



Heart surgeons still take on high risk cases, p 13



Friendship in medicine, p 30



NHS at 60, p 18



The policy zombie of user charges, p 54

## EDITORIALS

- 1 **What does the future hold for the NHS at 60?**  
Flux and conflict constrained by consensus as in the past, says Rudolf Klein  
» *Feature, p 18, Observations p, 23, Analysis, p 25, Views and Reviews, pp 55, 56*
- 2 **Drugs for cancer and copayments**  
Principles underpinning copayments must preserve equity, be transparent, and enhance knowledge on treatment outcomes, say Ilora Finlay and Nigel Crisp  
» *Views and Reviews, p 54*
- 3 **Affect and heart disease**  
Are linked, but the mechanisms are unclear, says Virginia W Chang  
» *Research, p 32*
- 4 **Endoscopic ablation for benign enlargement of the prostate**  
Newer techniques are no better than transurethral resection, but the evidence base is poor, says Sean P Elliott  
» *Research, p 36*
- 6 **Mental capacity and psychiatric admission**  
Many patients lack capacity to consent to treatment on admission, but not all qualify for treatment under the Mental Capacity Act  
» *Research, p 40*

## LETTERS

- 7 **Complementary medicine; Community acquired pneumonia**
- 8 **Should we pay organ donors? Sodium in drug treatments; Man of wit and clinical wisdom**

## NEWS

- 9 **Reward hospitals for improving quality and publish data on outcomes, Darzi review says**
- 10 **Government publishes constitution for English NHS  
GPs face more competition after Darzi's review  
New body will oversee postgraduate medical education in England**
- 11 **Review strengthens patients' right to NICE approved drugs  
Annual "quality accounts" will help improve services**
- 12 **WHO European region commits to health charter that promises greater accountability  
Breast cancer: Black women in US are less likely than white women to survive with the same stage**
- 13 **Surgeons continue to take on difficult cases despite access to death rates  
German soap made references to branded drugs**
- 14 **Smoking bans reduce heart attack admissions  
Bethlem seeks home for collection of art by patients**
- 15 **WHO guide on safer surgery will prevent millions of injuries  
Is the food crisis eclipsing the importance of water?**

## SHORT CUTS

- 16 **What's new in the other general journals**

## FEATURES

- 18 **The NHS debate**  
Is the NHS a clapped out behemoth or the best gift the British people have ever given themselves? Rebecca Coombes reports on last week's debate hosted by the *BMJ* and the King's Fund

## OBSERVATIONS

- ETHICS MAN**
- 22 **"What does the law say?"**  
Daniel K Sokol
  - NHS AT 60**
  - 23 **How the media are failing the health service**  
Jon Snow
  - WHAT'S NEW ON BMJ.COM**
  - 24 **NHS at 60; Lord Darzi's report on BMJ TV; Little and often; Latest on BMJ TV**

## ANALYSIS

- 25 **A fairly happy birthday**  
In the final article of his series on the NHS, Tony Delamothe looks at the effects of recent reforms and assesses the threat to its founding principles
- 30 **A friend in need**  
David Loxterkamp explains why friendship matters in medicine

## RESEARCH, CLINICAL REVIEW, AND PRACTICE

See next page

## VIEWS AND REVIEWS

- PERSONAL VIEW**
- 54 **Cancer drug top-ups: can we kill the zombie for good?** Cam Donaldson
- REVIEW OF THE WEEK**
- 55 **The NHS after 60** Peter Davies
- COLUMNISTS**
- 56 **University blues** Des Spence
  - 230 years before Beveridge** Wendy Moore
  - 57 **Poetry in potions** Theodore Dalrymple
- MEDICAL CLASSICS**
- 57 **Memoirs of My Nervous Illness** Kate Robertson

## OBITUARIES

- 58 **Oscar Davis Ratnoff; Alfred Michael Emmerson; Frederic James Flint; Douglas Harrett; Peter Morgan; Thomas Cyril Noble; Anita Panda; Michael Symons**

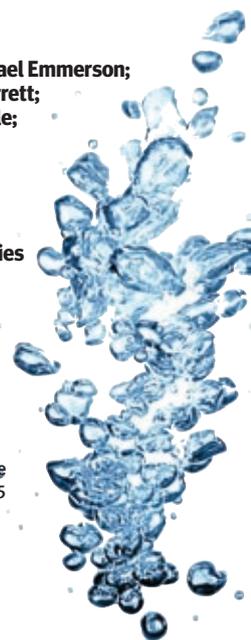
## MINERVA

- 60 **How speech in Africa has been influenced by HIV, and other stories**

## FILLERS

- 45 **All Greek to me**
- 53 **What types of article does *BMJ* consider?**

The importance of water, p 15





Ablation for benign enlargement of the prostate, p 36



Mental capacity to make decisions on treatment, p 40



Use and misuse of drugs and alcohol in adolescence, p 46



Consultations for people from minority groups, p 51

## RESEARCH

- 32 Positive and negative affect and risk of coronary heart disease: Whitehall II prospective cohort study**  
Negative affect was a weak independent predictor of coronary heart disease in men and women in this long term follow-up of more than 10 000 middle aged civil servants  
Hermann Nabi, Mika Kivimaki, Roberto De Vogli, Michael G Marmot, Archana Singh-Manoux  
*>> Editorial p 3*
- 36 Alternative approaches to endoscopic ablation for benign enlargement of the prostate: systematic review of randomised controlled trials**  
Despite 45 trials with nearly 4000 patients there is still not enough reliable evidence to identify the safest and most effective method of ablation  
Tania Lourenco, Robert Pickard, Luke Vale, Adrian Grant, Cynthia Fraser, Graeme MacLennan, James N'Dow, and the Benign Prostatic Enlargement team  
*>> Editorial p 4*
- 40 Mental capacity to make decisions on treatment in people admitted to psychiatric hospitals: cross sectional study**  
In three London psychiatric wards two fifths of patients admitted voluntarily and four fifths of those detained involuntarily lacked the capacity to decide on treatment, yet capacity is not assessed routinely  
Gareth S Owen, Genevra Richardson, Anthony S David, George Szmukler, Peter Hayward, 4 Matthew Hotopf  
*>> Editorial p 5*
- 43 Multiple vaccinations, health, and recall bias within UK armed forces deployed to Iraq: cohort study**  
Scrutiny of vaccination records suggests that earlier associations between self reported multiple vaccination and subsequent illness arose from recall bias  
Dominic Murphy, Matthew Hotopf, Simon Wessely

## CLINICAL REVIEW

- 46 Use and misuse of drugs and alcohol in adolescence**  
Paul McArdle

## PRACTICE

- 51 Practice pointer: Consultations for people from minority groups**  
This article provides practical suggestions on ways to improve communication with people from minority ethnic and faith groups  
Aziz Sheikh, Rashid Gatrad, Sangeeta Dhani

## HOLD THE BACK PAGE!

As you may have noticed, we recently combined the *BMJ* and *BMJ Careers* within one set of covers. This has presented some practical problems, one being the splitting up of the obituary pages. We intend to move the obituaries further forward so the short and long obituaries are together again and, by doing this, we will gain a page for editorial content at the back of *Minerva*.

We have now finalised the format for this page, which we have called *Endgames*. There will be a regular statistics question, case report, clinical and picture quiz, along with a question of the week from *OnExamination* to test your knowledge. If you would like to submit a question for this page please refer to our advice for authors on [bmj.com](http://bmj.com) (<http://resources.bmj.com/bmj/authors/types-of-article>) or send it to us via our online editorial office at <http://submit.bmj.com>



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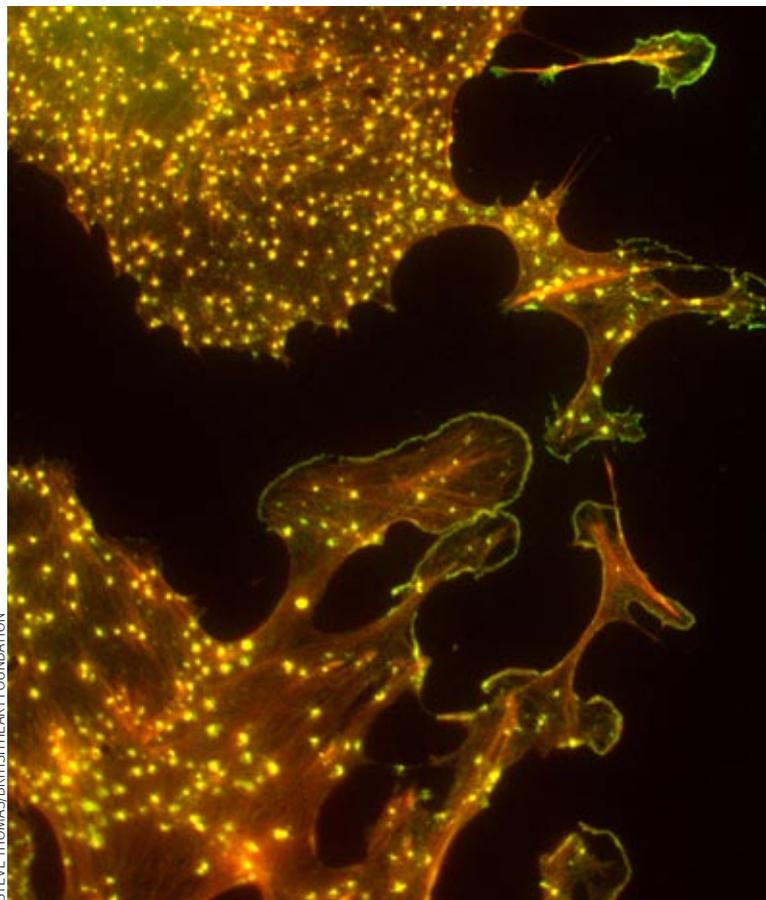
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STEVE THOMAS/BRITISH HEART FOUNDATION

**PICTURE OF THE WEEK**

**A Platelet is Born**, the winning picture in the British Heart Foundation's third annual science image competition Reflections of Research. The image, taken by Steve Thomas, shows platelets sprouting from the surface of bone marrow cells

**THE WEEK IN NUMBERS**

**53** Number of European countries committing to a health charter that promises to strengthen health systems and make them more accountable (News p 12)

**£3500** Average annual investment in the NHS for every working Briton (Feature p 18)

**39%** Prevalence of mental incapacity to make treatment decisions among voluntary psychiatric patients (Research p 40)

**1714** Year in which Bellers [John Bellers, a Quaker philanthropist] published his plan for a national health service (Past Caring p 56)

**THE WEEK IN QUOTES**

**“The patient experience is the most powerful lever here and will be used for service improvement. The whole report is about quality—it's what energises staff in the NHS”** (News p 9)

**“If a friend in need is a friend indeed, the family doctor never wants for candidates”** (Analysis p 30)

**“It is not possible to reliably identify the most promising tissue ablation intervention for benign enlargement of the prostate”** (Research p 36)

**“Substance use in the early teenage years may prove to have serious long term consequences”** (Clinical Review p 47)

**“Is there anything important that I need to know about you, your beliefs, or your customs?”** (Practice p 51)

## EDITOR'S CHOICE

## The NHS in our hands



**Editorials, p 1, Feature, p 18**  
**Observations, p 23**  
**Analysis, p 25**  
**Views & Reviews, pp 55, 56**

Cover shows leaflet announcing the launch of the NHS in 1948

The founding principles of the NHS are safe, for the moment at least, from whatever marauding hordes we might have thought were out to get them. Last week's *BMJ* and King's Fund debate concluded overwhelmingly in favour of their continued relevance (p 18), and *BMJ* readers agreed ([www.bmj.com/campaigns/nhsat60/index.dtl](http://www.bmj.com/campaigns/nhsat60/index.dtl)). Polls elsewhere in the run-up to the NHS's 60th birthday this week have shown similar commitment to the ideals of equitable care funded by central taxation and free at the point of need. And now we have a draft NHS constitution that seeks to enshrine these principles in law (p 10). All of this means we can get back to the job of nurturing this great beast, the NHS, with all its inherent conflicts, contradictions, and limitations, and somehow continuing to make it work. Lord Darzi's report on the next stage of reforms for the NHS in England gives us a place to start.

The report is an odd beast itself. It's a good read, with a welcome absence of targets or restructuring, and the promise of more local decision making (p 9)—though how this squares with an end to local variation in provision remains unresolved, as Rudolf Klein points out (p 1). There's an equally welcome emphasis on better care for everyone, with substantially increased funding for faster evaluations of treatments (p 11) and, crucially, the promise of funds to make all approved treatments available to all.

It's beyond the report's scope to say where this extra money will come from, but we can't escape the question. The launch of a government review of copayments for cancer drugs meant that Darzi

didn't have to tackle this highly contentious issue, which hits at the heart of the NHS. In their editorial this week, Ilora Finlay and Nigel Crisp conclude that copayments are inevitable, but they want them introduced in ways that will preserve equity and deliver data on outcomes (p 2). Cam Donaldson disagrees absolutely (p 54). He argues that although they are dressed up as a means to increase access, copayments would do the reverse. "User charges are an idea that is intellectually dead," he says. "If we want to raise money in a way that is consistent with what we want to achieve in health care, there is another way—it's called taxation."

Darzi reiterates choice and competition as key drivers for change in England. These have so far largely failed to deliver improvements in care, according to Tony Delamothe (p 25). Darzi hopes that better information will fuel an appetite for real patient choice, and Bruce Keogh's plans to deliver that information (*BMJ* 2008;336:1464) deserve our support.

We will have to wait and see what sort of meat is put on the elegant bones of this report. But there's one crucial aspect of Darzi's vision that will happen only if doctors across the NHS step up to the plate: much greater leadership from clinicians. If this review is, as Gordon Brown has said, a once in a generation opportunity, the next generation of clinicians and patients won't forgive us if we fail.

**Fiona Godlee, editor, *BMJ* [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

See *BMJ* interview with Lord Darzi on [bmj.com](http://bmj.com)

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## PLUS

Career Focus, jobs, and courses appear after p 58.