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This is a double issue. Our next issue will be published on 7 September.

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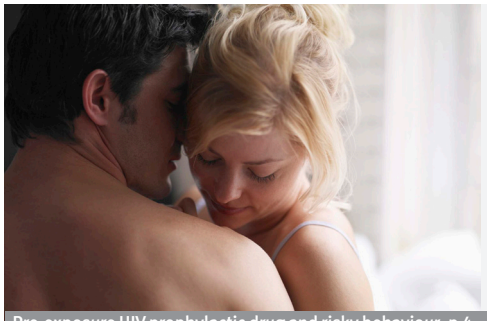

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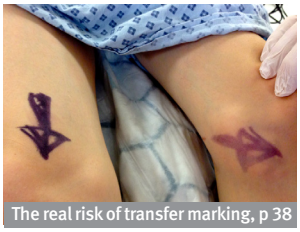

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PICTURE OF THE WEEK

Refugees walk between tents at the Quru Gusik refugee camp, 20 km east of the city of Arbil, the capital of the autonomous Kurdish region of northern Iraq, on 17 August. Thousands of Syrian Kurds have poured into the region in recent days to escape privation and the deadly clashes between Kurdish fighters and militants.

RESPONSE OF THE WEEK

Review boards are also somewhat perverse about some of the words used in the consent form. I recently had a consent form and information sheet returned to me because the word 'scoliosis' was unlikely to be familiar to the average person. While that may be true, the population I was studying was drawn from a clinic named 'The Scoliosis Clinic'.

Jonathan A Norton, clinical neurophysiologist, University of Saskatchewan, Canada, in response to "Consent forms for clinical trials are too aggressive" (*BMJ* 2013;347:f4879)

MOST READ

BMJ.COM POLL

Last week's poll asked:
"Does the wording of consent forms deter patients from signing up for clinical trials?"

73% voted yes
(total 288 votes cast)

BMJ 2013;347:f4879

This week's poll asks:

"Would learning to code be a good use of doctors' time?"

BMJ 2013;347:f5142

Vote now on bmj.com

MIKE TAYLOR

EDITOR'S CHOICE

The NHS in the age of anxiety

For the NHS, the "tough" choice includes decisions not about how best to maximise benefits, but about how to minimise harms

This year is shaping up to be the NHS's annus horribilis. Sixty five years since it began, the service has been subject to a constant drip of bad news—from Robert Francis's report into what went wrong at Mid Staffordshire NHS Foundation Trust, to the so called crisis in emergency departments. Yet in his essay this week, Rudolf Klein tells us that statistically, there does not seem to be much wrong with the NHS (p 13). Key performance targets have been maintained in the face of fiscal austerity, hospital infection rates have improved, and the service seemed to be making good progress in hitting its savings targets. And the NHS "has successfully implemented" the Lansley reforms, even though, as Kieran Walshe says in his editorial (p 5), the new organisational architecture makes little sense to most of those who have to make it work.

Yet Klein acknowledges that there is a different story to be told, a story that has led many to ask what has gone wrong with the NHS. He looks at the gap between rhetoric and reality in recent NHS history, and identifies two themes that have intertwined to give the impression of a service "stumbling into crisis." One of these is the quality theme, and the other is the patient empowerment theme. "The common element has been an emphasis on transparency, and the outcome has been a statistical striptease by the NHS, unveiling its activities in ever greater detail," he writes. "Not only is more information available than ever before, but it is also more accessible than ever before."

The NHS-meets-TripAdvisor mindset might seem inevitable in the internet age, as informed patients seek out those consultants and hospitals with the best record. But Klein warns that "more information may complicate rather than enhance the ability of consumers to make choices because they have to cope with an ever growing menu of indicators, varying in quality and sometimes pointing in different directions." Witness the letter from Rachel Davis this week about the problems of conveying data from the friends and family test to the public (p 18).

Klein says that for the NHS, the "tough" choice includes decisions not about how best to maximise benefits, but about how to minimise harms. Diverting demand for elective surgery to the private sector for those who can pay might protect services for those who cannot. "But should policies that are undesirable in themselves be accepted as a price of safeguarding the core of the NHS?" he asks.

This cuts to the heart of much of the current debate about the NHS. Will the increased use of private provision save the service or destroy it? (Des Spence, in his column this week (p 37), is clearly of the latter opinion.) Does austerity necessitate reduced public borrowing, or is it the figleaf for ideologically driven cuts to services that some would like to have privatised anyway? Klein points out that many have challenged the hairshirt approach, concluding: "The best hope for the NHS is that the challenge will succeed before too many irreversible lesser evils have been found acceptable."

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Go to **http://submit.bmj.com** for more details about online submission. And remember to mention in your covering letter that your article is intended for the Christmas issue (it's not always obvious). No spoofs, please.