

All communications to:

The Editor, BMJ, BMA House,  
Tavistock Square, London WC1H 9JR  
Tel: + 44 (0)171 387 4499  
Fax: + 44 (0)171 383 6418/6299  
Email: editor@bmj.com

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*Editor's choice*

**If in doubt, start an inquiry**

Inquiries are all the rage in British health care. If something horrible happens, then the response of politicians is to start an inquiry. Action is being taken. But is the aim of these inquiries clear? Are they to find out what happened, allocate blame, provide an opportunity for reconciliation, make sure that nothing similar happens again, or all of these things? And are they worth the time and money?

Clare Dyer, our legal correspondent, reports on problems that are arising with the inquiry into bovine spongiform encephalopathy (BSE) and considers the implications for the inquiry that is about to start into paediatric cardiovascular surgery in Bristol (p 558). The BSE inquiry has heard from 300 witnesses over 95 days, and the chairman has now announced that it will not be able to report by June 1999. The difficulties are with the process. The central problem is that these inquiries feel like prosecutions to some of those giving evidence and yet do not have the strict procedural rules that apply in real court cases. Some witnesses are upset that "draft factual accounts" are being placed on the internet. These accounts may contain errors of fact and selective and inaccurate quotes from documents. Professional reputations are being put on the line without sufficient safeguards. Dyer reports that those who must run the Bristol inquiry are aware of the problems, but they may be hard to surmount.

John Gunn, professor of forensic psychiatry in London, raised similar questions about the inquiry into problems at Ashworth, a high security hospital, in the *BMJ* last month (23 January, p 271). He asked: "Was the time, effort, and money worth it? The answer has to be no. Perhaps the worst aspect of the report is its unfairness. Witnesses did not know what they were to be accused of. Reputations are besmirched and careers may be ruined. Justice demands that anyone who is attacked in such a way should be given the opportunity to defend himself or herself properly."

All these thoughts need to be considered by the inquiry that has just started into allegations by parents that they were misled into consenting to experimental treatment for their premature babies (p 553). David Southall, who led the study, has been repeatedly attacked in the media, particularly over his use of covert video surveillance to identify parents abusing their children.

Far away from all these inquiries, Tom Treasure, a professor and cardiac surgeon, has been reflecting on the meaning of a fairy story of the spoilt princess who wanted the moon and was satisfied with a silver disc the size of her thumb nail (p 580). He sees a connection with a tiny impeller pump that can replace the heart.

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