The interview

Niall Dickson

Niall Dickson was born and educated in Scotland. He started work in health and social care aged 24 years, initially for the National Corporation for the Care of Old People and then for the charity Age Concern England. In January, 2004, he returned to the sector as chief executive of the King's Fund—an independent charitable foundation working for better health and social care. More than a decade spent working in publishing started at Age Concern, where Dickson became head of publishing before moving on to edit Therapy Weekly and then Nursing Times. When he joined the BBC in 1988, he was a health correspondent on radio news. By his departure, as social affairs editor, he was responsible for more than 80 producers and correspondents. His own work ranged from health documentaries, investigations of institutional failure and scandals like the Harold Shipman murders, to a countrywide survey of public opinion during the Iraq war. In 1997, he won the Charles Fletcher Medical Broadcaster of the Year Award from the British Medical Association.

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Setting out to interview Niall Dickson, I am acutely aware that he has spent his life involved in health and social care policy, as well as decades working as an editor and journalist. When he asks the questions, he is informed, pithy, and direct. My questions to him sound longwinded and ambiguous by comparison—he starts every reply by rephrasing them. But, in his carefully crafted answers, Dickson doesn't seem too eager to push his own views forward.

What Dickson does intend, as the new head of the King's Fund, is to push for the fund's policies to become actions within the UK health and social care systems. He wants the fund to be known as "the health think-tank that does", a policy institution that doesn't just stop at the report stage.

If Dickson's rhetoric has a fault, it springs from his need to be exacting. When I suggest that the fund's latest report *Managing Chronic Disease* (January, 2004) proposes managed care for the UK National Health Service (NHS), he agrees "we looked at some of the models used by managed-care organisations in the US for their applicability here", but clarifies that the report rather proposes the need for stronger incentives to encourage UK hospital and family doctor services to manage chronic conditions more effectively in the community, reducing the need for hospital treatment. The strongest incentives may be financial, he acknowledges, but nevertheless, strong incentives are needed "as a matter of urgency".

Dickson also intends the King's Fund to be at the heart of the thinking around the UK government's drive to improve public health. "Coronary heart disease and cancer—both largely avoidable—kill 200 000 people a year; smoking kills 120 000 people a year; and obesity has trebled in the past 9 years. Yet public health is not given the urgent attention it deserves. The weight of investment—not only of material resources, but of political capital, energy, and collective enthusiasm—remains with health-care services. We need a change in emphasis towards keeping people well."

"We need a change in emphasis towards keeping people well"

When asked about governmental NHS policy, he is quick to point out what he applauds—more patient choice, locally determined services including foundation trusts, among much else. Though he dreams of an NHS with less bureaucracy, Dickson welcomes the government national framework to set, maintain, and monitor NHS standards, together with the latest of some hundred or so NHS-related agencies—the Commission for Patient and Public Involvement in Health and the Commission for Healthcare Audit and Inspection.

Dickson was a Labour party member in the 1970s, and I wonder whether he is now a New Labour man. He isn't shy of criticising government. No fan of centralised control, he notes that "the government itself accepts that it has been too fixated on centrally imposed targets". Dickson reiterates the King's Fund's previous call for a debate about the government's role in the NHS, and specifically on the possibility of creating an overall NHS agency. This "would take responsibility for delivering realistic improvement targets while allowing the government to focus on developing wider health policy instead of meddling in healthcare services on a day-to-day basis".

On the question of market forces in the NHS, Dickson is "cautious but certainly not hostile", believing that thus far market forces have been useful to tackle waiting lists for elective services. The need now, he argues, is for a similar focus on chronic-disease management. That is why the fund is helping pilot incentive-based models, starting with a handful of primary-care trusts in London, based on the experience of successful health-maintenance organisations.

Does Dickson anticipate further moves towards the US system, including increased user fees? "I see no need in the immediate future to move away from a tax-based system of funding. This remains the fairest and most efficient method of healthcare funding and the government is right to commit to it. Any insurance-based system would inevitably compromise equity and is likely to add to overall costs. But that does not preclude competition between providers and a move away from a system dominated by state provision. We can learn from other countries and look at how they use financial incentives to improve quality and increase patient choice."

Books Humanitarianism in society

Traditions, Values, and Humanitarian Action
Kevin M Cahill, ed. New York: Fordham University Press/The Center for International Health and Cooperation, 2003. Pp 466. $24.00. ISBN 0 8232 2288 8.

In the foreword to Kevin Cahill's book, Kofi Annan, UN Secretary General, says, "Traditions . . . are what each society brings to the great banquet of human diversity". *Traditions, Values, and Humanitarian Action* is a satisfying collection of rich and varied perspectives, some new, some difficult to digest, and all feeding the need to understand the complexities of these issues in a rapidly changing world. Woven through the essays are themes: the just role of governments, tensions between freedom and security in the war against terrorism, positive effects of migration, and, topically, the role of the media and the importance of its independence and integrity.

Cahill, director of the Institute of International Humanitarian Affairs at Fordham University, New York, NY, USA, has dedicated his life to humanitarian action, and is also a clinician, professor, and chief medical adviser on counterterrorism to the New York Police Department—which seems a heavy load for one person. Primarily, he is a doctor whose life changed after working for many months in the early 1960s alongside an indigenous healer in southern Sudan. Cahill spent part of every year for the next 33 travelling with Somali nomads across the Horn of Africa, learning how traditions and values allowed them to handle severe deprivations without complaint.

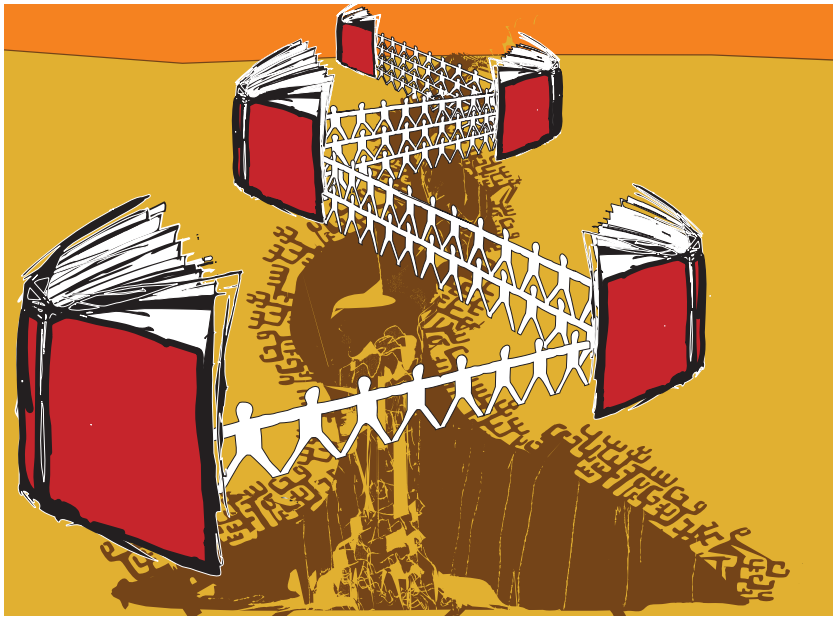
The book is divided into three parts: foundations, fault lines, and corrections. The importance of foundations in society—in the context of interpretations of values and humanitarianism in Christianity, Judaism, and Islam—is discussed by the moderator of the World Conference for Religion and Peace, Prince El Hassan bin Talal of Jordan. He calls for a "civilised framework for disagreement", and suggests that providing crossfaith and crosscultural rules and guidelines for how to disagree will be very useful Muslim contributions to the world. A culture with very strong rules and ethos is beautifully described in *The World of the Dinka: a Portrait of a Threatened Culture*, a chapter on the Dinka tribe of southern Sudan that brings out every anthropological instinct. Written by Francis Mading Deng, an ex-Secretary of State for Foreign Affairs for Sudan who spent his boyhood herding cattle, it graphically describes his people's spiritual beliefs and values.

Understanding what motivates, scares, enhances, and diminishes people is key to many professions, including the military, journalism, and medicine. The foundation of military values and traditions is discussed by Major General Timothy Cross—a soldier with 30 years' experience, many of them in relief operations—and prefaced by a quote from Dr Johnson: "Every man thinks meanly of himself for not having been a soldier." Although this concept might not strike a chord with many of us, what does resonate is the enormous worth of comradeship in times of stress and danger. Cross' description of the values of community, courage, discipline, and integrity gives useful insight into a military, and humanitarian, mind.

The application of such values to journalism is currently much discussed, in particular in the UK in the wake of the Hutton enquiry. What are the rights and responsibilities of a journalist? Where do his or her primary loyalties lie? To whom can he or she look for guidance and protection? Should the relationship between the media and politicians be based on mutual trust, where both are trying their best and acting with integrity, or is a climate of mutual distrust and cynicism justified?

Tom Brokaw, news anchor at NBC Television, describes his work as a founding member of the Committee to Protect Journalists, which acts to improve the legal, political, and cultural climate surrounding his profession. Brokaw quotes from Thomas Paine's *The Rights of Man*, "though man may be kept ignorant, he cannot be made ignorant", and refers to the "Big Bang" of media expansion, warning, "There is always the danger of inciting rather than informing, and it happens at warp speed". Brokaw states that it is imperative for primary media outlets to remain fiercely independent, especially from government, although—surprisingly and disappointingly—he makes no specific comment about the media manipulation now rife in the USA, especially surrounding the conflict in Iraq. Edward Mortimer, Director of Communications at the UN, discusses the function of the media as "prism or mirror", and acknowledges that Islam is now seen almost entirely through the prism of terrorism.

So, values and humanitarianism in the military and journalism. What about in medicine? In the chapter entitled, *Human Rights and the Making of a Good Doctor*, Eoin O'Brien, Director of the Centre for International Health and Cooperation and a professor of cardiovascular medicine, makes the sad but true observation, "Paradoxically, the practice of medicine makes the exclusion of sentiment a pre-requisite for the survival of self". He suggests that all in the medical profession would benefit from applying the old adage "Physician, know thyself". O'Brien makes a strong case for more humanity and humanities in medical teaching and practice. He recommends greater efforts to introduce human rights and medical



Stephen Wood

ethics (often present but not always taught well) into all undergraduate medical curricula. O'Brien highlights the work being done in these areas by the International Federation of Medical Students, in conjunction with, for example, International Physicians for the Prevention of Nuclear War.

After foundations, fault lines—and Cahill's concept of these in society is a fascinating one. Just as fault lines in earthquake-prone areas lie between moving earth plates that can collide and cause great damage, individual or governmental acts that are in opposition to the foundations of society can cause devastation and destruction. For example, the justification of the use of torture on an individual suspected of terrorism might seem logical, but can lead to acceptance of torture as a legitimate tool of government: China, Egypt, Burma, Israel, Russia, the USA in Guantanamo Bay, and Turkey are just a few examples in the long list given by Timothy Harding, a professor at the Forensic Medicine Institute in Geneva, Switzerland.

Even insensitively provided humanitarian aid can act as a fault line in a society. For example, after the Rwanda genocide, humanitarian assistance helped killers survive in secure refugee camps where they re-established their murderous regimes.

Discrimination—on the grounds of migrant status, societal role, gender, etc—is another potential source of fault lines. In *Immigration in Europe: Promise or Peril?*, Jan Eliasson, Director of the Centre for International Health and Cooperation, and Swedish ambassador to the USA, argues strongly that the answer to this question is "promise". The population of Europe is becoming older, and immigrants offer valuable skills and rich diversity. Yet, a wave of xenophobia is sweeping the continent. Eliasson effectively dispenses with prevalent myths surrounding immigration, and calls on the European Union not to waver in its commitment to the 1952 Refugee Convention. His notion that cultures are "works in progress" is a helpful one for us all.

Nancy Ely-Raphael, head of the Office to Combat Trafficking in Persons at the US State Department, makes a sound case for ending all forms of gender discrimination and trafficking. Unfortunately, she omits one form—female genital mutilation. What she does include is a moving case study in which the voice of a victim of trafficking speaks from the page, painfully illuminating this issue. I felt that other contributors' chapters would have been strengthened with a similar use of individual human stories.

Several authors address terrorism, in particular in the context of the attacks on the USA on Sept 11, 2001. Paul Wilkinson, Director of the Centre for the Study of Terrorism and Political Violence at the University of St Andrews, UK, argues that it is a dangerous illusion to believe that the war on terrorism will be successful, and rather that deeper causes need to be addressed. Larry Hollingworth, a specialist on relief and refugee issues, discusses the concept of state terrorism, often a taboo term, and the distinction between terrorist and freedom fighter—he provides a chilling and personal case study in Palestine. John D Feerick, a professor of law, assesses the balance between national security and civil liberties, concluding that "Safety itself is an important pre-requisite for liberty". Michael Veuthey, doctor of laws at Geneva University, cautions against disregarding the Geneva Conventions, the ethics of which encompass the survival of humanity and respect for individuals, even in time of war. He refers to the "Golden Rule": "So, whatever you wish that men would do to you, do so to them", as the most universal formulation of this ethical approach.

Moving onto corrections, what actions could be undertaken to address these fault lines? Peter Tarnoff, former US Undersecretary of State for Political Affairs, gives a critique of US government responses, doctrinaire foreign policy, and sanctions, and declares, "It is essential for citizens to understand that values are as important as military might". Richard Falk, professor of international law and justice at Princeton University, Princeton, NJ, USA, discusses what can be done to revive global civil society, and describes how the fear of terrorism and desperation for so-called security has diverted energy away from the new internationalism that was growing in the 1990s. Yet there have been recent successes. The International Criminal Court, intended to prosecute criminal state leaders, was founded in 2002, despite opposition from the USA.

As Cahill says, "Even the most powerful nation on earth must rely on our noble traditions, values, and moral position if we are to survive in a secure, humane world".

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Books Intensive infections

Severe Infections Caused by *Pseudomonas aeruginosa*
A R Hauser, J Rello, eds. Boston: Kluwer Academic Publishers, 2003. Pp 250. $125. ISBN 1 40207 421 2.

I do not know who purchases books of this type. These volumes are intended to update and summarise information in a fairly small area of infectious disease, yet their intended audience (in this case intensive care specialists) are either uninterested in the detail they provide or would be better served by researching most of the areas covered using online databases. Several chapters provide a solid scientific introduction to quorum sensing and pseudomonal virulence factors, but these topics are likely to be of interest to academic physicians who would seek more basic reviews in microbiological or physiological journals. Perhaps a physician in training who has been assigned a report on a pseudomonal subject would find this book an efficient way to summarise knowledge for a report to his superiors.

Having said all that, the book has useful information on most aspects of pseudomonal infections involving the types of patients likely to be seen in intensive care settings. There is much redundancy among the chapters that deal with antibiotic choice (the choice hardly matters) and the necessity of the use of multiple antibiotics (not proven, but the subject of much speculation). The chapter on cystic fibrosis is especially well written and useful, but many of the others could easily have been condensed.

Much of the book deals with the advantages of antibiotic use and not enough (but some) of the information covers the genuine harm that results from their use. This bias is consistent with the thinking of intensivists I have worked with for the past 25 years or so, and is understandable in light of their self-perception as heroic doctors who save lives at all costs.

So save your money. Read an infectious disease textbook for most of the information in this book and refer to recent review articles for the hot subjects such as quorum sensing and biofilm formation.

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Books Wild green Fairy Liquid

Today, many a *Lancet* reader's sole experience of absinthe will be limited to catching Kylie Minogue's fleeting cameo role as the Green Fairy, materialising from the label of a bottle of the spirit, before sending a ragged band of artists on their merry way to the Moulin Rouge in Baz Luhrmann's hit film musical of 2001. However, in France, in the latter half of the nineteenth century, absinthe drinking was a massively widespread phenomenon among all classes in society: bourgeoisie, bohemians, and the poor alike. It was absinthe's very popularity that led to its downfall, causing as it did one of the great moral panics of that century, blamed by its attackers as being responsible for the degeneration of the French race, military defeats of World War I, sterility, madness, and lesbianism; by 1915, the manufacture and sale of this bitter-tasting green liqueur had been all but banned worldwide.

Yet, only a few decades earlier, absinthe was reputed as being one of the main sources of inspiration for writers and artists such as Paul Verlaine, Arthur Rimbaud, Edouard Manet, Edgar Degas, and Henri de Toulouse-Lautrec. It is this sudden plunge into notoriety, (roughly spanning the years bookended by Charles Baudelaire and Pablo Picasso), that Jad Adams sets out to explore in *Hideous Absinthe; a History of the Devil in a Bottle*. He traces the origins of absinthe as an antimalarial used by French troops serving abroad in North Africa, who then took the taste for the wormwood-based drink home with them. Back in France, absinthe caught on among the bourgeoisie, who wished to symbolically share in the victory of their army. Its popularity in the fashionable cafes of the mid 1800s led to a trickle-down effect of its use through all classes: the urban poor and the many artists, poets, and other denizens of the demi-monde in pre-fin-de-siecle Paris.

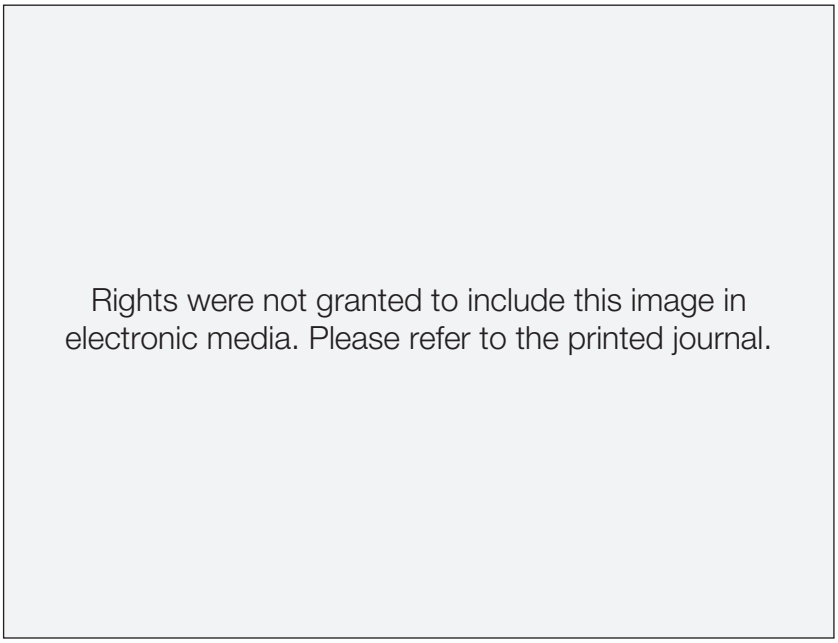
It was the artists and poets who were to prove the main propagandists in the creation of the absinthe myth, both depicting the absinthe drinkers that surrounded them, and partaking freely of the green fairy themselves, lauding it as a magical, thought inspiring elixir. However, as Adams notes, the paeans to absinthe were mainly penned by minor writers—the major ones merely using it as one of the many weapons in their creative arsenal, if at all. The most noted artists used absinthe drinking not as a short-cut to higher understanding, but as subject matter (perhaps, one suspects, because an absinthe drinker deep in solitary reverie during "the green hour" would neither notice nor particularly care that they were being sketched or painted).

It was the use of absinthe drinkers as subject matter, and, more specifically, the rejection by the art establishment, of the painting *The Absinthe Drinker* by Manet, that led to the birth of the Impressionist school of painting and the lessening of the influence of the conservative Institut de France. Adams argues that the fears and concerns surrounding the growing popularity of absinthe consumption and its depiction were inextricably linked with, and symptomatic of, wider social trends and concerns during a time of great turbulence and uncertainty (the section on the fears surrounding increasing absinthe consumption among young emancipated women is oddly redolent of the current moral panic concerning the "binge drinking" habits of young, financially-independent British women). These associations with the drink are shown by the author to be more important than any properties inherent in absinthe itself. After some discussion of absinthe's psychoactive ingredient (thujone, a constituent of wormwood) Adams describes the drink as a "mildly hallucinogenic green liquid", arguing that its perception-altering powers stemmed from more than the mere combined effects of its constituent parts. It gained its power from the codes and connotations interwoven around its use, and the rituals involved in its consumption—such as the use of paraphernalia like the slatted silver absinthe spoon, a device that we learn originated from rich absinthe drinkers seeking to set themselves apart from their less well-off countrymen.

Elsewhere we learn of how absinthe was held in great suspicion by the English, leading to its provocative championing by such home-grown decadents as Oscar Wilde. This is also the reason why it was never thought necessary to ban it in the UK, since its immediate associations with the French aroused instant disapproval in a country that preferred gin anyway. Adams relates the events that led to its prohibition practically everywhere else in the world, its discussion in medical journals of the day (much of it published by, or commented on, by *The Lancet*), the development of a US absinthe subculture, and its rebranding and resurrection in the pre-millennial western world. All in all, this is a well-researched, often poignant, and always fascinating biography of a subject whose history, rather like the liqueur itself when added to seven parts water, has often been clouded and opaque.

Stephen Wood
The Lancet, *London, UK*

Hideous Absinthe: a History of the Devil in a Bottle
Jad Adams. London: I B Tauris: 2004. Pp 320. £18.95. ISBN 1 86064 920 3.



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Kylie Minogue as the Green Fairy

LIFELINE

Amin J Barakat

Received his MD from the American University of Beirut (AUB), Lebanon. Did paediatric training at AUB and Johns Hopkins University, Baltimore MD, USA, and paediatric nephrology at Georgetown University, Washington DC, USA. Currently Clinical Professor of Paediatrics/Nephrology at Georgetown University. He has published over 75 scientific papers and chapters and two books.

Which patient has had most effect on your work, and why?
In 1977, I reported four siblings with renal disease, nerve deafness, and hypoparathyroidism; this condition is now known as the Barakat syndrome.

How do you relax?
By leaving my work behind at the office.

What apart from your partner is the passion of your life?
My children and the children who are under my care.

Do you believe there is an afterlife?
I believe in an afterlife and that people should live as if there is one.

What are you currently reading?
In Plato's Cave, by Alvin Kernan.

What is your worst habit?
My wife should answer this question.

Do you believe in capital punishment?
I have doubts about the benefits of capital punishment and am essentially against it.

Do you apply subjective moral judgments in your work?
After a life spent in the practice of paediatrics, I believe in creating a structural environment for children and that parents and paediatricians have a responsibility to teach children morality, which is in a way subjective.

What do you think is the greatest political danger to the medical profession?
I think this is a country-related issue. Apathy of physicians, government control, and control by special interests and the insurance industry may be the greatest dangers to our profession in the USA.

What part of your work gives you the most pleasure?
It is very rewarding to contribute to the prevention and treatment of disease in children. I enjoy the relationships I establish with children and their families.

If you had not entered your current profession, what would you have liked to do?
If I had to choose a profession again, I would still be a paediatrician.

JABS & JIBES

How I became a psychiatrist

My main reason for never, ever becoming a psychiatrist was my Uncle Charles: a man who married into our family by kidnapping my aunt on learning she was planning to marry someone else. This happened years before I was born, but, for as long as I can remember, Charles—the only psychiatrist I knew—brought disruption to all around him. His life was an experiment in learning what was possible.

Charles established that it was possible to drive home from church in reverse gear; possible, even, to drive from home to the office in a straight line—provided he traversed curbs, peach orchards, and the occasional back yard. He deduced that the best place to hide a berry pie was the clothes dryer; if someone found the pie before he could finish it, the chances were that they found it by throwing wet laundry in and turning the dryer on.

I began medical school with the hazy plan of pursuing family practice or paediatrics, but discovered that I most enjoyed anaesthesiology's blend of chemistry, physiology, and patient care. I delayed my psychiatry clerkship until senior year, confident I had no interest in the specialty. Psychiatry rotation was a shock: I loved it. If you paid a certain kind of attention, your patients just about told you their diagnosis, which in my book was an improvement over, for example, trying to hear a heart murmur in a 3-year-old child who was screaming at the stethoscope on his or her chest.

Charles' oddities continued. On visits I'd find a crow in the kitchen sink, Charles's pyjamas in the dishwasher, or the phone receiver off the hook while on the other end a phone rang in an empty house ("I just want to know when they get home", Charles explained).

When Charles learned I was interested in psychiatry, he insisted I accompany him to the hospital for his rounds, a surreal experience featuring a burly nurse with one eye who'd been enucleated in a scuffle with a patient. Interviewing an agitated young woman who'd tried to kill herself, Charles turned to me to recount the abuse her father had inflicted on her during childhood. "Can you believe it?" he asked me, "that her own father would do that?" He shook his head in astonishment. The young woman's eyes widened in disbelief. Even then, I knew enough to recognise Charles' professional mien as inappropriate. But I also saw the patient relax a little, and raise her eyes from the floor for the first time. In a weird way, I thought, it was an affirmation for her, to know that someone else saw her father's violations as an outrage.

By the time I applied for postgraduate specialty training, I'd narrowed my choices to anaesthesiology and, in spite of Charles' influence, I also applied for psychiatry. I felt I simply couldn't distinguish between these two futures. Each had appeals and drawbacks, but my crystal ball was murky.

A time-zone miscalculation finally decided my fate. On elective rotation in another state during the deadline for submitting final choices for postgraduate training, I decided to drop psychiatry. I phoned to notify the friend to whom I'd entrusted the task in my absence, but she'd already posted my list, at the time we'd previously agreed on, leaving psychiatry as my first choice. I hung up the phone with trembling hands, aggrieved at myself for the error, but a little excited, too—a fate had chosen me, in spite of myself. Psychiatry was apparently my destiny.

I should probably mention that I nearly drowned in a river when I was 2 years old and that, in the moment before my death, at considerable peril to his own life, Uncle Charles rescued me. In having done so, I think, he bears ultimate responsibility for my being a psychiatrist after all, in spite of his contribution to its seeming implausibility.

Pat Cason