Dear

Vocation or corporation? Competence or compliance?
The managed asphyxiation of healthcare morale

It may be that we have become so feckless as a people
that we no longer care about how things do work,
but only what kind of quick, easy outer impression they give.

– Jane Jacobs (1961) *The Death and Life of Great American Cities*

It is now several months since draconian proceduralism effectively forced my reluctant professional resignation. Significant locality opposition was cleverly pre-empted.

As you may recall, the Care Quality Commission judged that, *according to their procedures*, my practice was so outstandingly bad it had to be legally closed immediately. Yet extensive evidence from all other (ie not formal compliance or inspection) sources indicated extremely good, popular and safe practice for very many years.

So there is, at least, an interesting problem of massive discrepancy.

But this is the tip of an iceberg. In the last few months I have had hundreds of missives and conversations indicating that others have experience of kindred discrepancies, though few occurring with such drama. Those contacting me have come not only from NHS Healthcare, but also, particularly, from many levels of education and social care.

All these wearily or angrily frustrated welfare workers describe mistrustful, procedural, forensically inclined styles of management, monitoring and inspection. They complain that the increasingly rigid and bureaucratically dense, one-size-fits-all, procedures have largely lost contact with real-life considerations of variation, context and the need for intelligent, responsible compromise.

I have elsewhere called this a *REMIC* culture (remote management, inspection and compliance).

The many practitioners I have contact with all agree with the *mission* of REMIC (mostly to assure competence, safety and probity – who is going to disagree?), but not the *methods*. They think that much (but not all) of the ever-increasing proceduralism has become unbalanced – now irrelevant and burdensome to the extent of *jeopardising* the best personal resources and attentive judgements that practitioners were previously able to bring to bear.

So there is much evidence that REMIC has become often obstructive, debilitating and demoralising. Its evidence of effectiveness is far less clear. So in management-speak we can say REMIC is, paradoxically, spawning 'dysfunctional systems'.

*

Medical colleagues are interesting in their variation. Those newly retired, or committed to its imminence, almost all hold the above view, but fatalistically so: *'We're all going to hell in a handcart'* one said to me with glum, soon-to-be-relieved, stoicism. Those wanting to secure many more years' employment are far too afraid, wearied or circumspect to say much in public. In private they have often said: *'I know it's ridiculous, but if you want to survive you just have to play the game'* and then *'but we can't carry on like this!'*. This, sadly, may be insight for expedience, but hardly growth or liberation.

Elsewhere it is even worse. For even such limited candour and insight is hard to find among managers and the new breed of managing clinicians. In 1935 Upton Sinclair said: '*It is difficult to get a man to understand something, when his salary depends on his not understanding it*.' We can add *status* to *salary* for even broader truth.

Yet it is easy to get into a counterproductive spiral with this governing cadre. My efforts to engage the CQC in any discussion about how we may cut

REMIC to more intelligent use and proportions was answered by them turning on me yet more REMIC. You can read their letter in *Wrong, Wrong, WRONG … OUT*.

*

My story and denouement therefore have implications far beyond the personal and singular. After forty years of diligently tending a cherished vocation I am full of foreboding: I see that as vocation is coercively subsumed to corporation, it loses its human sense and anchorage and so makes the whole system sick and unsustainable. In the process I have seen my profession losing its art, heart, craft, intellect, wit and more imaginative humanity.

On many levels, for innumerable people needing the best from our profession (and that is likely to be all of us, at some time), these become tragic consequences. That is why I pursue, and publish, this correspondence.

Clearly there is much more to say about these experiences, exchanges and notions, but I stop here with the words of another physician. Nearly three hundred years have not decayed their pith, or current relevance.

Burn not your house to fright away the mice
– Thomas Fuller MD (1732), *Gnomologia*

Thank you for your attention.

With best wishes

David Zigmond

Attachments
Wrong, Wrong WRONG … OUT (introduction)
Letter to Prof Field (Letter 1)
Wrong, Wrong, WRONG … OUT (Letter 2)
Letter from Prof Field

Interested? Many articles exploring similar themes are available via David Zigmond's home page on www.marco-learningsystems.com

David Zigmond would be pleased to receive your **FEEDBACK**