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EDITOR'S CHOICE

It's time to apologise

Fiona Godlee *editor in chief, The BMJ*

Jeremy Corbyn says he'll apologise for the Iraq war if he is the next leader of the Labour Party. Along with the wearily awaited Chilcot report to explain and apportion blame, this could offer some degree of closure and some lessons to be learnt.

Apologising when things go wrong for patients should be a simple matter. For UK doctors, the need to be open and honest with patients is enshrined in guidance from the General Medical Council. But it's not always clear when to apologise or how to do so without necessarily admitting or apportioning blame. Sadly, as Nigel Hawkes explains, the UK's new statutory duty of candour doesn't entirely resolve these questions (doi:10.1136/bmj.h4474). After explaining the law, he concludes: "the position now—paradoxical, some may think—is that doctors should apologise promptly after a safety incident, whether the mistake is theirs or not, but cannot be compelled to apologise if the incident goes to a [fitness to practise] panel and they are found to be at fault." More comfortingly, he reminds us that apologies are not always for making a mistake but for the fact that medicine is an imperfect art.

Whatever the cause of a medical mishap, apologies are likely to become more frequent and more necessary. The NHS is already getting almost 4000 written complaints a week (doi:10.1136/bmj.h4639) and the financial squeeze has more pain in store. As Kieran Walshe and Judith Smith report in their Editorial, last year's deficit of £820m looks likely to be trebled this year, and after 100 days in office this government's only plan seems to be to squeeze harder (doi:10.1136/bmj.h4670). Walshe and Smith say this won't work. The NHS needs to radically reconfigure. Opportunities lie in two emerging ideas: devolution of financial control to local level and the new models of care being tried at NHS England's vanguard sites and other locally led initiatives. Neither will save money in the short term, they say, but both offer a chance to reshape services and make them more affordable in the longer term.

It has become customary, in these pages and elsewhere, to take a swipe at the Health and Social Care Act when bemoaning the state of the NHS. I sometimes wonder if this is a cheap trick. Walshe and Smith are in no such doubt. The NHS has survived financial constraints in the past, they say, but the Lansley reforms have left it unable to respond either to the day to day pressures or to the new opportunities. Much of the organisational architecture and management capacity that dealt with pressures in the past was "foolishly stripped out" by the act, leaving no clear leadership at the regional level. And the act is now a major barrier to change, they say. "Devolution and the vanguard models of care cut right across the logic of competition and choice embedded in the legislation." Sooner or later, they say, the legislation will have to be substantially rewritten. We are all still waiting for an apology.

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fgodlee@bmj.com