NEWS

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▶ Heroin deaths increase by two thirds in two years, UK figures show

Alcohol campaigners welcome preliminary opinion from European Court of Justice

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The court opinion said that rules restricting trade could be imposed in certain limited circumstances

Bryan Christie EDINBURGH

Health campaigners who want a minimum price for alcohol to be introduced in Scotland remain hopeful of success after an important preliminary opinion from the European Court of Justice.

In an analysis of the legality of the move, Yves Bot, advocate general for the European Court of Justice, has concluded that national rules on pricing can be imposed that restrict trade and distort competition but only if they are "appropriate for the attainment of the objective pursued" and superior to alternative measures such as increased taxation.[1]

Supporters of minimum pricing have welcomed this opinion as showing that minimum unit pricing is not precluded by EU law and can be implemented if it is shown to be the most effective public health measure available.

The Scottish government passed legislation in 2012 to introduce a minimum price of 50p per unit of alcohol but has delayed implementation because of a legal challenge from the drinks industry.

The advocate general's opinion will now be considered by the European Court of Justice, which is expected to issue a final ruling in the next few months.

Eric Carlin, director of Scottish Health Action on Alcohol Problems, an advocacy group set up by the Scottish royal medical colleges and faculties, said in a statement, "This is a good day for public health. The advocate general has made clear that the Scottish minimum unit pricing policy is justified as a regulatory measure that is permitted in European law to work alongside taxation."

That view was shared by Ian Gilmore, chair of the UK Alcohol Health Alliance, who said that minimum unit pricing was a measure that targets high strength, low cost products and would produce public health benefits that taxation cannot achieve. "We welcome the good news that the Scottish government is one step closer to implementing minimum unit pricing. The time has come for governments across the UK to listen to the evidence and not be swayed by multinational companies with vested interests," he said.

Mark Bellis, lead alcohol spokesperson for the Faculty of Public Health, agreed. "We are encouraged to hear that the European Court of Justice's opinion supports the implementation of minimum unit price for alcohol," he said.

However, not everyone interpreted the opinion in the same way. David Frost, chief executive of the Scotch Whisky Association, drew a different conclusion from health campaigners on the advocate general's analysis. "The opinion encourages us in our long held view that minimum unit pricing is illegal when there are less trade restrictive measures available," he said.

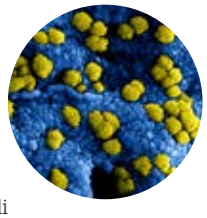
Cite this as: *BMJ* 2015;351:h4756

IN BRIEF

Early access scheme drug is approved: Pembrolizumab (Keytruda), a drug by MSD used for treating melanoma, has been approved by NICE six months after it was made available without a licence in the UK, under a scheme designed to speed drugs to patients if the drug shows a good balance of risk and benefit and an unmet need exists.

Charity calls for new antivenoms: The international medical organisation Médecins Sans Frontières has called on global health workers, donors, governments, and drug companies to make snakebite a greater priority. The drug company Sanofi ceased production of the only proven antivenom, Fav-Afrique, in 2014, and the last batch is due to expire in June 2016.

WHO urges countries to be ready for MERS: The World Health Organization emergency committee has called for countries to ensure that they have the capacity to identify cases of Middle East respiratory syndrome (MERS) early and to control its spread, especially after an outbreak in Saudi Arabia occurred just before the Hajj, which started this week.



Public health cuts are criticised: Michael Marmot, director of University College London's Institute of Health Equity, said at the launch of his new book, *The Health Gap*, that many local authorities in England were adopting his ideas for reducing health inequalities. But he criticised central government for cutting council budgets for public health prevention and other vital services. (See BMJ Confidential, p 6.)

Cite this as: *BMJ* 2015;351:h4798

IN BRIEF

New rules will cut NHS spending on agency staff: The NHS Trust Development Authority and Monitor have published new rules to cut spending on agency staff, which is currently around £3.3bn a year. The rules, developed after discussion with nurse directors and finance directors, provide mandatory frameworks for procuring agency staff, limit the amount that individual staff can be paid for each shift, and set a yearly ceiling for spending on agency staff at each trust.

Inquiry will investigate London HIV clinic disclosing patient details: The UK health secretary has asked the Care Quality Commission to review how the NHS manages confidential medical information, after the 56 Dean Street clinic in London sent out an email newsletter including the names and email addresses of nearly 800 patients rather than hiding the personal details of the recipient list. The clinic, run by the Chelsea and Westminster NHS Trust, is investigating how the breach of patient confidentiality occurred.

Smoking causes a quarter of all cancers in men in China: Latest figures from China show that smoking now accounts for 23% of all cancers in men aged 40 to 79. Data from the nationwide prospective China Kadoorie Biobank, which included more than 210000 men, showed that 68% were smokers and that they had a 44% higher risk of developing cancer than non-smokers. Tobacco related cancer risk is expected to increase further over the next few decades as a delayed effect of the recent rise in cigarette use.

CQC finds six of 37 GP practices inadequate or requiring improvement: The Care Quality Commission has rated the quality of care provided by 30 practices as "good" and one as "outstanding" in reports on 37 practices inspected by specialist teams under its new approach. The ratings were based on whether practices were safe, effective, caring, responsive, and well led. Three were considered inadequate, and three were rated as requiring improvement.

WHO declares Liberia free from Ebola transmission: The WHO has declared that Liberia is free from Ebola virus transmission in the human population after its recent re-emergence. The last person with laboratory confirmed Ebola had a second negative test on 22 July 2015, and Liberia now enters a 90 day period of heightened surveillance for cases of Ebola, in line with WHO procedures.

Scotland updates framework on bloodborne viruses and sexual health: The Scottish government has published an update of its sexual health and bloodborne virus framework for 2015-20. It reported progress in reducing the number of people with newly acquired bloodborne virus and sexually transmitted infections, in addition to fewer unintended pregnancies since the first framework in 2011. But it noted the need to diagnose bloodborne viruses earlier, including introducing an opt-out approach to testing in Scottish prisons, to help ensure prompt treatment.

Nepal bans commercial surrogacy: The Supreme Court of Nepal has issued an interim order putting an immediate stop to commercial surrogacy services in the country while a case is heard in which a lawyer claims that surrogacy involves exploitation of the surrogate mother and child. The measure follows the recent introduction of laws in India and Thailand banning surrogacy. Nepal currently has no legal framework for surrogacy.

Cite this as: *BMJ* 2015;351:h4798

Justin Welby (left) is opposed to the bill proposed by Rob Marris

Welby and 23 other faith leaders declare opposition to assisted dying bill

Clare Dyer THE BMJ

The United Kingdom will cross a "legal and ethical Rubicon" if parliament approves a bill to allow doctors in England and Wales to help terminally ill people end their lives, the Archbishop of Canterbury, Justin Welby, has declared.[1]

The head of the Church of England, writing in the *Observer* newspaper, was joined by 23 leaders of Christian, Muslim, Jewish, and other faith groups in a letter urging MPs not to support the Assisted Dying (No 2) Bill.[2] High among their concerns was that vulnerable elderly people may be pressured into ending their lives prematurely to avoid being a burden on their families.

The bill, introduced by Rob Marris, a Labour MP who came top of this year's ballot for private members' bills, is due to be debated in the House of Commons on 11 September.[3] If enough MPs vote to give it a second reading the government will have to decide whether to make time for the bill to go further.

To its advantage, the bill is almost identical to the Assisted Dying Bill, which was largely based on right to die legislation in the US state of Oregon and was approved by the House of Lords in the last parliamentary session before running out of time. Terminally ill patients who are predicted to have no more than six months to live

"Euthanasia kits" to be prepared for Quebec doctors despite opposition in the profession

Owen Dyer MONTREAL

New guidelines from the Collège des Médecins du Québec explain how doctors will provide medical aid in dying to terminally ill patients who request it, when Canada's second largest province becomes North America's biggest right to die jurisdiction on December 10.

Physicians will be able to end a patient's life with three sequential injections: a benzodiazepine sedative to relieve anxiety, a barbiturate to induce coma, and a curare-type neuromuscular block to stop the heart and respiration. Special kits containing all three drugs, back-up doses, and detailed instructions will be prepared by pharmacists on a patient by patient basis and will be available to all licensed physicians.

The college decided that doctors should administer the drugs intravenously rather than simply prescribe an oral drug. Detailed guidelines are now available in French on the college's website and an English version will follow next month.

But the guidelines arrived just as Quebec's 29 palliative care centres announced a collective decision not to offer medical aid in dying, at least in the short term.

Manon Cardinal, of the Monarque de Montebello hospice, said that only two of 61 patients in her centre over the past year had asked for medical aid in dying and that "these were more like sudden calls for aid than people who were firmly resolved. We were able to manage these cases of psychological distress."

Cite this as: *BMJ* 2015;351:h4801

and who have satisfied two doctors and a high court judge that they have a "voluntary, settled, clear and informed wish" to die would be able to obtain a prescription for a lethal dose of drugs.

The Supreme Court last year put pressure on legislators by warning that judges could declare the current law incompatible with the European Convention on Human Rights in a future case if parliament failed to act.[4]

After that ruling, in a case brought on behalf of two men who were almost totally paralysed and who sought the right to doctors' help in dying, the government hinted that support for legislation might be forthcoming. Edward Faulks, justice minister, said, "I do not want to raise expectations, but the governmen…will consider the question during the course of the next months or years."

In Switzerland, growing numbers of British people are using the services of the organisation Dignitas to end their lives. A new survey of nearly 10 000 customers of the over 50s support group Saga found that two in three respondents would like Dignitas clinics in the UK.

Cite this as: *BMJ* 2015;351:h4807

Judge upholds health board's decision to stop funding homeopathy

Clare Dyer THE BMJ

A senior judge has decisively rejected a patient's legal challenge to Lothian Health Board's decision to stop funding homeopathy on the NHS.

Homeopathy has been available in parts of the UK since the health service was founded in 1948, and the NHS still spends £3m to £5m a year on the treatment, said the Good Thinking Society, which campaigns for an end to NHS funding of homeopathy.

In the light of studies showing homeopathy to be no better than placebo, Lothian Health Board decided to stop providing homeopathy services from April 2014 and to stop referring patients to Glasgow Homeopathic Hospital. It decided to reinvest the funds in areas such as chronic pain, palliative services, and chronic fatigue services.

But Honor Watt, 74, who is disabled and takes homeopathic medicines for arthritis and anxiety, applied to the Court of Session in Edinburgh for a judicial review of the decision. She argued that the board, in its consultation on the issue, had not paid due regard to the need to eliminate discrimination on the grounds of disability, which it was required to do as a public body.

Lothian Health Board stopped providing homeopathy services in April 2014

But Lord Uist, the judge who heard the case, said that it was clear to him that the board had properly focused on its public sector equality duty. Even if he considered that it had failed in this duty he would still have rejected the challenge, he said.

He added, "It is plain that the board, as it was entitled to do, accepted the view that there was no scientific evidence for the efficacy of homeopathy and that funding for it was a waste of the limited funds at its disposal.

"In these circumstances the countervailing factor in this case was so powerful, indeed overwhelming, that no decision other than the one taken by the board was conceivable. A different decision, namely, to continue spending money on a service whose efficacy was not established, would have been unreasonable."

Watt still receives homeopathic medicines, the judge noted.

Cite this as: *BMJ* 2015;351:h4797

NHS England drops 16 medicines from Cancer Drugs Fund

Nigel Hawkes LONDON

NHS England has stemmed rising costs in the Cancer Drugs Fund by eliminating a further 16 medicines, used in 23 treatments, from the list it is prepared to pay for. At the beginning of 2015, 84 therapies were paid for by the fund, but, after a cull in May and this new review, the number has more than halved.

Among high profile casualties was Kadcyla (trastuzumab emtansine), a medicine from Roche for advanced breast cancer that can extend life by six months but costs £90 000 a year for each patient. Avastin (bevacizumab), another Roche product, was also deleted for three indications in colorectal, breast, and cervical cancer.[1] Existing patients on any of the excluded drugs will be able to continue their treatments.

Roche and cancer charities reacted strongly to the changes, Breast Cancer Now calling it "a dreadful day." Daniel Thurley, medical director of Roche Products, condemned a "stop and start" approach to cancer medicines and disclosed that Roche had offered to cut prices across a range of its cancer drugs by £15m to protect patients from the risk of losing access.

This proposed cut would have modestly reduced the Cancer Drugs Fund's overspend, which was due to reach £70m this year. The budget was originally set at £200m a year and was on track to spend £410m this year.

Cite this as: *BMJ* 2015;351:h4803

NHS cancer diagnosis system is not meeting demand, experts say

Adrian O'Dowd LONDON

Experts claim that the current NHS system for diagnosing cancer in England is not prepared for an inevitable growth in demand in the next few years.

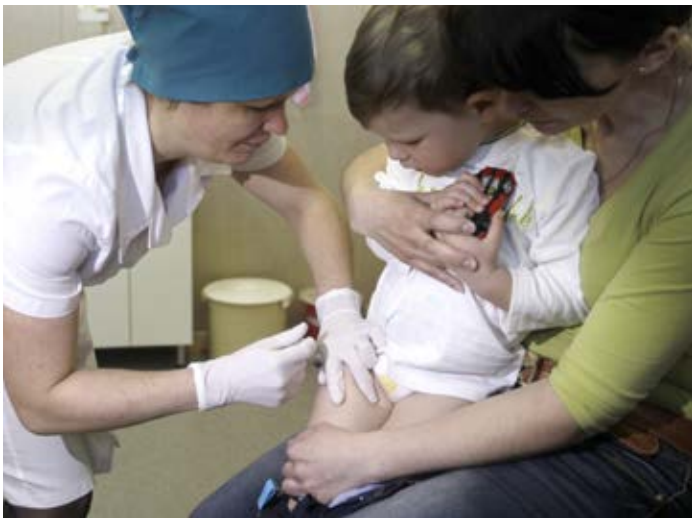
The charity Cancer Research UK published two new reports on 6 September both warning that NHS services for diagnosing cancer are underfunded and understaffed and that crucial waiting time targets are being missed.

The charity said that early diagnosis was vital in improving cancer outcomes and was a priority area in the new NHS cancer strategy announced in July.[1] That strategy set the aim that, by 2020, 95% of patients referred for testing by a GP should get a definitive diagnosis of cancer or have it ruled out within four weeks of referral.

Both reports commissioned by Cancer Research UK highlighted growing pressures on imaging and endoscopy services, particularly as the number of new cancer cases continued to rise because of people living longer, meaning that the demand for these diagnostic tests would only increase.

One report that focused on endoscopy,[2] produced by the University of Birmingham, predicted that more than 750 000 extra endoscopies would need to be performed each year in the United Kingdom by 2020, which is around a 44% rise from current levels. Commissioners should think of innovative ways of meeting rising demand, it added, such as "straight to test" access to endoscopy through telephone triage and pre-assessment.

Cite this as: *BMJ* 2015;351:h4778



SERGEI CHUZAVKOV/PA

Only 50% of children in Ukraine are fully immunised against polio

Polio outbreak in Ukraine is likely to spread, WHO warns

Susan Mayor LONDON

Two children have been paralysed in Ukraine in the first polio outbreak in Europe for five years—an outbreak that the World Health Organization has warned is likely to spread.

The children, one aged 4 years and the other 10 months, were infected with circulating vaccine derived poliovirus type 1. These types of virus are rare, but WHO warned that they could emerge in populations that are inadequately immunised.

"Ukraine had been at particular risk of emergence of a circulating vaccine derived poliovirus due to inadequate vaccination coverage," WHO said in a statement on the outbreak.[1]

"There is a high risk that the virus will spread within Ukraine, as there are significant vaccination coverage gaps across the country," Oliver Rosenbauer, from the Global Polio Eradication Initiative at WHO, told *The BMJ*.

Figures for 2014 showed that only 50% of children in Ukraine were fully immunised against polio. "In 2015 the level of immunisation against polio among children under 1 year of age has dropped further to 14%," he warned.

WHO is in discussions with Ukraine national health authorities to plan and implement an urgent outbreak response. It recommends a minimum of three large scale supplementary immunisation activities with oral polio vaccine covering two million children under 5.

"An urgent outbreak response is now needed to rapidly boost immunity levels in the population. It is the only way to stop this outbreak and prevent further children from being paralysed," said Rosenbauer. He added that the polio outbreak underlined the need for good coverage of polio vaccination. "This virus is extremely effective at finding susceptible children. The best thing countries can do to protect themselves is maintain high vaccination coverage and strong disease surveillance."

WHO considers the risk of international spread of polio from the Ukraine outbreak to be low. But it noted that both of the children paralysed by polio were from south western Ukraine near the border with Hungary, Poland, Romania, and Slovakia.

Cite this as: *BMJ* 2015;351:h4749

Patient flow issues caused longer A&E waits last winter

Gareth Iacobucci THE BMJ

The inability of most emergency departments in England to meet the four hour maximum waiting time standard last winter was largely attributable to problems in other parts of the health and social care system, a new analysis by the health sector regulator Monitor has found.

A&E Delays: Why Did Patients Wait Longer Last Winter?[1-3] examined why 91% of NHS trusts had failed to meet the target to see 95% of patients in emergency (A&E) departments within four hours last winter—the sector's worst performance in 10 years.[4]

After conducting a detailed analysis of data from across the NHS including hospital episode statistics, situation reports on weekly A&E attendances and emergency admissions, and quarterly bed availability, Monitor concluded that the problems did not stem from within A&E departments themselves. Instead, it identified issues at other points in the system that had led to longer A&E waits—chiefly, the higher rates of occupancy in other hospital departments.

Cite this as: *BMJ* 2015;351:h4780

US neurosurgeon deliberately botched spine operations, prosecutors allege

Owen Dyer MONTREAL

A US neurosurgeon is accused of leaving a trail of death and disability after botching spine operations in what prosecutors allege were deliberate attacks on his patients.

"I am ready to leave the love and kindness and goodness and patience that I mix with everything else that I am and become a cold blooded killer." This extract from a rambling email sent to an employee in 2011 was cited as evidence of the state of mind of Christopher Duntsch shortly before he performed a string of badly botched operations at Baylor Regional Medical Center in Plano, Texas and in other north Texas hospitals.

Duntsch is accused of deliberately leaving a sponge in one patient that caused infection, deliberately inserting excessively long spinal screws in another, cutting a major vein, and needlessly dissecting a patient's oesophagus. In one case, authorities allege, he operated on a friend after the two had stayed up all night taking cocaine. The friend was left quadriplegic.

Duntsch's defence attorney has said that her client's actions amounted only to malpractice, not criminal intent, but he is charged with five counts of aggravated assault causing serious bodily injury and one count of injuring an elderly person, each carrying a maximum sentence of 99 years.

The charges relate to four operations

ending in injury and one ending in a fatal stroke after massive blood loss. But police said that they were still investigating 10 other operations, including one that ended in death. Duntsch, 44, used his hands as a deadly weapon by misapplying medical devices, the prosecutors' affidavit has alleged.

Duntsch was arrested in July after returning to Texas to visit his children. He had been living with his parents in Colorado after losing his medical licence in December 2013. He was in court this week, seeking to lower the $600 000 (£394 000; €539 000) set for his bail. This was denied.

The complaint that finally cost Duntsch his licence came from a Baylor doctor, Randall Kirby, who realised in 2013 that Duntsch was still operating on the premises. "The TMB [Texas Medical Board] must stop this sociopath Duntsch immediately or he will continue to maim and kill innocent patients," Kirby wrote. "Dr Duntsch is a clear and present danger to the citizens of Texas."

Patients and the media have asked how Duntsch continued to operate at several large hospitals when his flaws were so widely known in the medical community.

Cite this as: *BMJ* 2015;351:h4739

RESEARCH NEWS

HDL CHOLESTEROL

Reducing sugary drinks is linked to raised HDL levels

Children who reduce their consumption of sugar sweetened drinks by just one serving a week see improvements in their high density lipoprotein (HDL) cholesterol levels, a study in the *Journal of Nutrition* has found.[1]

The US study used data from a multiethnic sample of 613 children aged 8 to 15 who were enrolled in a randomised double blind vitamin D supplementation trial. They self reported their intake of sugar sweetened beverages and had their fasting blood lipid concentrations measured at baseline. The researchers followed 380 of the children for 12 months.

At the start of the study 85% of the children reported consuming sugar sweetened drinks during the previous week, including 18% who consumed seven or more servings a week.

Over the 12 month follow-up period the mean intake of sweetened drinks was not associated with lipid changes. However, a greater increase in plasma HDL cholesterol concentration was seen in children who decreased their intake by one or more servings a week (4.5 ± 0.8 mg/dL) than in children whose intake stayed the same (2.0 ± 0.8 mg/dL) or increased (1.5 ± 0.8 mg/dL; P=0.02).

Cite this as: *BMJ* 2015;351:h4738

PRETERM BIRTH

Neonatal MRI scan could predict cognitive outcome

Neonatal magnetic resonance imaging (MRI) could be a useful tool to identify premature babies at risk of cognitive impairment, a study reported in the journal *Brain* has shown.[1] Researchers said that such children could then be offered early intervention and monitoring.

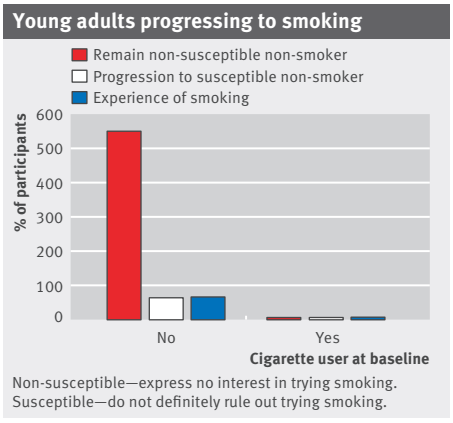
The prospective cohort study included 224 premature babies born at a gestational age of less than 30 weeks and 46 infants born at 37 weeks or later. All were born at the Royal Women's Hospital in Melbourne, Australia, from July 2001 to December 2003 and were assessed using MRI at around 40 weeks' gestational age. Neurodevelopmental assessments were then carried out at the ages of 2, 5, and 7 years, and working memory and early mathematics skills were assessed when the children were 5 and 7.

The researchers identified areas of the brain that were associated with later childhood working memory and mathematical skills. In the preterm group, increased tissue volumes in regions around the insula (deep in the cerebral cortex) and putamen during the neonatal period were associated with significantly better scores in number skills at ages 5 and 7 (both regions P<0.05). This persisted after adjusting for clinical factors known to influence neurobehavioural development. Neonatal brain microstructure was positively associated with working memory scores at age 5 (P<0.001).

Cite this as: *BMJ* 2015;351:h4744

E-CIGARETTES

E-cigarette use in young adults is linked to smoking



Adolescents and young adults who use electronic cigarettes are more likely to progress to smoking tobacco cigarettes than those who do not, shows a small US study.

The study, published in *JAMA Pediatrics*,[1] followed up a nationally representative sample of 694 teenagers and young adults aged 16 to 26 who had never smoked. They had responded "definitely no" when asked whether they would try a cigarette offered by a friend or whether they believed that they would smoke a cigarette within the next year.

The young people completed a survey about smoking when they were recruited to the study, from 1 October 2012 to 1 May 2014, and were reassessed a year later.

Results showed that 16 adolescents and young adults (2.3% of the study sample) used e-cigarettes at baseline. Over the one year follow-up, 11 of 16 e-cigarette users and 128 of 678 study participants who had not used e-cigarettes (18.9%) progressed to cigarette smoking.

Young people who used e-cigarettes were more than eight times more likely to progress to smoking than those who did not (adjusted odds ratio 8.3 (95% confidence interval 1.2 to 58.6)) or to be susceptible to smoking (8.5 (1.3 to 57.2)), although the authors acknowledged that the study's most important limitation was the relatively small number of people who used e-cigarettes at baseline, which limited its statistical power.

Cite this as: *BMJ* 2015;351:h4802

SCREEN TIME

Screen time reduces exam success in teenagers

Every hour spent each day by teenagers watching television, browsing the internet, or playing computer games knocks the equivalent of two grades off their performance at GCSE, a study has found.[1]

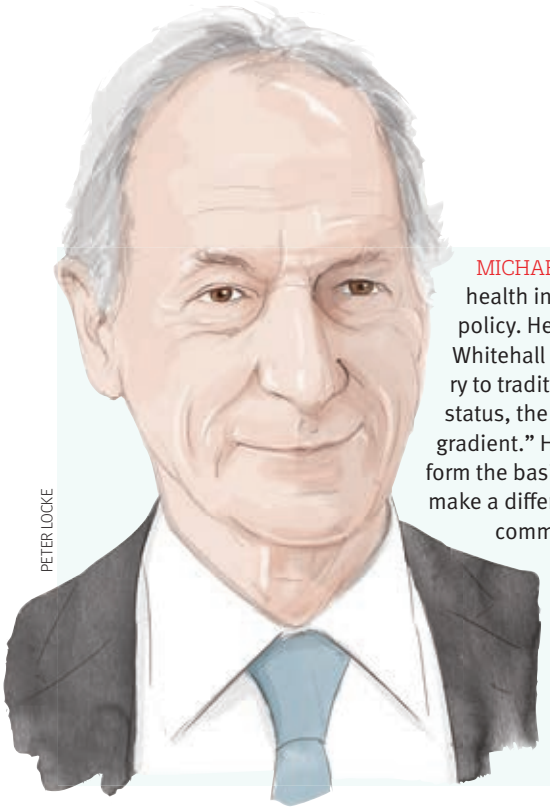
The study, published in the *International Journal of Behavioral Nutrition and Physical Activity*, included 845 children from 18 secondary schools in Cambridgeshire and measured daily activity and sedentary behaviour at an average age of 14.5, comparing this with their GCSE results a year later. All of the points the children scored at GCSE were added up and the total scores compared with the time they had spent on various activities a year earlier.

With every hour of screen time the total scores were reduced by nine points—the equivalent of getting a C rather than an A, or a D rather than a B, in one subject. Two hours' screen time cost 18 points, but one hour's reading or homework added 23 points to the score. The associations found were independent, so a teenager doing homework for an hour and playing a computer game for an hour would see a net gain of 23 minus 9 (14 points). Exercise had no significant effect.

The effect was not a marker for social class, the research team said, because it was seen in all social classes, as assessed by postcodes. As the study was prospective, measuring behaviour before and independently of academic results, the team believed that its findings were robust. Although the data were collected in 2005-07 and many new screen based apps and activities have been developed since then, the researchers found no reason to suppose that the association did not still hold true.

Cite this as: *BMJ* 2015;351:h4764

Michael Marmot
Evidence based optimist



PETER LOCKE

MICHAEL MARMOT, 70, is the doyen of health inequalities, both in research and policy. He led a groundbreaking study of Whitehall civil servants that showed, contrary to traditional thinking, that the lower their status, the worse their health—the "social gradient." His conviction that evidence should form the basis of policy and that people can make a difference led to his chairing two WHO commissions and the English review on social determinants of health. His new book, *The Health Gap: the Challenge of an Unequal World*, sets this out. He is director of the Institute of Health Equity at University College London (UCL) and will be president of the World Medical Association for 2015-16.

Bevan or Lansley? Who was the best and the worst health secretary in your lifetime?
I have a dog in this fight. The best was Alan Johnson: we share a passion for reducing health inequalities. He commissioned me to do the Marmot Review, which we published as *Fair Society, Healthy Lives*. The worst? A crowded field.

What was your earliest ambition?
To make a difference. But, being rather hopeless at art and music and certainly no Dickens, using knowledge and an interest in science seemed the best way. Hence, medicine.

Who has been your biggest inspiration?
Peter Harvey, a chest physician in Sydney, who listened to me going on about social conditions affecting patients and said, "I have just the thing for you—epidemiology." Also, Len Syme at Berkeley [University of California] and Geoffrey Rose at the London School of Hygiene and Tropical Medicine fostered population thinking.

What was the worst mistake in your career?
I was told that leaving training in internal medicine in Sydney for public health in Berkeley was a big mistake: "Once you get off the career ladder you'll never get back on."

What was your best career move?
Ignoring the warning in Sydney and going off into the "unknown," if that is an apt description of Berkeley at the tail end of the Free Speech Movement, anti-war protests, and scholarly hippiedom. Subsequently, UCL has been quite the best place to work.

Do you support doctor assisted suicide?
I've chaired two debates on this and listened closely to reasoned and impassioned arguments on both sides. It is a clear case for public deliberation and for private conscience.

Bevan or Lansley? Who was the best and the worst health secretary in your lifetime?
I have a dog in this fight. The best was Alan Johnson: we share a passion for reducing health inequalities. He commissioned me to do the Marmot Review, which we published as *Fair Society, Healthy Lives*. It has proved to be a great way to work with local authorities, Public Health England, and many others on social determinants of health. Stephen Dorrell used his experience as health secretary to be an independent minded and analytical chair of the Health Select Committee. The worst? A crowded field.

Who is the person you would most like to thank and why?
I believe, and evidence supports it, that good work requires a good home life and vice versa. I most want to thank my wife and three children.

To whom would you most like to apologise?
When I toddled off to Buckingham Palace to receive an award, I kept thinking that it should have been Jerry Morris [Scottish epidemiologist] and Geoffrey Rose. Jerry rang me and said, "We have come in from the cold."

If you were given £1m what would you spend it on?
I was given a lot of money once and established the Balzan Fellowships—bringing young scholars to UCL from all over to do research on social determinants of health. It was terrific. I'd do it again as a way of building up the UCL Institute of Health Equity.

Where are or were you happiest?
Walking in the mountains, playing in string quartets, and writing *The Health Gap*.

What single unheralded change has made the most difference in your field in your lifetime?
Equity from the start would make a great change. To reduce health inequalities we need to create the conditions for flourishing early child development: cognitive, social and emotional, and behavioural, as well as physical. Social conditions change the brain.

What book should every doctor read?
I'm not good on "should." I divide my life into three: before, during, and after reading Tolstoy's *War and Peace*—it's all in there. Chekhov, a doctor, said that medicine was his wife and literature his mistress. If *The Cherry Orchard* or *Uncle Vanya* are anything to go by, he was pretty good on his nights off.

What is your guiltiest pleasure?
Nibbling halva while doing Sudoku.

What television programmes do you like?
A bicycle accident and fractured femur have meant exercise machines for rehab. The BBC iPlayer on my iPad relieves the tedium. I've turned on the TV in many countries, and Britain is graced by having the BBC.

What personal ambition do you still have?
Encouraging as many countries as possible to become active on social determinants of health: social justice demands it. As president of the World Medical Association I want the doctors to take action, too. Health equity is a global concern, and evidence shows that we can make a huge difference really quickly. My ambition? I want my evidence based optimism to catch on.

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