
http://dx.doi.org/10.1136/bmj.b633

ResearchSPAce

http://researchspace.bathspa.ac.uk/

This version is made available in accordance with publisher policies. Please cite only the published version using the reference above.

Your access and use of this document is based on your acceptance of the ResearchSPAce Metadata and Data Policies, as well as applicable law:-
[https://researchspace.bathspa.ac.uk/policies.html](https://researchspace.bathspa.ac.uk/policies.html)

Unless you accept the terms of these Policies in full, you do not have permission to download this document.

This cover sheet may not be removed from the document.

Please scroll down to view the document.
A CONSTITUTION FOR THE NHS

Interpreting the rights in the NHS constitution

Commenting on the new NHS constitution,1 Health Secretary Alan Johnson said “it will no longer be acceptable for a doctor to prescribe painkillers for back pain, for example, without explaining alternatives like physiotherapy where appropriate.”2 A senior Department of Health source added: “Gone will be the paternalistic days of being told by the doctor that you can’t have physiotherapy for your back pain, or referral to an orthopaedic consultant.”3

Although the principle of informed consent is sound, the health secretary’s example is poor. Much back pain is non-specific and self-limiting. Prescribing painkillers (in the form of anti-inflammatory drugs) may be an appropriate first line treatment, and discussing alternatives such as physiotherapy may encourage uptake of comparatively costly interventions. Rather than sending patients with non-specific musculoskeletal pain on a merry-go-round of frequently fruitless referrals, general practitioners are better advised to encourage an early return to work.4

Indeed, other government initiatives seek to strengthen general practitioners’ gatekeeper role in sickness absence—for example, by replacing sick notes with electronic wellness notes.5

It would be a great shame if the rights enshrined in the new constitution were interpreted in a way that undermined general practitioners’ capacity to treat common ailments pragmatically.

Elaine S Heaver PhD student, Centre for Pain Research, School for Health, University of Bath, Bath BA2 7AY

David Wainwright senior lecturer in health services research, School for Health, University of Bath, Bath BA2 7AY

Competing interests: None declared.


Cite this as: BMJ 2009;338:b633