OUT OF HOURS **Christopher Martyn**

Bad faith, hope, and charity

If you disagree with what someone says, don't resort to insult

If you came across someone searching the pages of a tabloid newspaper for philosophical principles and ethical values you'd be inclined to doubt their sincerity of purpose. But you might be being unfair. Last year the *Daily Mail* carried an article that set out 10 enduring philosophical ideas and discussed why they were easier to agree with than to follow in everyday life (www.dailymail.co.uk/home/moslive/article-1279320/Ten-greatest-Philosophical-principles.html). It is well worth a look if you've forgotten David Hume's reasons for not believing in miracles or just what Aristotle was on about when he talked of the golden mean.

One of the things that impressed me about the piece was the way in which its author managed to compress his account into 1500 words for a readership that he had to assume knew next to nothing about the subject. It's true that he didn't discuss any of his 10 principles in much depth, but he succeeded brilliantly in making these abstract ideas accessible and relevant without recourse to jargon or fancy language.

Educated people tend to sneer at those who work for the popular press. I suspect that's often because they fail to distinguish between the skill of the writers and the sort of topics they're writing about. Explaining a specialised subject to a lay audience without being either glib or condescending requires skill, practice, and a sensitive ear for language. Few people other than professional writers ever get much good at it.

This probably explains the findings of a recent study that assessed the readability of patient oriented web pages on Parkinson's disease (*Journal of the Royal College of Physicians of Edinburgh* 2010;40:292-6. Judged by two standard measures of reading difficulty, the Flesch-Kincaid and SMOG scores, most of these pages were pitched way beyond the reading ability of the average adult, and all would have been more or less incomprehensible to people with poor literacy skills. Of course, this doesn't come as a surprise. Look around and you'll find that most stuff written for patients—unless it's the glossy material issued by a drug company or an outfit selling private health insurance—is pretty dreadful.

You might like to try this test if you work in primary care. Read the instructions that your practice hands out to patients who request a repeat prescription. I sincerely hope that you find that it's phrased in a more friendly way than the note I got recently from my own surgery, which was peremptory in tone, imperfect in grammar, and riddled with shouty capitalised sentences: "WE DO NOT TAKE REQUESTS OVER THE TELEPHONE." But if it isn't, why not consider recruiting a tabloid journalist to help rewrite it?

However, alerting you to the offensive language that you may unwittingly be using to communicate with your patients wasn't my only reason for mentioning the *Daily Mail* article. A second was to draw attention to one of the philosophical ideas it discussed: the principle of charity. Despite the name, this principle has nothing to do with giving money to disaster funds or donkey sanctuaries. Instead, it's an appeal to interpret the meaning of other people's arguments in a way that makes them as rational as possible. At its simplest, it means giving people the benefit of the doubt. If you're uncertain whether what someone says is wrong or, on the other hand, inaccurately phrased, it's better to assume the second possibility, until proved otherwise. Whenever it's possible to interpret a proposition in a coherent and rational way we should resist the temptation to find ambiguities, logical fallacies, or falsehoods.

A rather demanding corollary is that, when you're trying to refute an argument, you need to address that argument at its strongest points—not at its weakest. Another is the requirement, if you disagree with what someone says or believe what they claim to be untrue, to demonstrate precisely why they are wrong or misinformed rather than resorting to insult or questions about their underlying intentions.

"These exchanges may produce a little knockabout fun for spectators . . . But they surely have no place in debate over scientific or medical issues where the object is (or certainly ought to be) to get nearer the truth"

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This charitable approach, of course, is almost the diametric opposite of what we hear in public debate. Politicians, especially, seem keen to seize every opportunity to wrong-foot opponents—either on minor errors of fact or because of inconsistencies between their present position and what they have maintained previously. Nor are they likely to miss a chance to sneer at their opponents' intellectual capacities or cast doubt on their motives.

Now, such exchanges may produce a little knockabout fun for spectators. No doubt, and they also have a cheerleading purpose in raising morale among supporters. But they surely have no place in debate over scientific or medical issues where the object is (or certainly ought to be) to get nearer the truth of the matter or determine the optimum treatment or management for patients. Yet ill tempered exchanges and accusations of stupidity, vested interests, and bad faith are far from rare in the correspondence columns of scientific and medical journals.

Still, even if you are convinced that the world would be a better place if the principle of charity were practised more widely, it's a hard thing to live up to, and it's probably wise not to be too pious about it. Among several philosophers who contributed to developing this principle was Daniel Dennett. Nevertheless, Dennett's famous spat with Stephen Jay Gould over the mechanisms of Darwinian evolution showed that, in the heat of the moment, even its strongest proponents can fall short of what they preach (www.nybooks.com/articles/archives/1997/aug/14/darwinian-fundamentalism-an-exchange/).

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Cite this as: *BMJ* 2011;342:d163

OPEN LETTER TO THE BMA **Clive Peedell, and co-signatories**

Mobilise the profession and stop these reforms

Dear Hamish Meldrum, Laurence Buckman, and all members of the BMA General Practitioners Committee,

After the publication of the health white paper earlier this year, Hamish Meldrum wrote to the profession to explain that the BMA was going to "critically engage with the consultation process" to defend the founding principles of the National Health Service and the principles underpinning the BMA's Look after our NHS campaign.[1 2]

The consultation period is now over, and it is clear from the Department of Health's response to the consultation[3] that the BMA's policy of "critical engagement" has failed to persuade the government to alter its approach. The BMA responded with a damning press statement: "There is little evidence in this response that the government is genuinely prepared to engage with constructive criticism of its plans for the NHS. Most of the major concerns that doctors and many others have raised about the white paper seem, for the most part, to have been disregarded."

In fact, Andrew Lansley's plans are now even more market based. Within the new operational framework for the NHS in England,[4] "price competition" will be introduced, which fundamentally changes the NHS from a "quasi-market" system of fixed prices (tariffs) to a more open market system. Hospitals will be allowed to charge rates lower than the national tariff, which sets prices for thousands of NHS procedures and covers roughly half of hospital income. According to Zack Cooper from the London School of Economics, "Every shred of evidence suggests that price competition in healthcare makes things worse, not better."[5]

The NHS Confederation shares this view[6]: "Economic theory predicts that price competition is likely to lead to declining quality where (as in healthcare) quality is harder to observe than price. Evidence from price competition in the 1990s internal market and in cost constrained markets in the US [United States] confirms this, with falling prices and reduced quality, particularly in harder to observe measures."

Moreover, the BMA has stated that it has "concerns over the use of 'best practice' or deregulated tariffs in the NHS, because this system brings with it price competition, which can risk basing decisions on price rather than on clinical need."[7]

The white paper is still awaiting publication as the Health Bill, which will then need to be subjected to the legislative process before being enacted by parliament. We are therefore very concerned that the BMA and more specifically the BMA General Practitioners Committee is treating proposed policy (that is, a white paper) as if it is policy. For example, on 17 December 2010, the chairman of the General Practitioners Committee, Laurence Buckman, stated in a letter to all general practitioners[8]: "Practices should now be working with other practices to make progress in setting up their embryonic consortia and electing and appointing a transitional leadership."

In addition, on the topic of general practice consortiums and commissioning, a recent BMA briefing paper stated[6]: "The pace of change in developing commissioning must allow the vanguard to develop swiftly."

The fact that market based policies have actually been strengthened by Mr Lansley goes against BMA policy from numerous BMA annual representative meetings and the stated principles of the BMA's Look after our NHS campaign.[2] The BMA should therefore withdraw its policy of "critical engagement" with the government and engage more with its own membership. It is remarkable that despite "the most radical restructuring of the NHS since its inception,"[9] BMA Council recently voted against holding a special representative meeting of the BMA to allow its membership to debate the current proposals. This is in contrast with the BMA's stance against the other most significant NHS white paper reforms, *Working for Patients* in 1989, when two special representative meetings were called.

Although the BMA hasn't formally surveyed the profession about the white paper, surveys conducted by the King's Fund and the Royal College of General Practitioners have both highlighted the high level of concern among healthcare professionals, with fewer than one in four doctors believing that the proposed reforms will improve the quality of patient care provided by their organisation or practice.[10]

Clive Peedell (above) and more than 100 co-signatories ask why the BMA is not representing its membership and has acted as though the proposed health reforms are a done deal

"Every shred of evidence suggests that price competition in healthcare makes things worse, not better"

We believe that the BMA has no mandate from the BMA membership to continue with the "critical engagement" policy. Mr Lansley's reform agenda has been widely criticised across the health policy and political spectrum as moving too fast, yet the current approach from the BMA could actually hasten the pace of reform because the association has effectively sent a message to the profession that the white paper is a done deal.

We have serious concerns that the proposed reforms will fundamentally undermine the founding principles of the NHS by creating a much more expensive and inequitable market based system. However, we also believe that the BMA could play a crucial role in saving the NHS from this fate, because, according to the *Health Service Journal*,[11] "From an influence point of view the BMA is critical because it could derail the coalition's white paper reforms, which propose a clinically led system. If the BMA were to say no, then the whole initiative could grind to a halt."

Thus the NHS really is in your hands. We understand the pressures you are under, but it is now time to mobilise the profession and stop these damaging reforms, which will not only destroy the NHS but also profoundly affect the social fabric of our nation.

This is a great opportunity for the BMA to achieve redemption for its opposition to the inception of the NHS in 1948. We urge you to take it and will support you 100% of the way.

Clive Peedle is co-chair, NHS Consultants' Association, Oxfordshire, and consultant clinical oncologist, James Cook University Hospital, Middlesbrough
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The following 118 doctors are co-signatories to the open letter: Charlotte Abson, consultant oncologist, Maidstone; J Mark Aitken, consultant physician (retired), Leavenheath, Suffolk; Amina Aitsi-Selmi, Wellcome Trust PhD Research Fellow, London; Ian Banks, president of the European Men's Health Forum, London; Christopher Bem, consultant surgeon (ear, nose, and throat, and neck), Bradford; Morris Bernadt, consultant psychiatrist, London; Crispin Best, Chair, BMA Scottish Local Negotiating Committee Forum; John Beynon, consultant gynaecologist, Chichester; Kambiz Boomla, chair, City and East London Local Medical Committee, London; David Bramble, consultant child and adolescent psychiatrist, Shrewsbury; David Broughton, clinical director (older people), Middlesbrough; Peter Bruggen, retired consultant psychiatrist, London; Christopher Burns Cox, consultant physician, Bristol; Nicholas Burns-Cox, consultant urologist, Taunton; Penelope Burton, general practitioner (retired), Hampshire; Ruth Caudwell, consultant community paediatrician, London; Iain Chalmers, editor, James Lind Library, Oxford; Anne Chamberlain, consultant in rehabilitation medicine (retired), Leeds; Peter Crome, consultant geriatrician, Keele; Robert Cumming, retired consultant haematologist, Glasgow; David Cundall, consultant in community paediatrics, Leeds; S Dar, specialty registrar, Essex; Jonathan Dare, emeritus consultant in child psychiatry, London; Jacky Davis, co-chair of the NHS Consultants Association and founding member of Keep Our NHS Public; Nicholas Dennis, consultant in clinical genetics, Southampton; John Dickinson, general physician (retired), Sheffield; Paola Domizio, histopathologist, London; Joanna Downton, consultant in rehabilitation medicine, Stockport; Christopher Dowrick, professor of primary medical care, Liverpool; Gary Drybala, consultant psychiatrist, Leicester; Robert Elkeles, professor of diabetic medicine and consultant physician, London; David Elliman, consultant paediatrician, London; Nina Essex, consultant physician (retired), London; Barry Fairbrother, consultant surgeon, Sutton, Ashfield; Henry Fell, consultant microbiologist (retired), Bury St Edmunds; Jacqueline Ferguson, consultant in psychotherapy, Oxford; Peter Fisher, president of the NHS Consultants Association and consultant physician (retired), Banbury; Peter Fleming, paediatrician, Bristol; Andrea Franks, consultant dermatologist, Chester; Roger Franks, consultant cardiothoracic surgeon, Liverpool; Robert Galloway, specialty registrar in emergency medicine, Tunbridge Wells; Zahid Ghufoor, general practitioner, London; John Gibbs, consultant paediatrician, Chester; Geoffrey Gill, consultant physician, Liverpool; Colin Godber, consultant in old age psychiatry (retired), Winchester; Niru Goenka, consultant physician in diabetes and endocrinology, Chester; Steve Goodacre, accident and emergency clinician, Sheffield; Paul Goulden, consultant anaesthetist, Dewsbury; Hilary Graver, general practitioner (retired), London; Richard Grunewald, consultant neurologist, Sheffield; Mary Harrington, consultant physician, Keighley; Evan Harris, former Liberal Democrat MP for Oxford West and Abingdon and Liberal Democrat science spokesman; David Hawkins, consultant physician in HIV and genitourinary medicine, London; Roger Hayter, consultant physician, Machynlleth; Graham Hitman, consultant physician and diabetologist, London; Allan House, director of Leeds Institute of Health Sciences and professor of liaison psychiatry, Leeds; William Irving, consultant virologist, Nottingham; Alex James, registrar in anaesthesia; John Jarrett, emeritus professor of clinical epidemiology (retired), London; David Jobson, general practitioner (retired); Frank Joseph, consultant physician in diabetes and endocrinology, Chester; Harry Keen, professor and consultant physician emeritus, London; Jessica Kirker, psychoanalyst and consultant psychiatrist in psychotherapy, London; Sebastian Kraemer, consultant child psychiatrist, London; David Lawrence, consultant in public health and honorary senior lecturer, London; Andrew Leach, consultant anaesthetist, Hastings; Dianne LeFevre, consultant psychotherapist, Basildon; D G Lewis, consultant anaesthetist emeritus, Leicester; Karen Leyden, consultant anaesthetist, Northampton; Graeme Little, general practitioner, Stockton-on-Tees; Anna Eleri Livingstone, general practice principal and trainer, London; Catherine McGrother, consultant in public health medicine, Leicester; Robert MacGibbon, retired general practitioner, London; Anthony Macklon, consultant physician, Durham; Krishnaswamy Madhavan, consultant oncologist, Southend; Alasdair Miller, clinical teaching fellow, Lincoln; Stephen Moore, consultant in emergency medicine, Chester; Patrick Mullen, consultant in anaesthesia, Chester; Patricia Munday, consultant in genitourinary medicine, Watford; Brendan O'Reilly, general practitioner (retired), South Wales; Ragnar O'Reilly, general practice partner, Colchester; David Paintin, consultant gynaecologist (retired), Great Missenden; Janet Porter, consultant in accident and emergency medicine (retired), Southend; John Puntis, consultant paediatrician, Leeds; Paul Revell, consultant haematologist, Stafford; Alexander Robertson, consultant psychiatrist (retired), Ludlow; Trefor Roscoe, general practitioner, Sheffield; Wendy Savage, obstetrician and gynaecologist, London; Brian Scott, consultant physician, Lincoln; Robert Scott-Jupp, consultant paediatrician, Salisbury; Alex Scott-Samuel, consultant in public health medicine, Liverpool; A G Shaper, emeritus professor, London; Francis Sheehy-Skeffington, consultant paediatrician (retired), Cambridge; Brian Silk, retired consultant paediatrician; Alan Smyth, senior lecturer in paediatric respiratory medicine, Nottingham; Gabriel Steer, general practice principal, Kingston; Fiona Subotsky, consultant child and adolescent psychiatrist, London; John Sweeney, consultant in genitourinary medicine, Blackpool; C Mark Taylor, consultant in paediatric nephrology, Birmingham; David Taylor-Robinson, Medical Research Council population health scientist, Liverpool; Katherine Teale, consultant anaesthetist, Salford; Kathrin Thomas, consultant in public health, general practitioner, and honorary lecturer, Cardiff; Jonathan Tomlinson, general practitioner, London; Gill Turner, consultant in community paediatrics, Hexham; Helen Venning, consultant paediatrician, Nottingham; John Ward, general medicine physician (retired), Sheffield; Anthony Waterston, consultant in community paediatrics (retired), Newcastle; Eric Watts, consultant haematologist, Basildon; Malcolm Weller, emeritus consultant psychiatrist, London; Diane Wellesley, associate specialist in clinical genetics, Southampton; Catharine White, consultant in paediatric neurology, Swansea; Steven White, consultant in clinical neurophysiology, London; Chris Williams, locum staff and specialty grade doctor (haematology), Bangor; Michael Williams, consultant in haematology, Birmingham; Barrie Woodcock, consultant haematologist, Liverpool; Robert Wood-Walker, consultant paediatrician (retired), Colchester; Luke Zander, senior lecturer (retired), London; and Patrick Zentler-Munro, consultant physician, Inverness.

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We have received more than 60 rapid responses in support of this letter

For the BMA's response, see LETTERS, p 124

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Cite this as: *BMJ* 2011;342:d7