Editorial

Freedom of information, strongly held views and waiting lists

An editor's nightmare
This is my last editorial for the Journal. The major problem that the editors have in constructing editorials for it is the long lead-time. Editorials should be punchy and provocative pieces based on strongly held views and research evidence. Unfortunately, the minimum time between submission of the editorial and its appearance in print is five and a half months. Matters that are contentious and urgent now may not be so five months later. A week is a long time in politics. I wanted to write the editorial solely on freedom of information. My involvement in the BSE crisis led me to the belief that this was the last fundamental public health issue in this country. This belief has re-emerged again with the future over Formula One funding and tobacco sponsorship. However Her Majesty’s Government has managed to do something that has got me going even more. The Secretary of State for Health has threatened to sack NHS chief executives and chairmen unless the numbers on the waiting lists come down. I have also been frustrated as an editor by being sent much material that could be labelled as opinion or strongly held views. Original research is much more welcome. I shall comment on these three issues in reverse order.

Strongly held views
The editorial is the place for strongly held views.1–7 They can sometimes be located in a commentary intermingled with research evidence to give a rounded cogent argument. The editorial office, however, receives a substantial minority of submissions, which mostly contain strongly held views on public health matters. These usually receive an immediate rejection. My general advice to potential authors is therefore not to waste their time writing such articles. We are pleased to receive short versions of such material for consideration as letters. My first editorial espoused a strongly held view on the inappropriateness of the primacy of the acute sector in the NHS. It therefore seems right that my last editorial should return to the same theme.

Acute sector wins again
I have welcomed the current Government’s initiatives on public health. Their policies, plans, and actions on tobacco sponsorship, alcohol harm minimization, hand-gun ownership, a Food Standards Agency, social exclusion, and inequalities in health are all extremely welcome. It is with amazement and sadness that I heard that the NHS has to put the reduction in the numbers of people waiting for surgery as its number one priority. The vast sums of money, the energy, the enthusiasm, and the big stick that accompany this all mean fewer resources, less planning, and less action for public health, primary care, mental health and community care. Who advised the Labour Party to put this in its manifesto? I accept that the general public view short waiting times to see GPs and consultants as a major requirement from the NHS. I have been a party to local polls that show this. I am not sure, however, what the numbers waiting have to do with the time that people wait. The Government should be setting targets for reducing waiting times for proven cost-effective procedures. This would carry the hearts and minds of nurses, doctors, general managers, and chairmen. Beating up chairmen and general managers does not necessarily have the desired effect on doctors and nurses. It may indeed have a perverse effect. That is, the doctors and nurses may wish to see the general managers and chairmen in the stew. We should be building a partnership with the general public, politicians and NHS staff to implement policies that are based on research evidence for producing health gain for patients. This is the way to win general elections.

Freedom of information
I very much welcome the Government’s proposals for a Freedom of Information Act. The proposed Act is broad in scope. There is one proposed key specified interest governing disclosure that is of obvious importance to public health. It is also the most contentious and complex. It is the one relating to decision-making and policy advice. The Government proposes that decisions on disclosure be made against a test of ‘simple’ harm. That is, would disclosure of this information cause harm? There is clearly a balance here between early disclosure of confidential information and the need for openness in decision-making. The tendency, however, will always be to refrain from disclosing to achieve political benefit. The question is not a simple one. One needs to consider harm to whom and the net effects of benefit and harm across all members of society. With the BSE crisis there was clearly a spectrum of benefits and harm to be felt across different groups in society. These judgements should be made public, on the basis of the best quality research evidence and expert advice. We should aim for an informed public capable of taking risks and making decisions for themselves. If we use the argument that there is some information that the public should not know in these instances then it can slip into political self-expediency. The recent decision and debate over tobacco sponsorship and Formula One funding is another example where the role of the research...
evidence was not clear. The Secretary of State for Health said in a speech in November 1997 that he would like research evidence to guide Government policies. I applaud this and would welcome the open disclosure of such evidence in key public health matters. I also believe that all of the expert public health advice the Government receives should eventually be made public. Individuals can then decide for themselves the balance of evidence, judgement and politics. Politics is the mainstream business for politicians. They should not be afraid of exposing their decisions in this way.

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References


Audit standards

The following figures are for the period January to December 1997.
1. A decision was taken on 72% of papers received within 2 months.
2. The mean time taken to reject papers which were unsuitable for peer review was 13 days and 72% were rejected within two weeks.
3. Ninety-five percent of all papers accepted were published within 8 months. We prepare these figures each year and hope to improve our standards.