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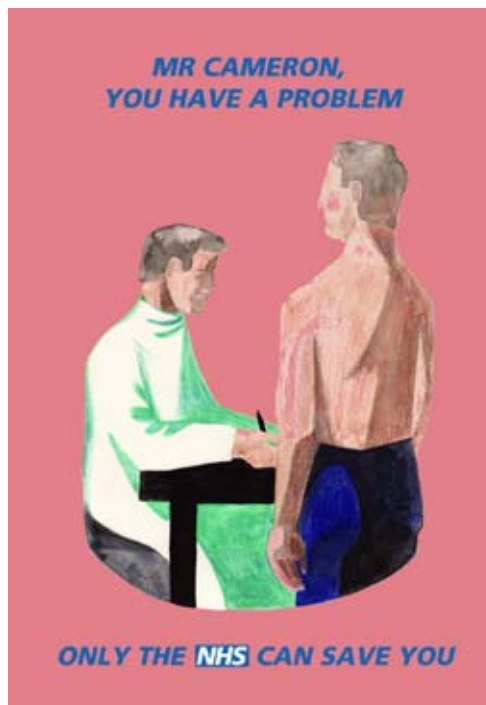
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PICTURE OF THE WEEK

Two posters by Artists for the NHS (Goshka Macuga *Mr Cameron, you have a problem*, left, Bedwyr Williams *You'll pay for this*, right). Artists for the NHS was started by Niru Ratnam and Sarah McCrory to highlight the consequences that passing the Health and Social Care Bill would have on the NHS. See more at <http://artistsforthenhs.tumblr.com>

● PERSONAL VIEW, p 31, LAST WORDS, p 49

MOST READ ON BMJ.COM

Use of proton pump inhibitors and risk of hip fracture in relation to dietary and lifestyle factors: a prospective cohort study

Lansley's NHS "reforms"

Consumption of fried foods and risk of coronary heart disease: Spanish cohort of the European Prospective Investigation into Cancer and Nutrition study

Orthopaedic surgeons: as strong as an ox and almost twice as clever? Multicentre prospective comparative study

MOST COMMENTED ON BMJ.COM

Does anyone understand the government's plan for the NHS?

Bad medicine: medical nutrition

Shared decision making: really putting patients at the centre of healthcare

How much of a social media profile can doctors have?

Why legislation is necessary for my health reforms



COURTESY OF ARTISTS FOR THE NHS

BMJ.COM POLL

Last week we asked, "Is providing hospital services seven days a week worth the extra cost?"

77% voted yes (total 982 votes cast)

This week's poll asks, "Should we use elective ventilation to increase organ donation?"

● NEWS, p 49

RESPONSE OF THE WEEK

"At our CCG [clinical commissioning group] meeting last week . . . there was only one vote for outright opposition to the bill. However, this did not mean the remaining 94% were blind supporters of the reforms"

John D Matthews, general practitioner, Wallsend, UK, in response to "GPs back withdrawal of health reform bill"

● bmj.com *BMJ* 2012;344:e391

EDITOR'S CHOICE

Through historians' eyes

Disabled people might well get better assessments from novelists than from Atos

Future historians of the NHS might look back on the early months of 2012 and wonder why so many health professionals and politicians suddenly started agitating against the NHS Health and Social Care Bill so late in the day (as the bill comes to the end of its passage through parliament). People have been criticising the bill since it was first published (*BMJ* 2011;342:d408), but only now are organisations, and the Labour party opposition, calling for the bill to be withdrawn. A news story gives the list of those opposing the bill (doi: 10.1136/bmj.e1062) and also reports on a leaked risk assessment to ministers pointing out that a major risk of the bill is that the NHS could become unaffordable (p 1).

Our columnist Des Spence adds his voice to those seeking to ditch the bill, arguing that the current system is not broken and does not need mending (p 49). But it is Peter Bailey's personal view—also urging abandonment of the bill—that provides an insight into this late surge of opposition: “I have to put my hand up and say that this mess is my fault” (p 31). As vice chair of his emerging primary care consortium, he explains that some years ago his primary care trust was among the first in the country to recognise the financial challenges to the NHS and to do something about it. “Clinicians had to join with managers . . . primary care had to join with secondary care to agree on pathways that served patients better for lower cost.” And they were succeeding; being in the health minister's constituency, they impressed him too, and they became pathfinders for the new commissioning groups. “Then we began to understand the proposed legislation. Primary care trusts were to be abolished and pathways were to become illegal, sacrificed to ‘any willing provider’ who would trample across them, waving competition on behalf of their shareholders.”

What that might mean emerges from Margaret McCartney's *Medicine and the Media* piece on another

bill progressing through parliament, the Welfare Reform Bill, and its provisions for assessing disabled people's benefits (p 30). The Department of Work and Pensions, which administers these, has abandoned seeking medical assessments from claimants' own doctors. Current assessments are done for the department by Atos, a French technology company. McCartney points out that disabled people have little faith in these assessments (*BMJ* 2011;342:d599); they are computerised; and the basis on which they are done is not published. A senior occupational health academic who has independently reviewed the system of assessments has raised concerns about them and their ability to deal with complex chronic fluctuating conditions. McCartney is critical that medical organisations such as the BMA have not been making a fuss about this: “after all benefits for the most vulnerable people in society have been franchised out to an opaque system remote from the care in the NHS.”

Disabled people might well get better assessments from novelists than from Atos, if the *BMJ*'s glowing assessment of Charles Dickens is anything to go by: “What a gain it would have been to physic if one so keen to observe and so facile to describe had devoted his powers to the medical art.” This comes from a *BMJ* article on the death of Dickens in 1870, republished as a filler to mark the 200th anniversary of his birth (p 44), which notes his detailed observations of people's illnesses. The *BMJ* also commended him for being “always just, and generally generous to our profession.”

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