

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

What the Dickens?

non-adversarial system that would be rooted in mutual compassion and understanding, rather than defensiveness and anger. Online tools would help patients refine what they really wanted to get out of any dialogue with those who cared for them. Participating trusts and defence bodies could then decide what they could offer in return and communicate this via structured online processes. Trusts and clinicians would commit to following the full disclosure of evidence and the steps recommended by the *Sorry Works!* Programme in the US.² Some cases might be resolved at this point but many would require face-to-face meetings employing skilled independent facilitators as used in Australia.³ To complete the process, and recognise the significance of the event, agreed statements of empathy and proposed changes will be published online. Each 1% reduction in litigation cases would save £10 million.

Our fear of litigation encourages defensiveness and discourages honesty and transparency. We cannot outsource resolution to lawyers. We will only find a solution when we create a dialogue that we are proud of as a profession, that allows us to say the things we need to say, and hear the things that people have to say to us.

**Paul Hodgkin, Kim Daniells
and St John Livesey**

Patient Opinion is currently looking for places and people to pilot restorative redress with. Please get in touch with us at: restorative.redress@patientopinion.org.uk

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WHY TO CUT

Mr Micawber had it right when he said: 'Income 20 shillings, expenditure 19 shillings and sixpence is happiness. Income 20 shillings, expenditure 20 shillings and sixpence is misery.' It is, of course, reasonable to spend money that we do not immediately have by borrowing to invest in a carefully planned project such as a house to live in or a factory to produce wealth. That is what banks or governments used to do. However, funding a lifestyle on credit is ruinous and only puts off and deepens the inevitable reversal.

Living within one's means is important for a country no less than an individual. As a nation, we are currently borrowing £500 million every day to fund our flat screen TVs and foreign holidays, expecting our children and grandchildren to pay it back. Our children have not been consulted on the matter. The facts seem so obvious as not to require any further explanation.

WHAT TO CUT

The situation is currently so out of control that no project should be above examination.

I would start with the machinery of government itself. We are overgoverned, with local councils in addition to the Parliaments in Scotland, Westminster, and Europe. Westminster could easily reduce to 500 MPs with each covering a larger area. The present figure of 660 MPs is purely arbitrary. Give the politicians 25% less and let them get on with it. I doubt if many people could name their MEP. One from Scotland would do for me.

Recent welfare policy has created an expensive culture of dependency. The budget devoted to benefit in all its various forms is gargantuan and spread across several departments. Welfare has become a way of life for many communities blighted by industrial decline. Most of us have minor ailments that, in the hands of a Welfare Rights Organisation can be easily worked up into a case of incapacity benefit or better still, the holy grail of DLA.

What incentive is there to improve when the first thing you lose is your benefit? Such dependency is not only expensive to the taxpayer but also damaging to the health of the individual. Stop the financial reward for sickness and provide some proper psychological and social services to aid recovery. Health should not be exempt from change. A co-payment system is essential, not only to raise revenue but also to rebalance the patient relationship with the NHS. Everyone should be aware of the cost of their treatment and made to pay something towards it. A token amount from the unwaged would suffice. People respect what they pay for. Sad but true.

Lastly, defence must take a hit. Major defence projects must be re-examined. This country cannot afford the Trident replacement as well as the new aircraft carriers. One must go and I would scrap the submarine programme. It would look good on the international stage as well. Foreign policy needs a reappraisal. Why do we try and do so much with so little?

Max Inwood

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**'... largely
unused (and
largely
useless)
antivirals ...
"which would
be great for
gritting the
icy roads" ...'
(Fitzpatrick,
page 223)**