

NICE AS OXYMORON

NICE is, at last, coming of age. At the time of its inception, I was critical. My main argument was that we already had lots of bodies telling us best treatments. Specialist societies issued guidelines, and amendments to guidelines; Royal Colleges did the same; while the Cochrane Collaboration trumped them all. I thought that NICE as the National Institute for Clinical Excellence was not needed, but NICE as the National Institute for Clinical Expedience was sorely needed. In the last year NICE has started to do what it should explicitly have been set up to do: not to decide whether this β -blocker or that ACE inhibitor is the best treatment for hypertension, but whether new expensive drugs that don't seem to do very much good at all should be prescribed on the NHS. Even if they are the only drugs available.

Things were tricky while the trastuzumab (Herceptin®) storm raged. Perhaps the special appeal of breast cancer turned heads in the Department of Health in ways that myeloma, colon cancer and Alzheimer's disease are less able to do. Patricia Hewitt was dangerously close to making NICE look irrelevant. Sensibly, the Department's only comment when NICE pronounced about the Alzheimer's drugs was to say that it was not for the government to interfere.

Of course, NICE has upset those directly affected. An excellent commentary by Polly Toynbee (*Guardian*, October 24) prompted letters (October 26) from carers and sufferers, and also from doctors, but they all managed — inevitably — to ignore the wider picture. If you are watching a loved one slowly disintegrate from Alzheimer's, or you are an oncologist denied a new agent that may give your patient a few months more, it is impossible to stand back. But that is precisely what NICE has to do. 'It's not Nice, but someone has to do it' was the title of NICE Chief Executive Andrew Dillon's counter-letter (October 28), and he is right. I just wish that he had explicitly used the word 'rationing' in his letter.

A sad letter in another newspaper complained about the unfairness of an elderly man receiving Viagra® on the NHS while the writer's partner was denied an Alzheimer's drug. The unfairness, which I would not expect the writer to see, is that Viagra® works, whereas the Alzheimer's drugs don't seem to work very well. This is an unfairness over which we have no control. Given the ageing population, we really do need a drug that works in Alzheimer's, but if wishes were horses ...



THE GOOD EUROPEAN IAIN BAMFORTH

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Do you ever wonder what you might have done had you not settled for the material and moral comforts of British general practice? Might you, perhaps, have been a doctor in the Australian outback? Or a poet? Or mastered the German philosophers from Kant, Fichte and Hegel to Nietzsche and Heidegger? Or compiled the best collection of literature related to medicine? Or settled in Strasburg and used your fluent multilingualism as translator to the European parliament? Or read every French novelist and philosopher, to put you in a proper position to put down the pretentious falsity of French intellectual life? Alternatively, might you have gone off and helped to set up primary care services in the Far East?

Perhaps you might have done all of these, and a lot else in your spare time: in that case, you must be Iain Bamforth, the author of this dazzling collection of essays and reviews. Had he remained in one place, he might come to have been called a national treasure; as it is, his collection defines him as *The Good European*; and as he really is, he can only be described as an international figure.

If you think I am exaggerating, get hold

of this book, or his literary anthology of modern medicine, *The Body In The Library*. Neither makes any concession to the hand-me-down traditions of doctors who like to have a bit of culture. Just as the anthology contains his own translations from Danish, Hungarian, Portuguese, French and German, so his book of essays makes astonishing connections across an entirely individual selection of works by European writers. And all the while, the dark suspicion lingers that he reads them in their original languages. If you know the works he alludes to — and you might have read a tenth of them in translation — you will realise that he knows them from the inside, and wants to tell you what they are saying in relation to each other. For all its extraordinary brilliance, there is nothing academic about this collection. It will make your mind leap and gambol following his. Give your brain a treat and buy it.

Richard Lehman