

BMJ



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EDITOR'S CHOICE

BMJ

We are now three weeks away from the biggest shake up in the NHS since its inception. Not only the British but also people from all over the world are interested in this experiment, which might either dramatically improve the service or eventually mean its end. We are planning to plot the changes by following two health districts, a fundholding practice, and an NHS trust. Over the next four weeks we will describe what is happening now in each, and we will then return to them at regular intervals. We begin with an account of the trust, the Freeman Group of Hospitals in Newcastle, where lack of information seems to be one of the biggest problems (p 580). We will also in the next few weeks be carrying a two part interview with William Waldegrave, the Secretary of State for Health, and Hart today takes a swipe at what looks like proliferating bureaucracy in the health service (p 554). Back in the medical world we

have eminent surgeons arguing over the best treatment of breast cancer (p 590) and the place of laparoscopic cholecystectomy (p 593). "We predict that primary medical therapy aimed at cure will become the rule in many patients with invasive breast cancer," write Sir Patrick Forrest and others. What would another distinguished Scottish professor of surgery, Sir Charles Illingworth, have said about that? One thing we can be sure is that it would have been interesting. With the candour that we had in mind when we introduced "do it yourself" obituaries he points out that "he did not have an original mind and made no notable research contribution" and that he "had no aptitude for administration" (p 588). Surviving being shot down in a plane over the Somme in 1918 probably gives you the confidence necessary to look your own deficiencies in the face.