Change, we have to

Kamran Abbasi

Editor, JRSM

E-mail: kamran.abbasi@rsm.ac.uk

Tonight, I will be attending the 10th Anniversary Dinner of the South Asian Health Foundation. It will be a celebration of a decade of joint working across religious and national backgrounds to improve patient care for the UK's South Asian population. I will have an opportunity to speak and comment on the value of dialogue and collaboration.

When this organization was launched, India and Pakistan, South Asia's nuclear powers, were not talking. They were on the brink of all-out war. Now, India's talismanic city, Mumbai, has been brutally violated by men of Pakistani origin and armies are gathering again. Dialogue and collaboration seem even more vital than ever.

These themes were part of the message that propelled Barack Obama to a historic victory in the United States presidential election. They were essential ingredients of his recipe for change that won favour with America and throughout the world. Change is easier to talk about and much harder to achieve.

Classically, we miscalculate the speed of change, believing that political decisions, technological advances and scientific breakthroughs will bring about rapid change when they take many years to have an effect. How long did it take a man of mixed race to become president of the United States? How many years before technology improves the lives of the hundreds of mil-

lions of our fellows who live and die in abject poverty? How long do we wait for the promise of genomics and gene therapy to produce clinical benefits?

Change, also, means different things to different people. And how would you know change if you saw it? Change in healthcare is particularly problematic. General practitioners, hospital specialists, managers, policy-makers and patients may have a different view of change for any given condition. Healthcare change in a community hospital in Africa will have different attributes to healthcare change at the Massachusetts General in Boston.

In this year of Barack Obama, the credit crunch and the Mumbai attacks – the year of change – I asked an international panel of health professionals for their opinion on what would constitute genuine change in healthcare. I asked each of them to make their contribution directly relevant to their work or say whatever they felt strongest about. In return, I received passion, anger, wisdom, and even sarcasm and poetry. My conclusion is that it is not a case of change because we can, but change because we have to.

You will find the responses at the back of this issue (*JRSM* 2008;**101**:611–13). In between you will encounter politics, sex, religion and art – the essential ingredients of a December journal. I suggest that is not a formula to be changed.