

To cut or not to cut ...

There are not many people who would admit that, in their field, there should be cuts. I don't think I am brave or clever enough to be the odd one out. So here it is: I am against cuts in health care (the term 'health care', in my view, does not include management and administration — in these areas I would cut generously). Why? Because money is already short — sometimes too short even to meet the most basic needs of patients.

But, come to think of it, in my particular field (complementary medicine), we seem to squander quite a lot of money on stuff that one cannot call 'basic needs'. Take 'The Prince of Wales' Foundation for Integrated Medicine', for instance. They recently received £2 million (£1 million from the Department of Health) for facilitating the regulation of practitioners. In complementary medicine, that is an amount of money researchers can only dream of.

And what did the 'Foundation' do with it? Search me — ah yes, they helped create the Complementary and Natural Healthcare Council — a resounding flop.¹ And they facilitated the 'Pittilo Report'.² Apart from a gong for the lead author,³ this does not seem to go far either.⁴ If the Prince wants to ride farcical hobby horses, should he not use his own money?

So there you are, I would cut expenditure for these and many other nonsensical activities,⁵ even in my very own field. So I might be brave. But clever? My research unit in Exeter might soon have to close because of lack of funds. This would surely not have happened had I aligned myself with the 'right' people and abstained from stubbornly insisting on good evidence and critically speaking out against bogus treatments. So, clever? Afraid not!

Edzard Ernst

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**'There are ...
10 MRI
scanners per
million
inhabitants in
Lebanon ...
and six in
Canada ...'
(Saab and Antoun,
page 222)**

Sorry matters

Each year around 1 million people suffer adverse consequences from NHS care. Many seek legal advice but only a few, about 11 500, get any financial compensation. The majority of those that suffer harm cannot access the justice system and those that do find the process slow and frustrating. Even compensation offers no certainty that lessons have been learnt and/or health care improved. We end up spending billions moving many thousands of unhappy people round a system that leaves 98% even more unhappy. The recession and Conditional Fee Agreements (that's no-win, no-fee to you and me) mean that this situation is likely to get worse. The latest proposals¹ to reform this crazy system will tinker at the edges but do little for the heart of the problem.

Faced with similar problems lawyers devised restorative justice to help perpetrators make redress for harm done. We believe that these ideas could form the basis for 'restorative redress' in the NHS.

Restorative redress aims for compassion and mutual understanding. It will not suit everyone; the NHS makes some truly terrible mistakes and some people need the justice and compensation that only the courts can give. But talk to medical negligence lawyers and it is clear that even today only a minority — at most perhaps 30% of the people who approach solicitors — want money. Instead they want to have a 'real' conversation, to know that what happened matters to the people who were caring for them, and that everything is in place to prevent any recurrence.

So how might we create restorative redress? *Patient Opinion* is a national, not-for-profit social enterprise where patients, families, and staff can share their stories of care across the UK with which we are all associated. Our proposals for restorative redress have been informed by this panoramic view of patient views on the NHS. We believe that with careful selection of cases and with the right safeguards it will be possible to create a