sector is inconclusive and suggests that the expected benefits from mergers often do not materialise.¹ The Department of Health's guidance on the operation of the internal market in 1994 summarised the literature on mergers relating to economies of scale and scope and to quality. It concluded that the evidence is at best mixed, that studies are subject to substantial methodological problems, and that the evidence from this literature cannot be used alone to justify decisions on reorganising services.⁴ The NHS and other health organisations internationally clearly need methodologies to support benefit analysis of merging healthcare organisations.

Because of the lack of sound evidence, we have a government encouraging mergers as an act of faith—albeit with the intention of improving patient care. So how do we ensure that mergers are successful? Evidence from the literature of organisational behaviour does exist, and, ironically, it shows that many mergers fail. Studies in the United States show that as many as 75% of mergers of hospitals are unsuccessful when issues surrounding corporate culture are ignored. “Employee problems” are said to be the cause of as many as half of all merger failures.⁵ Reflect back on the recent proposed (and then aborted) merger of SmithKline Beecham and GlaxoWellcome and we find very senior employees having problems with the deal. In reorganisations of acute health services in the United Kingdom and abroad it has been shown repeatedly that carefully thought out plans for merging services are extraordinarily difficult to accomplish (London Implementation Group archives 1994-5).⁶

Successful organisational mergers require focus on two critical elements: the clarity of the goals of the

merger and how the process itself is managed and communicated.⁷ The general secretary of the Royal College of Nursing recently commented, “Communicating with clinical staff and patients—sharing the vision of where you're going—is central to managing mergers successfully.”⁸ She is right. Managing the process of bringing together two or more trusts successfully requires sophisticated project management supported by carefully thought out staff handling policies.

Mergers will be the right thing for a community only when there is a convincing case to be made locally for the merger and when potential service benefits outweigh the considerable human and organisational costs of making the change happen. Ways must be found to assemble evidence on the benefits of merged NHS organisations and on how to manage the process of merging. Such evidence can then be used by the leaders of this change, both the national policy makers and those on local boards charged with bringing organisations together in the new post-market NHS.

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The impact of new technologies in medicine

Call for papers

We have a lifestyle drug for almost every ill, surgical procedures which could render admission to hospital redundant, and communication networks which exceed all expectations. The space age world of medicine is not far off. But in some quarters there is a slowly growing backlash against such developments. Far from being welcomed with open arms, some of the latest adventures in medical wizardry are being held up as threatening, divisive, and dangerous.

In November 1999 the *BMJ* will be joining other medical journals worldwide in devoting an entire issue to the impact of “new technologies in medicine.” Our aim is to stimulate *BMJ* readers to think about the impact of technology so that they are better able to take responsibility for shaping its effects on health. We will be looking at several new developments in medicine—diagnostic, therapeutic, and conceptual—as well as confronting and challenging some of the anxieties and fears that are fuelling the antitechnology lobby. New technology is not simply about new machines, but also about the way we look at and think about things. Our definition of technology is any intervention which influences health and society.

So while we will highlight some of the ways technology may improve the lives of patients—microsurgery, informatics, transplantation, gene therapy, and dialysis—we will also be debating some of the ethical issues, such as how the doctor-patient relationship is changing under the influence of the world wide web, the ethics of keeping “expensive” patients alive, whether new technology is simply increasing the gap between the haves and have nots, and how to regulate the global explosion of new technologies. Our remit is broad.

We are viewing this issue of the *BMJ* as an opportunity to expand in directions we do not usually pursue, but with the intent of remaining clinically grounded. We are happy to consider reports of original research, educational articles, debate pieces, and rigorous review articles looking at the impact of new technology in its widest sense. We have recruited a small international panel of experts to help us decide what to publish. All manuscripts will go through the usual peer review process, and the deadline for submission is 1 May 1999.

Abi Berger *Science editor, BMJ*

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