must also be changes in the way clinicians work, in which removal of traditional professional boundaries extends the scope of clinical practice. There must be new ways of providing services, with integration of the health and care components and unifying care between community and hospital. There is also another explicit aim—to remove the inequalities in health and in health outcomes, and of access to and uptake of health care, across the nation.

There are important implications for the medical profession. The Medical Royal Colleges in the United Kingdom have set and stood by independent standards for postgraduate medical education and practice for many years. But government wishes other stakeholders to have an increasingly influential voice in medical education and training, to bring them into closer alignment with its service priorities.

Clinicians regard their service with a sense of ownership. This follows naturally—it is at once a great strength of the service and an impediment to change. Inherent in such ownership is acceptance of accountability for practice, for service improvement, and for the reforms needed to bring about cost effective improvements for patients and for society. It is no surprise that doctors and their clinical colleagues resist change unless they see benefits for their patients, and an improvement in the standard of care. Strategies that appeal to this motivation are more likely to attract commitment than those based on control. Yet the NHS depends on the leadership of clinicians to achieve the desired changes. At the same time, clinicians have a responsibility to ensure the most effective use of limited resources.

Authorities in many countries face similar problems, each against the background of its own historical and cultural heritage. We should learn from each other how to do things better, for all our populations.

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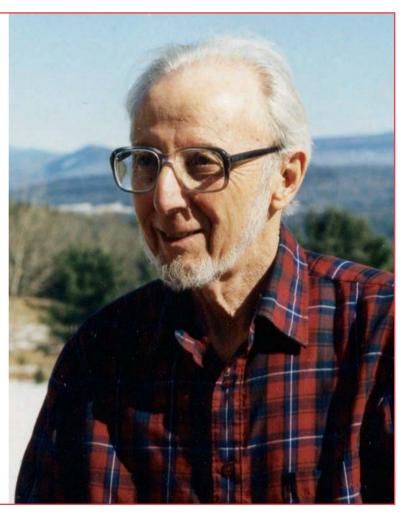
VA April 2002

Old men supine on metal beds,
White sheets and covers mauve or blue,
Doors open wide so passing aides can view
The resting, breathing, heavy heads.
Next to each bed a five-toed stand
With plastic tubing hanging loose,
Delivering a measured dose
Drip by drip into each hand.

And you, dear man, eyes softly shut, Cheeks sunken, bearded, grey, What thoughts go through your subtle mind? What mortal deal have you cut With Life to let you stay Or Death to let life's thread unwind?

Sheila Kaplow, D.Phil.

Dr. Kaplow received her D.Phil. in pharmacology from Oxford University. She is retired from teaching physiology at Quinnipiac College in Hamden, Connecticut. Her husband, Dr. Leonard S. Kaplow (A Ω A, University of Vermont College of Medicine, 1958), was the author of "Thirty-seven Days on a Hospital Ship," published in the Summer 1999 issue of *The Pharos*. Leonard Kaplow died recently of multiple myeloma at the Veterans Administration Hospital in White River Junction, Vermont. Dr. Sheila Kaplow's address is: P.O. Box 929, Bradford, Vermont 05033. E-mail: sheilakap@together.net. The photograph is courtesy of Sheila Kaplow.



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