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### Rationing debate comes alive

As Hart observes (p 1502), the debate over the rationing of health care in Britain is hotting up. As is so often the case, the debate is coming alive not because of new data or intellectual insights but because of human stories that everybody can relate to. Thus the *BMJ* debate on smokers being denied access to heart surgery spilled over into the national media and led to much huffing and puffing by columnists and television pundits. Still more arresting was the story of a single mother giving birth to sextuplets after prolonged infertility treatment. This prompted the Department of Health to threaten guidelines, but a paper on p 1521 looks at six purchasing authorities and finds that three purchase in vitro fertilisation and three don't. The authors dissect the processes that led the purchasers to these decisions and show them to be haphazard. If equity is to remain one of the principles of the NHS then a systematic, open, national process for setting priorities may become inevitable.

Two other issues that have created great difficulties for policy makers are also covered in this week's journal: insurance cover for those at risk of HIV infection (p 1495) and responding to the notion that a little alcohol may be good for people (p 1506). A worldwide debate has taken place over insurance cover

for those at risk of HIV infection, and our survey of practices in France, Denmark, the United States, Canada, Australia, and the Netherlands shows that British insurers are the last to still be asking whether applicants for insurance have ever had a test for HIV. Other countries want to know only if the result has been positive.

Most researchers now accept that alcohol does protect against heart disease, and a paper on p 1506 now suggests that social drinking increases bone density and so may reduce osteoporotic fractures. The authors conclude that drinking alcohol cannot be recommended to prevent osteoporosis, but the public is becoming increasingly confused by messages that alcohol is simultaneously good and bad for you.

Finally, Frank Smith (p 1543) has conducted a small survey on the tricky question of whether doctors should have friends as patients. Forty one of 49 general practitioners did have friends as patients, and on average they had 12 each. Most of the doctors found it rewarding to have friends as patients, but 32 had come across problems, including always feeling on call, maintaining confidentiality, over-treating, and breaking bad news. "Never make friends with your patient," advised Osler.

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