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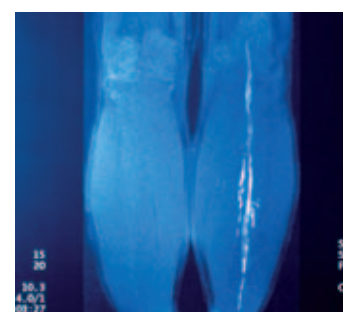
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Too much
information and
not enough time?

BMJ Masterclasses

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**PICTURE OF THE WEEK**

The day room at Sir Michael Sobell House hospice in Oxford. The artist Joanna Walsh drew residents in January and February and will spend two weeks at the Wellcome Collection, London, creating an artwork called *Ars Moriendi*, based on her experience, on display until 20 March. Sobell offers specialist palliative care but allows patients to alter their environment. It also encourages facing dying through creativity in the form of music, art, or religious contemplation. At Sobell, patients are allowed to create their own “ars moriendi.” These refer to two Latin texts dating from about 1415 and 1450 which explain how to “die well,” the first in a Western literary tradition of guides to death. See www.wellcomecollection.org.

THE WEEK IN NUMBERS

60% Proportion of UK medical students who are women (Research, p 539)

2.2 Risk of recurrent disease after unprovoked venous thromboembolism in men compared with women (Research, p 535)

10% Worldwide prevalence of migraine (Clinical Review, p 540)

6 weeks Mean additional survival with erlotinib in end stage cancer compared with placebo; should public healthcare systems offer this expensive drug? (Analysis, p 531)

8% Proportion of young children affected by food allergies in Westernised countries; as many as 2% of adults are affected (Practice, p 544)

QUOTE OF THE WEEK

“On repeated occasions, both Cameron and Lansley have claimed that cancer, heart disease, and stroke survival rates are worse than those in Europe. This seems to exploit the latent health related fears of the general public to make acceptable changes that would otherwise be regarded much more negatively”

Iona Heath, president of the Royal College of General Practitioners, on politicians who deal in fear (Observations, p 530)

EDITOR'S CHOICE

Old, new—worse, better?

At rounds and seminars, “arrive early and hang around afterwards; have lunch together.” Oh for a more relaxed era

As the bill that will radically change the NHS in England goes through parliament, people are starting to worry about the detail—as a series of news stories shows.

One concern has always been that the loss of strategic health authorities would lead to a loss of rational planning. Drawing on experience in south east London, where the SHA had to step in to organise a major reconfiguration of acute services, a King's Fund report argues that the new NHS Commissioning Board must have responsibility for strategic commissioning because GP consortiums cannot do it (p 519).

Yet others worry that the NHS Commissioning Board may end up being too powerful. The BMA thinks that powers given to the health secretary and the commissioning board undermine government pledges to “put doctors in the driving seat” (doi: 10.1136/bmj.d1343). It also fears that the bill will allow them to obtain and disclose confidential patient information without safeguards (doi: 10.1136/bmj.d1291).

Iona Heath also worries about politicians' intentions in her Observations column (p 530). She cites the prime minister's claims that NHS health outcomes lag behind the best in Europe. These, she says, seem “to exploit the latent health related fears of the general public” to make otherwise unwelcome changes more acceptable.

There's a Machiavellian intent too behind Darrel Francis's filler on “How many consultants should you invite to a meeting to ensure it will never happen?” (p 548). He plots the chances of NHS consultants being available for a meeting—and shows that it approaches zero as the number of consultants reaches six. A delve into the *BMJ*'s archive shows that 35 years ago EJ Moran Campbell and M Gent made a similar set of observations in

a Christmas article under the more neutral title, “On the probability of a committee meeting” (*BMJ* 1976;2:1551). Their maths are more complex, with more variables and decimal points—and the messages are gentler. “Responsibilities should be given to individuals... Committees should meet only to deliberate, not to disseminate or communicate.” Although the most powerful item in their probability table is the number of people involved in the meeting, the next most powerful is the number of uncommitted hours: “Herein is the second best hope of improvement: constrain the committed hours and protect the uncommitted time by habits which, as well as increasing effectiveness, if not ‘efficiency,’ are also more civilised. Thus do not have coffee at your desk—go to the cafeteria, the common room, the ward... at the same times as other people.” At rounds and seminars, “arrive early and hang around afterwards; have lunch together.” Oh for a more relaxed era.

But it wasn't all better then. In his review of *Dangerous Pregnancies: Mothers, Disability, and Abortion in Modern America* James Owen Drife reminds us that within his medical lifetime the contraceptive pill was not available, termination was illegal, criminal abortion was England's leading cause of maternal mortality, and “a woman who contracted rubella in early pregnancy could only hope, knowing that her baby had a 50% chance of being affected” (p 552). Yet what impresses him more than the medical advances is the change in attitudes—“to women, to ethnic minorities, to disability, to ethical dilemmas.”

Jane Smith, deputy editor, *BMJ* jsmith@bmj.com

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Career Focus, jobs, and courses appear after p 554

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BMJ.COM: MOST READ

Association of alcohol consumption with selected cardiovascular disease outcomes

Pharmacological prevention of migraine

Emotional distress in infertile women and failure of assisted reproductive technologies

Free speech and professional duty: why I couldn't fight tabloid rumours

Effect of alcohol consumption on biological markers associated with risk of coronary heart disease



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