

Intelligence squared? Regrettably not

'The NHS is broken; it needs reinventing, 5 October 2004

THIS was a dreadful event. It was arranged by the mysterious Intelligence² and, on my way, I wondered what kind of self-selecting participants would be attracted to such an organisation and such an event. My heart sank as soon as I took my seat. The audience oozed affluence and could hardly have been more demographically different from those who congregate in the waiting room of our practice in Kentish Town. I listened to the conversation behind me, which involved a discussion of the relative merits of famous schools purveying prestigious private education. Clearly the view was that state education was broken and beyond repair — what hope could there be for the beleaguered NHS?

The only glimmer in the gloom was the comforting discovery that not one of the team proposing the motion was prepared to attack openly the original guiding principle of the NHS — universal accessible health care. The problem was that, this out of the way, there was little left to debate other than the relative merits of private provision within the umbrella of the NHS.

The proposers opened with Kenneth Minogue, Emeritus Professor of Political Science at London University. Attempting to set new standards in intellectual condescension, he described the NHS as a 'saintly' institution that provided a moral exemplar of the ways in which we care for each other — as if this were somehow reprehensible. He wondered how individual concerns could have become a state responsibility and ended by depicting the NHS as a brain-dead dinosaur, which was the quintessential example of British moral narcissism.

The opposition was led by Ray Tallis, Professor of Geriatric Medicine in Manchester and a prolific writer on philosophy. Sadly, he chose not to respond directly to Professor Minogue's dubious assertions and instead recounted statistics to prove the effectiveness of the NHS in terms of reducing infant mortality and improving life expectancy. He deplored the disproportionate attention that is paid to things that go excitingly wrong rather than boringly well. He restated the fundamental point of the NHS being to share the risks of ill health and to redistribute wealth from the well to the sick. He pointed out that the use of private providers means that money has to be found to pay for health care and for private profit, and he ended by condemning the continuous cycle of what he described as 'structural redisorganisation' within the NHS, but insisted that it needed fixing, not reinventing.

The second speaker for the motion was Harriet Sergeant, who was billed as the

author of the apparently widely-acclaimed *Managing not to Manage: management in the NHS*. She seemed obsessed with things that go excitingly wrong and invoked a series of horror stories about what was happening in the NHS, each of which had been recounted to her by people she had interviewed. There was no attempt at either analysis or balance.

Then came Philip Hunt, the Labour peer, who sabotaged the efforts of the opposition by providing an anodyne political tract that recounted the triumphs of NHS reorganisation under the Labour government. He also emphasised the, to him, obvious benefits of private provision. By this time, I cannot have been alone in wondering who was on whose side.

The final speaker for the motion was Maurice Slevin, a Consultant Oncologist in East London. He argued that the power within the NHS is with managers not patients and he declared that '... no-one in management in the NHS is particularly interested in patients', which seemed a touch unfair. We were then treated to the similarly sweeping pronouncement that '... the point of management in the NHS is to stop things happening, whereas the point of management in the private sector is to make things happen'.

The last speaker to oppose the motion was the *Back Pages*' own Mike Fitzpatrick, a GP in Hackney, who argued, with by far the most panache, that the problem was not the NHS but the contemporary obsession with health that is driving a tide of medicalisation and leading to increasing demands for useless interventions that serve only to make money for private providers.

Speakers from the floor mentioned the dangers of allowing patient preference to trump medical science and politicians to interfere in the work of health professionals. It was too little too late and the debate ended with a clear majority for the motion.

I discovered on the website of Intelligence² (www.intelligencesquared.com) that it is 'the brainchild of two media entrepreneurs', and that it 'takes information and analysis as its raw material, and translates this into discussion, conversation, and sexy debate'. I despair. There is a desperate need for informed public discussion of the state of the NHS and the way forward for it. All we got from Intelligence² was a poorly articulated debate, short on both information and analysis, and provided as entertainment for an audience of the self-regarding and complacent.

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