

The view from the finishing line

In the first few months of the new regime, Gordon Brown's government has given us doctors without ties and jackets and watches, a warning to the middle classes to go easy on the Pinot Noir, Lord Darzi (a surgeon) reorganizing the GPs into polyclinics, promises that wards will be deep cleaned once every hour (I may exaggerate slightly), predictions that the population will be so fat by 2050 that each patient will have to have two beds, but above all that his government will provide us with a 'personal NHS' – a resounding oxymoron that tells us all we need to know about how much politicians really understand about health care.

Health care is fiendishly complex; it is full of problems. Problems taken in isolation are easy, but health care's problems are never isolated. The law of unintended consequences rules supreme, although they are not always unexpected consequences: is at least some of the reason behind our current difficulties with MRSA (methicillin-resistant *Staphylococcus aureus*) and *Clostridium difficile* the tendering out of cleaning services to save money and the higher bed occupancies demanded by target times for treatment? HL Mencken reckoned that 'For every

problem, there is a solution that is simple, neat, and wrong'. Maybe it will take more than wearing short-sleeved shirts and never knowing what the time is to reduce the rate of hospital infections. And what would Humphrey have thought? A polite, straight down the middle, old style surgeon, who always wore a suit (banned) or a white coat (banned), he once earnestly

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told me that one of the reasons the NHS (20 years ago) was going down the tubes was the way people dressed. Now, the smart people in the hospital corridor are the visitors.

The first 'In the Public's View' appeared in the *British Journal of Hospital Medicine* in January 1992. Three years and 62 columns later (the journal was fortnightly) under the title 'A peaceful au revoir', I wrote that the regular column would 'stop, before you learn too much about me'. Nonetheless another 19 columns appeared between then and 1998, when the journal reverted to monthly and shortened its name (temporarily) to *Hospital Medicine*. After which, the column became

regular once more and has remained so until this, the 184th and last. It's not that the media are now beyond medical criticism. In fact, although no more than an impression, I don't think that there has been any material change since 1992. The media remain more interested in sensation than fact, because sensation sells and facts too often are dull. The world has not changed either, although the uncertainties have moved from Eastern Europe to the Middle East. But I am retiring from the NHS and any insights I have will become increasingly less relevant to doctors still in clinical practice. At least I'll be able to put my watch back on.

The commonest theme in my columns was echoed well by Professor Ray Tallis, when he accepted the HealthWatch award in October: 'The plural of anecdote is not data'. I am a committee member of HealthWatch, a small charity dedicated to standing up for treatments that work, and to standing against those that don't: please come and join us (<http://www.health-watch-uk.org/>). **BJHM**

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