's editor is ranked 11th most influential clinical leader:

Fiona Godlee, editor in chief of *The BMJ*, has been ranked 11th in the top 100 clinical leaders in the United Kingdom for 2015 as judged by a panel assembled by the *Health Service Journal*. The panel said that Godlee was not afraid to speak up about sometimes controversial issues. Bruce Keogh, medical director of NHS England, was ranked first. The BMA's chair of council, Mark Porter, was ranked 17th.

**Drug agency to review safety of HPV vaccines:**

The European Medicines Agency is reviewing human papillomavirus vaccines after reports of two possible side effects: complex regional pain syndrome (a chronic pain condition affecting the limbs) and postural orthostatic tachycardia syndrome (abnormally fast heart rate causing fainting, dizziness, headache, chest pain, and weakness). The agency said that the conditions can occur in unvaccinated people and that "it is considered important to further review if the number of cases reported with HPV vaccine is greater than would be expected."

Cite this as: *BMJ* 2015;351:h3816



A 20% tax could reduce the prevalence of obesity by 180 000 people

BMA calls for 20% tax on sugary drinks

Ingrid Torjesen **LONDON**

The British Medical Association is calling on the government to introduce a 20% tax on sugary drinks to help tackle the increasing prevalence of obesity and diet related health problems in the United Kingdom by using the money to subsidise the cost of fruit and vegetables.¹

The BMA also wants the government to make it mandatory for all the 3500 independently

run academy schools and 200 free schools in England to adhere to the same food standards as set for state schools, such as not serving soft drinks.

The BMA's report, *Food for Thought*, emphasises that, with a third of the population projected to be obese by 2030, wide ranging action is needed to promote a healthier diet, particularly among children and teenagers. "Consideration should therefore be

Hospices outperform hospitals on care quality

Ingrid Torjesen **LONDON**

Bereaved people in England rate the care provided by hospitals at the end of their relative's life lower than that provided by hospices, care homes, and services in the community, shows a survey from the Office for National Statistics.¹

Overall, 75% of bereaved people rated the quality of care of their relative or friend in the last three months of life as outstanding, excellent, or good and 10% as poor, found the annual national survey of bereaved people, VOICES (Views of Informal Carers—Evaluation of Services).

However, quality of care was rated lower when the patient died in hospital than when they died in other settings: 69% of bereaved people whose relative or friend died in a hospital rated the care as outstanding, excellent, or good, compared with 83% where the death occurred in a hospice, 82% in a care home, and 79% at home.

Ratings of fair or poor quality of care were higher, across all care settings, among people living in

the most deprived areas (30%) than among those in the least deprived (21%).

Furthermore, a third (33%) of relatives and friends of patients admitted to hospital at some stage during the last three months of their life reported that the hospital services did not work well with GP and other services outside the hospital. Hospital staff were also less likely to be rated as "always showing dignity and respect": the proportions were 59% for hospital doctors and 53% for hospital nurses but 88% and 85%, respectively, for doctors and nurses in hospices.

Claire Henry, chief executive of the National Council for Palliative Care, said, "There needs to be strong national and local leadership, improved training and support for health and care staff, and an unwavering commitment to putting people who are dying first and providing coordinated services which meet their needs and choices."

Cite this as: *BMJ* 2015;351:h3776

given to the introduction of fiscal measures to subsidise the sale of fruit and vegetables in the UK, which could be funded by the introduction of a tax on sugar-sweetened beverages,” the report says.

Sheila Hollins, chair of the BMA's board of science, said, “We know from experiences in other countries that taxation on unhealthy food and drinks can improve health outcomes, and the strongest evidence of effectiveness is for a tax on sugar sweetened beverages. If a tax of at least 20% is introduced, it could reduce the prevalence of obesity in the UK by around 180 000 people.

“We know that the majority of the UK population, particularly low income households, are not consuming enough fruit and vegetables, so financial measures should also be considered to subsidise their price, which has risen by 30% since 2008.

Cite this as: *BMJ* 2015;351:h3803

Sexual health services in England lack clear accountability and proper oversight

Caroline White LONDON

The changes to healthcare made under the previous health secretary, Andrew Lansley, have left sexual health and HIV services in England without any clear lines of accountability or proper oversight of the quality and outcomes they deliver, concludes a report by a cross party group of peers and MPs.¹

The All Party Parliamentary Group on Sexual and Reproductive Health launched an inquiry last August, prompted by concerns that the new arrangements were fragmenting commissioning and service provision and creating “silos” in previously integrated areas of public health.

The reorganisation made local government accountable for the bulk of sexual health services, as part of its new public health remit, with the remainder split between primary care and NHS England.

But the report, which drew on written and spoken evidence to the inquiry from a wide range of people and organisations working in sexual and reproductive health, found that although the restructuring had created new national bodies, such as NHS England and Public Health England, lines of accountability had never been clearly set out. “This has led to a lack of proper oversight of the quality and outcomes delivered by commissioners,” said the report, which urged the government to act swiftly to rectify the situation.

“Without this, the APPG [All Party Parliamentary Group] believes there is insufficient national coordination to enable local commissioners to work together in an effective way which meets the needs of service users in their area. This has to be addressed as a matter of urgency,” the report said.

Cite this as: *BMJ* 2015;351:h3798

GP shortage could mean “untrained” doctors being used, doctors fear

Tom Moberly THE BMJ

A plan to use government money intended to expand access to primary care to employ doctors who aren't trained as GPs to provide primary care medical services has been criticised by the BMA and the Royal College of General Practitioners.

The Shropshire Doctors Co-operative is recruiting a “community physician” to work in several practices across Shropshire and Staffordshire. The advertisement for the role does not require applicants to have completed GP training.

The BMA said that only GPs could provide certain primary care services and that the provision of such roles could be misleading.

Cite this as: *BMJ* 2015;351:h3834

UK is failing its poorest children by not investing in early years, conference hears

Matthew Limb LONDON

The UK is “failing” its poorest children and condemning them to ill health in later life, a leading child health expert has said.

Rosalind Smyth, director of the Institute of Child Health at University College London, called for more investment to support families and children in the early years. “We are seeing a return of some of the diseases of the Victorian era, such as rickets. As a nation, we need to pay attention to this,” she said.

Smyth was speaking in London

on 9 July at a Westminster Health Forum seminar on the next steps for public health and for health and wellbeing boards. She said that the UK's record on child poverty and deaths among under 5s compared unfavourably with other western European nations.

“France, Germany, and Scandinavian countries spend considerably more than the UK on health, and that is closely related to better mortality,” she said.

Measures taken early to tackle risk factors and increase health promotion would improve healthy

life expectancy and reduce health inequalities, Smyth said.

Smyth told the conference, “In terms of investment, the greatest return is in the prenatal period, followed by early years. By the time we get to later childhood and adulthood the return on investment in terms of lifelong health is much less.

“But what are we doing? We are doing the opposite—we are spending considerably more in adult life on health, education, social services . . . and we spend very little on our children.”

She said that the UK was actually “disinvesting in early years” and in initiatives such as Sure Start children's centres, which had been shown to help children in poverty and to raise educational attainment. “We are failing these children in the poorest parts of our society,” she warned.

Smyth said that some £377bn a year went on social spending, including benefits and pensions, compared with only £12bn on early action interventions in health and social policy.

Cite this as: *BMJ* 2015;351:h3787



BSIP/MAY/SP/L

£377bn

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JANINIE WIEDELAJALANY

Bill to boost US medical research funding is passed by Representatives

Michael McCarthy SEATTLE

A bill that will substantially boost funding for the US National Institutes of Health (NIH), but which critics have said contains provisions that undermine the US drug approval process, was easily passed in the US House of Representatives on 10 July, in a vote of 344 to 77.

If passed by the Senate in its present form and signed into law, the bill, called the 21st Century Cures Act, would increase funding for the NIH by nearly \$9bn (£5.8bn) over five years.¹ An additional \$550m would go to the Food and Drug Administration to enable it to streamline and expedite drug and medical device approvals along the lines mandated by the bill.

NIH funding, which is \$30.4bn for the fiscal year 2015, has been essentially flat for a decade, resulting in a more than a 20% decline in purchasing power because of the rise in the cost of medical research.

Fred Upton, a Republican from Michigan who cosponsored the bill, said the act would “make sure our laws, regulations, and resources keep pace with scientific advances.”

Cite this as: *BMJ* 2015;351:h3831



Although some pharmacists are sporadically closed, Panagiotis Kouroumbilis, the health minister, says that the government has managed to ensure the normal flow of medicines

KONSTANTINOS TSAKALIDIS/ALAMY LIVE NEWS

Pressure mounts on drug supplies in Greece as some firms demand cash

Julianna Photopoulos ATHENS

Some pharmacies in Greece are being asked to pay suppliers in cash and are facing restrictions on the orders they can place, members of the industry have said. There have also been reports that some patients are unable to meet their share of the cost of drugs and that some people are stockpiling drugs.

However, the government has said that there were currently no signs that the flow of drugs has been affected by the financial uncertainty in Greece, after a meeting on 9 July between Panagiotis Kouroumbilis, the health minister, and Konstantinos Lourantos, president of the Panhellenic Pharmaceutical Association.

Kouroumbilis said, “Although we have been experiencing this crisis for the past 10 days, we have managed to ensure the normal flow of medicines in the market. We have therefore ensured that all citizens have access to medicines.”

He added, “If shortages arise in a pharmacy, this is not due to the current circumstances but falls within a broader framework that has existed in the past. Hospitals are also operating regularly.”

Lourantos said that at least 20 drug wholesalers, most of them in Athens, were asking pharmacists to pay in cash and had restricted orders on certain drugs. Many pharmacists have also been asked by drug companies to pay for supplies in cash, which is a problem because of Greece’s

shortage of liquidity and capital control. The state run health insurer EOPYY has yet to pay pharmacies, and many insured patients are having problems paying their contributions towards their drugs.

The Panhellenic Association of Pharmaceutical Wholesalers admitted that delivery of some drug stocks was restricted but denied allegations that some warehouses required pharmacists to pay in cash. It said that overall the drug market was running smoothly. The health minister assured pharmacists that EOPYY’s debt would be settled. In addition, he said that €160m (£115m) would be given to hospitals to pay suppliers.

Cite this as: *BMJ* 2015;351:h3804

Detroit oncologist who falsely diagnosed cancer and treated hundreds gets 45 year sentence

Owen Dyer MONTREAL

The trial of the worst ever medical fraud case in the United States has ended with a Michigan oncologist, who made false diagnoses and unnecessarily treated hundreds of patients, receiving 45 years in federal prison.

Farid Fata, 50, told healthy patients that they had cancer, then gave them massive doses of chemotherapy to maximise his profit.¹ He also gave chemotherapy to terminally ill patients whom he took



Farid Fata gave chemotherapy to healthy patients

from hospices, offering them the hope of cure to entice them into treatment. The number of patients identified has reached 553. Many were injured permanently by the huge doses of anticancer drugs they received, and an unspecified number died.

Fata pleaded guilty last September to 13 counts of healthcare fraud, two counts of money laundering, and one count of conspiring to pay and receive kickbacks. He billed patients and insurance companies for \$34.7m

(£22.3m), receiving \$17.6m, for work he later admitted was unnecessary.

Fata founded Michigan Hematology and Oncology Centers, the state’s largest private cancer practice at the time of his arrest. His scam lasted five years from 2009, prosecutors said, until he was reported to the authorities by his office manager, George Karadsheh. Karadsheh told *ABC Nightline* that he grew suspicious because staff kept leaving the practice. Finally one oncologist, on quitting, told him that it was because Fata was administering chemotherapy to healthy patients.

The oncologist who left, Sae Maunglay, later told *CBS News*: “I think he’s guilty of the most cruel thing that a human being can do to another human being.”

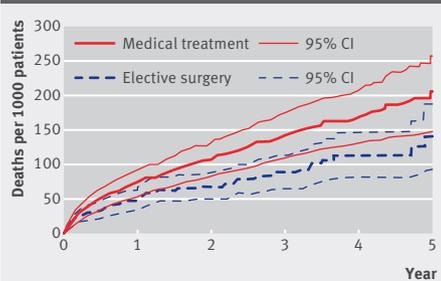
The overflowing Detroit federal courtroom was gripped in the trial’s final days by statements from Fata’s patients and the relatives of others who had not survived his care.

Fata has already agreed to turn over \$17.6m to the government, and a further hearing will likely add to that figure. At least 40 civil suits are pending against him.

Cite this as: *BMJ* 2015;351:h3825

RESEARCH NEWS

Cumulative incidence of death in patients with ulcerative colitis



ULCERATIVE COLITIS

Elective surgery is linked to lower mortality in over 50s

Elective surgery for ulcerative colitis is associated with lower mortality than medical therapy in patients aged 50 or older, shows a US study that questions the current practice of considering surgical treatment only after drugs have failed.¹

The retrospective study, published in *Annals of Internal Medicine*, analysed Medicaid and Medicare data to compare the survival of patients who had advanced ulcerative colitis.

The researchers identified 32 833 patients aged 18 or over with advanced ulcerative colitis, which was associated with at least one hospitalisation for the condition, two or more corticosteroid preparations in a 90 day period, or any prescription for immunosuppressant therapy. Of these patients 830 underwent elective colectomy, and the remaining 32 003 were treated with drugs.

Patients who had elective surgery were matched with 7541 patients on medical therapy on the basis of previous medical therapy, specific immunosuppressant therapy, age, sex, and criteria for being classified as having advanced ulcerative colitis.

The results showed 34 deaths per 1000 person years in patients undergoing elective colectomy, compared with 54 deaths per 1000 person years in those treated with medical therapy. Elective surgery was associated with better survival than with long term medical therapy (adjusted hazard ratio 0.67 (95% confidence interval 0.52 to 0.87)), although this result was not statistically significant in all sensitivity analyses.

Retrospective analysis of the results by age group showed that this benefit was most evident in patients aged 50 or older. This age group had 40% lower mortality with elective surgery than patients on medical therapy (adjusted hazard ratio 0.60 (0.45 to 0.79)).

Cite this as: *BMJ* 2015;351:h3806

TYPE 2 DIABETES

Diet and exercise are effective in prevention

Programmes that promote dietary change and physical activity are effective in reducing the likelihood that people who are at risk of developing type 2 diabetes will do so, say new recommendations from the US Community Preventive Services Task Force.¹

The task force arrived at its advice after a systematic review of 53 studies that described 66 programmes.² Participants in such programmes were also more likely to see an improvement in diabetes and cardiovascular risk factors, the panel said in the *Annals of Internal Medicine*.

The recommendations are aimed at adolescents and adults who would be considered at raised risk of type 2 diabetes. These are people with haemoglobin A_{1c} concentrations of 5.7-6.4%, fasting plasma glucose concentrations of 100-125 mg/dL, or plasma glucose concentrations of 140-199 mg/dL after a 75 g oral glucose tolerance test.

The review said, "Compared with usual care, diet and physical activity promotion programs reduced type 2 diabetes incidence (risk ratio 0.59 (95% confidence interval 0.51 to 0.66)) (16 studies), decreased body weight (net change -2.2% (-2.9% to -1.4%)) (24 studies) and fasting blood glucose level (net change -0.12 mmol/L (-2.2 mg/dL) (-0.20 to -0.05 mmol/L) (-3.6 to -0.9 mg/dL)) (17 studies), and improved other cardiometabolic risk factors."

The critical components of effective programmes included use of trained providers who worked with the participants for at least three months; some combination of counselling, coaching, and extended support; and multiple sessions related to diet and physical activity.

Cite this as: *BMJ* 2015;351:h3785

SCHIZOPHRENIA

Smoking cigarettes may increase risk, finds analysis

Smoking may increase the risk of developing schizophrenia, an analysis by a team from King's College London has found.¹ An association between cigarettes and psychotic symptoms has been reported before, but it has been generally assumed that this arises because people with the symptoms take up smoking as a way to relieve distress, counteract the symptoms, or manage the side effects of drugs used to treat them.

The King's College team put this link to the test by examining the timing of smoking and the onset of symptoms, using data from 61 observational studies that included 15 000 smokers and 273 000 non-smokers. They found that 57% of people having a first episode of psychosis were smokers, three times the prevalence in the general population. Among daily smokers, onset of the condition occurred on average a year earlier than in non-smokers; and, among people with established psychotic symptoms, smoking had started an average of six months earlier than in people without symptoms.

Although all these findings point to smoking being a cause of psychosis, the team said that it could not entirely rule out reverse causation.

Cite this as: *BMJ* 2015;351:h3773

CONCUSSION

Banning heading in soccer would have limited effect

Banning heading the ball in soccer would have limited effectiveness in preventing concussion injuries, as most are caused by player to player contact, researchers have found.

The retrospective analysis, in *JAMA Pediatrics*, was based on data from a nationally representative sample of high schools in the US from 2005 to 2014.¹ It found among girls there were 627 concussions during 1.3 million athlete exposures (defined as one athlete participating in one school sanctioned soccer practice or competition). This corresponded to a rate of 4.50 concussions per 10 000 athlete exposures. Among boys there were 442 concussions during almost 1.6 million athlete exposures, a rate of 2.78 concussions per 10 000.

Player to player contact was the most common mechanism of concussion in boys (68%) and girls (53%). Heading the ball was the commonest soccer specific activity, responsible for almost a third (30.6%) of concussions in boys and just over a quarter (25.3%) in girls. For concussions that were related to heading the ball, contact with another player was the most common mechanism of injury among boys (78.1%) and girls (61.9%), more common than contact with the ball or goalpost.

Cite this as: *BMJ* 2015;351:h3789



Clare Taylor

Ten minutes is not enough



CLARE TAYLOR, 36, is a GP in Birmingham, who divides her time between general practice and research into cardiovascular disease at the university. A self confessed swot at school, she read medicine at Cambridge and moved to Birmingham in 2007 to an academic general practice training post. A member of the Royal College of General Practitioners' (RCGP) council, she believes that general practice is enhanced by research and finds patients understanding and supportive of her academic endeavours. She has published papers on heart failure and co-written a book on the treatment of cardiovascular disease in primary care.

PETER LOCKE

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

"The rise of the patient's voice in the NHS. I think it's vital that the health service listens and responds to patients, and I hope that this movement grows and strengthens"

What was your earliest ambition?

To go to Cambridge; we had relatives who lived near there, and I loved the place. I didn't care what subject I read.

What was the worst mistake in your career?

The biggest mistake would have been not to choose medicine, and I very nearly didn't. It was a last minute decision, and I have my dad to thank for helping me make the choice.

What was your best career move?

Moving to Birmingham in 2007 to take up an academic general practice training post. I love being a GP, researcher, and teacher, and I've also been privileged to be part of the RCGP's move to improve representation for trainees and new GPs, through the AiT and First5 committees. Also, I met my husband at a clinical academic trainee seminar after moving here.

To whom would you most like to apologise?

To all of the patients I've kept waiting beyond their appointment time, because 10 minutes is never enough for a thorough consultation.

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

Whoever is health secretary, the vision is often short term and politically driven, which can be harmful. Instead we need some stability in the NHS and a genuine understanding of what frontline workers, particularly GPs, actually do.

Summarise your personality in three words

Reflective. Organised. Thorough.

Where are or were you happiest?

At home in our village: having a family barbecue, walking in the countryside, looking out over the view from our house, having the niece and nephew around to play, going out for lunch at a local tea room, and enjoying a night out with the friends I've known since childhood.

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

The rise of the patient's voice in the NHS. I think it's vital that the health service listens and responds to patients, and I hope that this movement grows and strengthens.

Do you support doctor assisted suicide?

This is a difficult and complex issue. I believe that doctors should focus on providing excellent end of life care at the time and place that patients need it.

What book should every doctor read?

The House of God by Samuel Shem—an amusing book that highlights the awful traits of overburdened doctors and institutions, which should be a lesson on how not to think or behave, ever.

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

Make Your Own Kind of Music by Mama Cass Elliot.

What is your guiltiest pleasure?

Sleeping. I love to lie in at the weekend, and it recharges my batteries for the week ahead.

What television programmes do you like?

Grand Designs: I love the stories of the self builders as much as the buildings themselves, and Kevin McCloud is an excellent presenter who, as far as I know, doesn't assault the crew.

What is your most treasured possession?

My photographs (both print and electronic) and my diaries.

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

We recycle everything we can. And I'm trying, but often failing, to go "paperless" with my academic work.

What personal ambition do you still have?

I feel as though I'm really still at the start of my career. I'd like to see more and more medical research happen in primary care to inform practice, and I want to be part of making that happen.

Where does alcohol fit into your life?

I do like a nice glass of Sauvignon blanc.

What is your pet hate?

Arrogance; there is no excuse for it.

Do you have any regrets about becoming a doctor?

When I see or hear about patients receiving bad care, I despair. But equally, when I hear about the many examples of great care, I feel proud to be a part of the NHS. I've had to realise that providing the best care you can to the person in front of you counts for a great deal.

If you weren't in your present position what would you be doing instead?

I love being an academic GP, but if I had to pick, I'd like to be a primary school teacher or run a traditional sweet shop.

Cite this as: *BMJ* 2015;351:h3719