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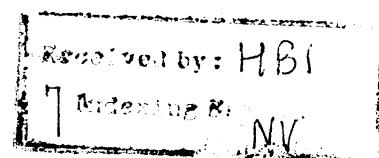


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EDITOR'S CHOICE

BMJ

Less than a month after the NHS reforms came into effect the government will next week publish its national health strategy (p 988). The strategy will, the secretary of state told the *BMJ* (23 March, p 711), be a genuinely consultative document and cover not only the Department of Health, but also other government departments. The idea of strategies and targets is not new, and John Catford describes how other countries have them (p 980). It seems to be important that targets are set after wide consultation and are based on objective data. One feature of the new NHS is that it puts general practitioners at the centre of judgments on the quality of hospital services. A survey of general practitioners in Bristol shows that they have consistent and sometimes unflattering views of their local hospital services (p 991). Strategies and general practitioners may be on the up these days, but anatomists are clearly

on the way down (p 1001) and physician scientists could go either way (p 1002), as Bruce Charlton and Sir David Weatherall discuss. Meanwhile, high suicide rates in the highlands may be explained by depressed Sassenachs travelling north to kill themselves (p 1019), infertility experts are slinging mud at each other through the media (p 1028), and specialists in blood transfusion are arguing the merits of paid and unpaid donors (p 1019). Some of these issues might be resolved by randomised trials, which have been described as the greatest invention in medicine in the twentieth century and are associated so strongly with Sir Austin Bradford Hill, whose obituary is published today (p 1017). The recent death of Graham Greene sparked a debate over whether he should have won the Nobel prize; many *BMJ* readers will believe that Sir Austin should have done so as well.