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DECLARATIONS

Competing interests
None declared

Reference

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Change in healthcare

Following your Podium 'Change? Yes we can', my thoughts within the NHS are for palliative care patients who wish to die at home. These patients need to have rapid access services to aid their discharge home. If we cannot do more for them medically or surgically, we can at least deliver their last wishes of dying at home rather than delaying discharge sometimes without real reason. Change is efficient social services so acute services are not mismanaged.

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DECLARATIONS

Competing interests
None declared

Reference

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Change, we must – for the better

Your Editorial¹ and the comments in the Podium² together with the rather sad responses by some patients and some doctors reported in the same issue (December 2008) stimulated us to put forward the views of a couple of doctors of an earlier generation.

Like Professor Aziz Sheikh we see the need to re-kindle the human side of medicine, as so poetically expounded by William R Phillips, while at the same time, like Professor Antonio Vaz Carneiro, never forgetting for one moment that effective treatment must always be based

on the best available evidence.

Perhaps a change worth considering would be setting up, by means of donations, of one or two free hospitals treating all comers and staffed by men and women primarily motivated by faith, whether religious or humanitarian. Such institutions might help to draw together, as donors, hospital workers and as patients, members of various communities and improve their understanding of and respect for each other. At the same time such institutions could set compassionate holistic standards of care to which NHS institutions might be stimulated to aspire.

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DECLARATIONS

Competing interests
None declared

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