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NHS England asks for policy advice from group funded by drug firms

Gareth Iacobucci *BMJ*

A lobbying company with links to a string of leading pharmaceutical and medical device firms was commissioned to write a draft report for the NHS that could help guide future health policy, it has emerged.

NHS England commissioned the Specialised Healthcare Alliance to consult with patients' groups and voluntary and healthcare organisations to produce a report to feed into its five year strategy for commissioning a range of specialist services, the *Independent* newspaper reported.¹

The alliance describes itself as a coalition of almost 100 patient related organisations, but it is funded entirely by its corporate members, including global pharmaceutical giants such as Pfizer, Novartis, and Baxter, which each contributed £12 000 towards the costs of the alliance for 2014.²

The group's director, John Murray, also acts as a lobbyist for JMC Partners, a communications consultancy that represents several of the world's largest drug and medical device firms and provides secretariat services to the alliance.

The report does not make specific recommendations on spending but advises NHS England that its strategy—due for launch in July 2014—should “set out a clear commitment to disinvest in interventions that have lower impact for patients... to allow re-investment in new services or innovations.”³

The *Independent* reported that Murray held “many meetings” with NHS England's clinical director of specialised services, James Palmer, a co-signatory of the report.

Palmer strongly rejected any suggestion that NHS England was influenced by lobbyists.

He said, “It is completely wrong to suggest we are being unduly influenced by lobbyists. Specialised Healthcare Alliance was asked along with other organisations to support the process of engaging patient groups and other stakeholders to let us know what they thought the outline principles [of the strategy] should be.

“This did not involve consulting on any individual treatment or consulting on any spending decisions.”

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Care has not been transformed on the scale that was anticipated by the health act, said Stephen Dorrell

Improvements in NHS at risk from weak commissioning, say MPs

Adrian O'Dowd *LONDON*

Commissioning since last year's NHS reorganisation took effect is too weak, fragmented, and overpopulated with bodies to the extent that it is threatening expected improvements in services, MPs have warned.

In a report published on 12 February by the parliamentary health select committee,¹ MPs also warned that low pay rises for NHS staff, bureaucracy that was blocking service change, and an imbalance in funding between health and social care were all hampering improvements in the NHS.

The report says that the health and care system still needs major change before it can start to meet the needs of patients.

It cites the facts that 48% of NHS trusts in England are forecasting a deficit in the current financial year and that 19 foundation trusts were in breach of their terms of authorisation last April as evidence that the pace of change has not been fast enough to meet the challenge of improving the NHS expected under the 2012 Health and Social Care Act.

The Health Committee's chairman, Stephen Dorrell, Conservative MP for Charnwood, said, “The situation is not helped by the current fragmented commissioning structures. The committee's view is that, as health and wellbeing boards have been established to allow commissioners to look across a whole local health and

care economy, their role should be developed to allow them to become effective commissioners of joined-up health and care services.”

It was unclear who should take the lead locally on system change, said the committee, which had been told during the inquiry that with more organisations in the system—none of which were big or influential enough to shape the system—strategic change would have to be brought about through collaboration, which is often less effective.

Year on year efficiency savings expected of the NHS of around 4% had been achieved, Dorrell said, but he added, “What we have heard during our inquiry indicates that while many of the straightforward savings have been made, we have not seen the transformation of care on the scale which is needed to meet demand and improve care quality.”

The committee said that a basic problem was that health was better funded than social care: the NHS budget was static, while that for social care was falling despite growing demand on it.

The government's goal of improved integration between health and social care would be difficult to achieve, said the MPs, without destabilising existing services before new arrangements were in place, leading to gaps in care for patients. Current social care funding should, therefore, be ringfenced, they said.

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People with throat cancers are slowest to present to GP, audit finds

Susan Mayor LONDON

People who develop oesophageal or oropharyngeal cancer delay seeing their GP for longer than people with other cancers, results from the national audit of cancer diagnosis in primary care have shown.¹

Researchers analysed data from GP consultations with 10 297 patients in England who had 18 different types of cancer in 2009-10. They assessed the number of days between a patient first noting symptoms and subsequently seeking medical help.

The results showed that patients who subsequently received a diagnosis of oesophageal cancer took an average of 22 days to see their GP after first noticing symptoms, while those found to have oropharyngeal cancer took around 30 days.

In contrast, people with bladder and kidney cancers saw their GP only two to three days after first having symptoms, on average. And those who were later found to have brain or breast cancers saw their GP on average seven days after first becoming aware of symptoms.

Overall, the median patient interval (the time from first symptoms to GP consultation) for all patients was 10 days (interquartile range 0-38). Prompt presentation, defined as within 14 days, was most frequent among people with bladder (74%) and renal cancer (70%) and least frequent among those with oropharyngeal (34%) and oesophageal cancer (39%) ($P < 0.001$).

Greg Rubin, a coauthor of the study, said, "These findings support the need for public health awareness campaigns focusing on symptoms associated with oesophageal and oropharyngeal cancers, both of which have a relatively poor prognosis." Rubin is a professor of general practice and primary care at the University of Durham and is the clinical lead for cancer at Cancer Research UK.

Previous research has shown that the symptoms of oropharyngeal and oesophageal cancers—such as difficulty swallowing and ulcers that don't heal—are the least well known among the public for their links with cancer.²

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Oesophageal cancer: patients took 22 days to see their GP

Agency is exempting too many firms from testing drugs in children

Nigel Hawkes LONDON

Children with cancer are being denied access to new drugs because of the way European Union rules are interpreted, say UK cancer specialists.

Under regulations that came into force in 2007, drug companies are obliged to submit plans to test new products in children aged under 18, with the aim of improving the treatments available to children. But they can apply for a waiver that exempts them from this requirement. Critics, including the University of London's Institute of Cancer Research, have said that the good intentions of the regulations were being undermined by the granting of too many waivers, even in cases where there were grounds for believing that the drug would be beneficial.

Alan Ashworth, the institute's chief executive, said, "Modern cancer treatments are often targeted at genetic features of the tumour that may be common to a number of tumour types and to adults' and children's cancers. That means a drug developed for a cancer in adults could also be effective against a cancer affecting a completely different part of the body in children. The way EU rules are implemented fails to take this into account."

Louis Chesler, who leads a team in paediatric tumour biology at the institute, gave as an example drugs targeting the *ALK* gene and used to treat some cases of lung cancer in adults. The same gene was operative in 10-15% of cases of neuroblastoma in children, but because lung cancer was extremely rare in children the developers had gained a waiver from carrying out any paediatric trials of the drug.

There is little economic incentive to conduct

such trials, because the patient population is likely to be small. But the lack of trials delays and may even prevent access of children to treatments that could improve their outcomes.

As well as modifying the regulations, the institute argues for additional incentives, such as longer periods of exclusivity before patents run out, for companies that do conduct trials in children.

At a London press conference the institute's arguments were backed by Gilles Vassal, chairman of the European Consortium for Innovative Therapies for Children with Cancer. He said, "The European paediatric medicine regulation significantly changed the landscape of drug development in children.

"However, there is an urgent need to change its implementation in order to meet the need for new innovative medicines to cure children and adolescents suffering life threatening malignancies. I don't want to kill the regulation, I want to change the way it is used."

The institute looked at 28 oncology drugs licensed by the European Medicines Agency in the period between 2007, when the regulation came into force, and 2012. Two of the 28 had mechanisms of action that do not occur in childhood cancer. Of the other 26, 14 had been granted a waiver, even though their mode of action was relevant to children, and only four had been approved for use in children.

Ashworth acknowledged that the "reputational risk" to companies carrying out trials in children was greater, should anything go wrong, than for trials in adults.

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Charity launches phone game to help research

Ingrid Torjesen LONDON

Cancer Research UK has launched a free mobile phone game in which players help scientists to find patterns in genetic data from cancer patients. The aim is for the information to be used to improve the diagnosis and treatment of cancer.

At the start of *Play to Cure: Genes in Space*, players are shown an image of space and asked to map their intended course through the densest parts.

They then fly their spaceship through the hazard strewn course, avoiding and shooting at asteroids, while picking up as much of the precious metal "Element Alpha" as possible.

The image of space is actually a visual representation of real patient genetic data, and the players' chosen routes are expected to show up intricate patterns present in the data. Such patterns ideally need to be analysed by a human eye

because some could be missed by a computer, but the volume of data means that researchers need help to do this.

Each time players steer their spaceship to follow the Element Alpha path, the route is fed back to Cancer Research UK scientists to feed into their analysis.

The patient data came from 2000 breast cancer patients, whose data had already been used to reclassify breast cancer into 10 different

Charity founder defends cancer “envy” campaign despite complaints

Zosia Kmietowicz *BMJ*

The tactics used by a UK charity to try to raise the profile of pancreatic cancer have been condemned for pitting one type of cancer against another.

The “envy” campaign devised by Pancreatic Cancer Action centred on the poor survival of people with pancreatic cancer: 3% of patients with pancreatic cancer but 97% of those with testicular cancer and 85% of those with breast cancer survive five years after diagnosis.

The advertisements, which appeared in the press and on television, showed patients with pancreatic cancer saying, “I wish I had testicular cancer” and “I wish I had breast cancer.”

The Advertising Standards Authority said that it had received more than 20 complaints about the campaign. And many people took to Twitter to complain about the “offensive” and “misguided” portrayal of cancer as a competition.

Chris Askew, chief executive of the charity Breakthrough Breast Cancer, said, “We strongly dispute any message which suggests that one type of cancer is preferable to another. We believe Pancreatic Cancer Action’s recent cam-



Ali Stunt, who founded the charity, said millions of people now knew the symptoms of pancreatic cancer

aign does just this. I’ve yet to meet a man or woman with breast cancer who would consider themselves in any way fortunate.”

However, Ali Stunt, who founded the charity after she developed pancreatic cancer, apologised for any offence caused by the campaign but said that the “shockingly low survival rate” of people with pancreatic cancer justified the messages.

She said that millions of people were now more aware of pancreatic cancer and its symptoms. “Our aim is to save lives, and that is done by early diagnosis, which can only be achieved if people know what to look for,” she said in a statement.

“We can only apologise for any hurt that the advert might cause them at first glance. This is not the intention. What we are trying to do is create a discussion and a debate to make people realise that, when faced with a pancreatic cancer diagnosis and a survival rate of only 3%, it is not unreasonable for a cancer patient to wish for a significantly better chance of staying alive.

“I believe we’re all campaigning for the same cause: to improve everyone’s chance of beating cancer. We just had to shout that little bit louder to get heard.”

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Cancer surgeon who faces litigation is found to lack mental capacity

Clare Dyer *BMJ*

Ian Paterson, the breast surgeon facing a police investigation, misconduct allegations by the General Medical Council, and hundreds of clinical negligence claims,^{1 2} now lacks the mental capacity to instruct his lawyers, the High Court has been told.

Paterson, who carried out hundreds of unauthorised “cleavage sparing” mastectomies, has been assessed by a psychiatrist as mentally unable to take part in litigation. The official solicitor for England and Wales, who represents litigants who are incapable of instructing their own lawyers, is acting for him in defending the negli-

gence claims by hundreds of former patients.

Police are investigating whether Paterson was paid for performing unnecessary operations on healthy women during his work at private hospitals. They are also looking at allegations that he operated effectively without consent.

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Gamers will spot peaks and troughs in data that correspond to DNA faults

genetic diseases.¹ The researchers now want to review the data more closely.

Carlos Caldas, an oncologist at the Cancer Research UK Cambridge Institute, said that more than two million data points had been obtained from the 2000 patients using molecular analysis and had been analysed by computers. However, he said that “computers are very good, but they are not perfect,” explaining that the human eye could pick up evolving patterns that a computer might overlook.

The gene microarray data are useful for analysing large genetic faults known as copy number alternations, where a whole section of a chromosome is gained or lost. These appear as peaks and troughs, and large numbers of microarray data need to be reviewed to pinpoint their precise locations. The researchers attempt to identify which ones may cause cancer and which ones are just “passenger” genes.

Hannah Keartland, citizen science lead for Cancer Research

UK, said, “Not only is it great fun to play, but every single second that gamers spend [on the game] directly helps our work.”

She added, “Our scientists’ research produces colossal amounts of data, some of which can only be analysed by the human eye—a process that can take years.

“We hope thousands of people worldwide will play *Playto Cure: Genes in Space* as often as possible, to help our researchers get through the data.”

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IN BRIEF

People with mental illness need more help to get back to work:

Mental health problems cost the UK around £70bn a year, roughly 4.5% of gross domestic product, in lost productivity at work, benefit payments, and healthcare costs, says a report from the OECD.¹ Up to 370 000 UK people move onto disability benefit each year and 40% of claims are due to mental illness. Better policies and practices among employers and the health system are needed to help people get back to work, says the report.

Measles deaths reach historical low:

Deaths from measles have fallen from more than 562 000 in 2000 to 122 000 in 2012, show figures from the World Health Organization. Reports of cases over this time fell by three quarters, from 853 480 to 226 722. The gains are a result of global routine measles vaccination coverage holding steady at 84% and 245 countries having introduced a second routine dose of the vaccine.

Clitoral repair hospital opens in Africa:

A clitoral repair hospital for women who have undergone genital mutilation will open on 7 March in Bobo-Dioulasso, Burkina Faso. The hospital was built by the US based, non-profit organisation Clitoraid, which estimated that it would cost \$100 000 a year to run the service. Hundreds of women are already on the waiting list for surgery, which will be free.

Crack pipe vending machines are installed in Vancouver:

Crack pipes have become available through vending machines in Vancouver in an attempt to curb the spread of HIV and hepatitis among drug users. The Portland High Society, a drug treatment centre, operates the machines, which dispense pipes for \$0.25 (£0.14). It said that the pipes were less likely to chip and to cut users' mouths.

First case of polio is diagnosed in Kabul for 13 years:

Polio has been diagnosed in a 3 year old girl in Kabul, Afghanistan, after she became paralysed. It is the first case of the disease in the capital since the fall of the Taliban in 2001. Cases of polio have been falling in the country since the Taliban changed its policy in recent years to allow vaccination. Fourteen cases were diagnosed in the country in 2013, down from 80 in 2011.

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Study shows minimum alcohol price would target harmful drinkers

Jacqui Wise LONDON

Introducing a minimum price on a unit of alcohol would have little effect on moderate drinkers on low incomes but would effectively target high risk drinkers, a modelling study has shown.¹

The finding is contrary to UK government claims that minimum pricing would penalise responsible drinkers on low incomes. In March 2012 the UK government pledged in its alcohol strategy to introduce a minimum price on a unit of alcohol.² However, in July last year it performed a U turn and withdrew that commitment.³



Minimum alcohol pricing would save 860 lives a year and prevent 29 900 hospital admissions

A recent *BMJ* investigation showed that the government consultation was a sham and that politicians had ignored the strong health evidence in favour of protecting the interests of the industry.⁴

Researchers from Sheffield University modelled consumers' response to price changes and calculated that minimum pricing would have the most pronounced effects on the 5% of people whose drinking was classified as harmful (more than 50 units of alcohol a week among men and more than 35 units among women).

The study, in the *Lancet*, shows that reducing the minimum price of alcohol to 45p a unit would produce the greatest behavioural change in harmful drinkers, who would drink an average of 138.2 fewer units a year. The lowest income harmful drinkers were projected to reduce their annual alcohol intake by 7.6%, or almost 300 units a year.

The effect on moderate drinkers would be small: those on the lowest income would reduce their consumption by 3.8 units a year, and those on the highest income would reduce consumption by 0.8 units a year.

The researchers estimated that after a minimum pricing policy had been in place for 10

NICE draft calls for wider use of statins

Jacqui Wise LONDON

The risk threshold for starting treatment with statins to prevent cardiovascular disease should be halved, says draft guidance from the National Institute for Health and Care Excellence.¹

The guidance, which is out for public consultation until 26 March, recommends that doctors use the QRISK2 assessment tool to identify people aged 40-74 who are likely to be at high risk of developing cardiovascular disease. It says that the threshold for starting preventive treatment with statins should be halved from a 20% risk over 10 years to a 10% risk.

NICE said that it was updating its guidance to reflect changes in the price and availability of generic statins and because of new evidence on cardiovascular risk assessment tools.

Death rates from cardiovascular disease have halved since the 1970s, but it is still the leading cause of death in England and Wales. In 2010 around 180 000 people died from cardiovascular disease, 80 000 of whom died from coronary heart disease and 49 000 from strokes.

Although death rates are falling, morbidity seems to be rising, with significant cost implications for the NHS. Cardiovascular disease was estimated to cost the NHS in England £7.9bn in 2010. NICE pointed out that the prevalence of cardiovascular disease was strongly associated with low income and social deprivation and showed a north-south divide, with higher prevalence in the north of England.

Mark Baker, director of NICE's Centre for Clinical Practice, said, "People should be encouraged to address any lifestyle factors such as smoking, drinking too much, or eating unhealthily.

"We also recommend that statins are now offered to many more people—the effectiveness of these medicines is now well proven and their cost has fallen."

Before starting statin treatment, the guidance recommends that doctors take at least one lipid sample and measure total cholesterol, HDL cholesterol, non-HDL cholesterol, and triglyceride concentrations.

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years the number of alcohol related deaths would fall by 860 a year and hospital admissions by 29 900 a year. People in the lowest socioeconomic group would benefit the most in terms of reductions in premature deaths and gains in quality adjusted life years.

Petra Meier, director of the Sheffield Alcohol Research Group and one of the authors, said, "Our study finds no evidence to support the concerns highlighted by government and the alcohol industry that minimum unit pricing would penalise responsible drinkers on low incomes. Instead, minimum unit pricing is a policy that is targeted at those who consume large quantities of cheap alcohol. By significantly lowering rates of ill health and premature deaths in this group, it is likely to contribute to the reduction of health inequalities."

Ian Gilmore, the Royal College of Physicians' special adviser on alcohol and chairman of the Alcohol Health Alliance, said, "It is excellent to have this important confirmation of what we have been telling the UK government: a minimum unit price for alcohol would not damage the pockets of moderate drinkers, whatever their income, and is an evidence based policy that is exquisitely targeted at those (and those around them) who are currently suffering harm. It is time for government to stop listening to the vested interests of the drinks industry and act."

bmj.com Feature: Under the influence
(*BMJ* 2014;348:f7646)

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TV show *House* helped doctors spot cobalt poisoning in a patient

Jacqui Wise LONDON

The US television series *House* helped doctors diagnose cobalt intoxication from a hip replacement in a patient with severe heart failure.

A 55 year old man was referred to a clinic at Philipps-University Marburg in Germany after presenting with hypothyroidism, oesophagitis, fever of unknown origin, increasing deafness, and loss of sight and eventually severe heart failure. Heart catheterisation had ruled out coronary artery disease, said the case report in the *Lancet*.¹

The doctors noticed several similarities between the patient's symptoms and those of a fictional patient in the series *House*, whose lead character is a diagnostic physician. Dr House, played by the UK actor Hugh Laurie, had diagnosed cobalt poisoning caused by debris from a metal hip replacement.

A year and a half earlier the man had undergone a metal-on-plastic hip replacement to replace a broken ceramic-on-ceramic hip prosthesis. The doctors carried out radiography of the hip, which showed a myositis ossificans-like picture attributable to metal debris. Tests showed high concentrations of cobalt and chromium.

The patient was referred for a new ceramic hip prosthesis. Subsequently his heart function



FOX BROADCASTING CORP

The fictional Dr House, played by Hugh Laurie, diagnosed cobalt poisoning in one storyline

improved, and he has experienced no new episodes of fever or reflux. However, the patient's hearing and sight recovered only slightly.

Cobalt poisoning has been a known cause of cardiomyopathy for over 50 years but is mainly associated with steel workers exposed to the metal or in cases of food or drink contaminated by cobalt.

Juergen Schaefer, the case report's lead author and director of the Center for Undiagnosed Diseases in Marburg, said, "Numerous studies have investigated metal exposure due to hip replacements, but in certain situations—where the placement has gone wrong, where there are technical problems with the prosthesis, and strikingly often after an off-label replacement of broken ceramic hips by metal parts—patients are at risk of cobalt poisoning."

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Vote to ban smoking in cars with children is a victory for child health

Zosia Kmiotowicz *BMJ*

The decision by MPs to give governments in England and Wales the power to ban smoking in cars when children are present has been hailed as a big step towards protecting child health.

MPs voted overwhelmingly in favour of the ban, which was introduced last week by Labour in the House of Lords as an amendment to the Children and Families Bill.¹ In a free vote in the House of Commons on Monday 10 February the amendment was passed by 376 votes to 107.

The proposal gives the government the power to introduce a new offence of exposing children to smoke in vehicles. Breaches of the law are expected to result in a small fine.

In the debate leading to the vote MPs opposed to the ban argued that the law would be unenforceable. But MPs who supported the ban dismissed these arguments, saying that similar points had been made about making it illegal to drive without a seatbelt, introducing child car seats, and banning smoking in public places.

The BMA, which has campaigned for a ban on

smoking in cars with children since 2011, welcomed the development as further acknowledgment of the dangers of secondhand smoke. Sheila Hollins, chairwoman of the BMA's Board of Science, said, "The outcome of this resounding vote is an important step forward in reducing tobacco harm by stopping children from being exposed to secondhand smoke in private vehicles.

"Children are still developing physically, and as a result they are more susceptible to the harmful effects of secondhand smoke.



KUTTING/PEOPLE/ALAMY

Smoking in a confined space is particularly hazardous, said John Britton from the RCP

"Adults who smoke in the presence of children are not acting in the children's best interest; therefore it is the government's duty to change legislation in order to protect them."

The Royal College of Physicians, which has also campaigned for the ban, said that every year more than 160 000 children were adversely affected by secondhand smoke, costing the NHS in England over £23m.

John Britton, chairman of the college's Tobacco Advisory Group, said, "Today's vote is a victory for child health. Secondhand smoke has been strongly linked to a whole host of adverse health effects among children."

The college's 2010 report *Passive Smoking and Children* estimated that passive smoking by children accounted each year for over 20 000 cases of lower respiratory tract infection, 120 000 cases of middle ear disease, at least 22 000 new cases of wheeze and asthma, 200 cases of bacterial meningitis, and 40 sudden infant deaths (a fifth of all sudden infant deaths).²

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Sue Bailey

“Thoughtful and determined”



PETER LOCKE

SUE BAILEY, a child forensic psychiatrist in northwest England, has been president of the Royal College of Psychiatrists since 2011. She works with young people who have committed crimes or are at risk of doing so, many of whom are themselves victims of violence and abuse. She also lobbies for the rights of those with mental illness, and in 2012 she helped to persuade the government to acknowledge that mental illness should have parity with physical illness.

What personal ambition do you still have?

“When I step down as president of the royal college I would like to become a full time campaigner for the rights of those who are vulnerable, suffer from inequalities, and have a mental illness”

What was your earliest ambition?

As a teenager I chose art subjects and intended to read history and politics at university. But a chance visit from a neighbour, who was then the medical superintendent of the local county asylum, opened up my eyes to the world of psychiatry, mental illness, and the possibility to change the lives of people who are mentally ill.

Who has been your biggest inspiration?

I was born in Manchester so my childhood was surrounded by the history of the trade unions, the suffragettes, and in particular Vera Brittain. Later on I was inspired by those psychiatrists who trained me. Two wonderful psychiatrists were particularly influential in my life—a child psychiatrist and a forensic psychiatrist, whose underlying beliefs were about being able to help people in the most difficult of positions.

What was the worst mistake of your career?

When I was so concerned about the risk that a young man posed to others that I didn’t hear or listen to what he was really saying. It turned out that he was equally concerned about the risk he posed to others, and so rather than continue to pose this risk, he took his own life.

What was your best career move?

Going into psychiatry.

Who has been the best and the worst health secretary in your lifetime?

I thank Aneurin Bevan for creating the NHS; I am less thankful to Andrew Lansley for dismantling it. I also have respect for Kenneth Clarke, who set up the Mental Health Act Commission to ensure and protect the rights

of mental health patients. Lastly I have respect for the previous and current ministers of state for care services—Paul Burstow and Norman Lamb, respectively—as they really do “get” mental health and care about it.

Who is the person you would most like to thank?

This one is easy—my parents, from whom I inherited my genes. My father was known for his patience, wisdom, and kindness, and my mother for her feisty determination, and together they provided a nurturing and loving childhood for me.

To whom would you most like to apologise?

In my determination to follow a course and improve things I’ve no doubt offended many people on my journey through life, so I apologise to those to whom I may have caused offence but not noticed!

If you were given £1m what would you spend it on?

I would help my son in law develop his project in Manchester, where he helps to get children out of gangs.

What single unheralded change has made the most difference in your field in your lifetime?

During my lifetime there have been major breakthroughs in evidence based treatment for those with mental illness and in understanding of the neurobiology of mental illness. But while we’ve seen money poured into the other major non-communicable diseases such as cancer and diabetes, mental illness has not been given sufficient resources to take research forward. If mental illness was given the same investment, I believe we could be in a far better place now than we are.

Do you believe in doctor assisted suicide?

Assisting a person to die is illegal and a change in the law is a matter for parliament.

What book should every doctor read?

That’s easy—*Intelligent Kindness: Reforming the Culture of Healthcare*, by John Ballatt and Penelope Campling.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

There are too many to choose from. I would leave the choice in the safe hands of my children.

What is your guiltiest pleasure?

Eating chocolate while watching sci-fi movies.

If you could be invisible for a day what would you do?

Until becoming president of the Royal College of Psychiatrists I had a low profile, because the children I work with are mainly young offenders who commit serious acts of violence to others. These children are still demonised, which meant that keeping a low profile was best. I found that living my life largely in a cloak of invisibility was very useful because I could just get on with what I thought was right, hoping that people would listen on the basis of evidence, passion, and compassion.

What personal ambition do you still have?

When I step down as president of the royal college I would like to become a full time campaigner for the rights of those who are vulnerable, suffer from inequalities, and have a mental illness or intellectual disability. I think this is what I’ve wanted to do for a long time—I just hadn’t realised it.

Summarise your personality in three words.

Thoughtful, determined, and (hopefully) kind.

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