When is prevention not better than cure?

The perverse cost of our healthcare's recent pre-emptive regulation

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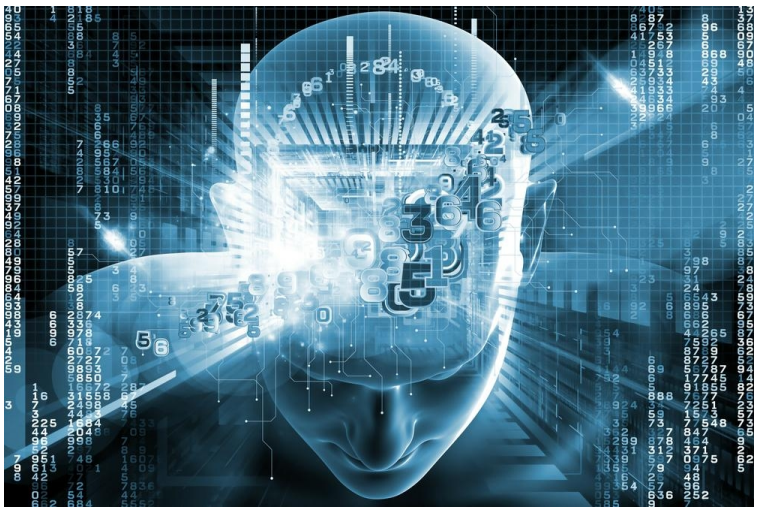

To effectively forestall trouble, we must be able to exercise prescience, strength and boldness. Yet only sometimes: each generation must learn how our pre-emption may also do much harm. Here is a recent example of such harm in healthcare, flanked by a vintage yet prophetic science fiction classic: together they show us how and why we often need restraint.

Here we can see a major blight to our pre-Covid NHS, and – as we look with anxious hope toward our post-Covid NHS – what will be important to rescind.

A preoccupation with the future not only prevents us from seeing the present as it is but often prompts us to rearrange the past.

– Eric Hoffer (1954) *The Passionate State of Mind*

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I am sitting with an erstwhile colleague, Dr V – a veteran GP – at the end of a now routinely enervating and frustrating day for him. Actually it is not the end, or should not be, because he has again – as always – a growing backlog of emails. But V tells me he cannot now find the will to engage with this life-leeching, illimitably cross-fertilising and tentacled mass of signals: he later tells me – with grim laughter – of a dream of fatally submitting to a giant octopus.

So V will use the excuse of my visit to stop before the end of this day's work, with a mixture of relief, nagging anxiety and tugging guilt.

I want to be helpful, so I say: 'In this job it's often inevitable – sometimes even advisable – to stop before we're finished'.

'Hm!' V snorts. He recognises my good intent, but is doubtful it is of any help. 'In my case I just hope I know when to stop before *I'm* finished… ' He slows and lowers his voice, a small trickle from a life's emptying reservoir.

In the many years I have known V I had come to expect a glint of warm, playfully defiant good humour in his eyes, even in weariness and misfortune. Now this glint is hard to find: his gaze may be receiving but it is hardly transmitting. I say nothing of this, but V seems to pick up on my thought: 'I won't be able to last as long as you

did. I'm not sure I'll stay even until I can pick up my full pension.' His bleakness carries both arid despair and anticipatory relief.

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I had first known V twenty-five years ago, when he started practice, when his eyes glowed gently with optimism and encouragement. He went on to accrue a solid local reputation, for many years, as a reliable, thoughtful, competent and caring doctor – assiduous, quiet and unegotistical. A privately principled man who avoided public attention, contention and debate. His quiet persona heralded much to come; his deeper qualities of character slowly and steadily grew affectionate respect in those he tended and worked amongst.

So what had happened to V in these latter years, to turn this previously well-motivated, gratified, more than good-enough doctor into one who now talks like a prisoner or fugitive: miserable, anxious, fatalistic, furtive and leadenly caustic?

I have my own ideas and my own similar, parallel, experiences. I have heard many accounts from others, too. Yet V now indicates that it is important I hear his own account of his tribulations.

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While we have been talking, the computer screen has been glowing behind V – a silent waiting servant-turned-master, I am thinking. V again seems attuned to my unspoken thoughts: he turns with a sudden, exasperated decisiveness to switch it

off. Exhaling a soft sigh, he tugs his chair closer to mine, then leans forward and looks up at me, confidingly. I fleetingly imagine myself as a commiserating prison visitor.

'There's so much to say…' I murmur. This is both innocuously inviting, yet loaded.

V nods his head; an agreement of slow deliberation. 'Yes, *so* much…' V pauses on the steep slipway, holding my gaze, before launching himself:

'Look. I'm sort of alright, I suppose: I'm still here… Oh, yes! I've got through my appraisals and inspections – though with enormous time, resentful effort and much stress for me and my staff. And what for? To continue doing a job that is less and less satisfying to me, my staff and my patients. And all to make it look good and 'correct' for the authorities. And then they think: if they can get *this* much compliance from us, then they can get *more*. So it gets ever denser and more extensive: more regulated requirements, goals and targets, algorithms-to-follow, boxes-to-tick, hoops-to-jump-through … I feel I've been put on a treadmill which is turning faster and faster…

'OK. You can say that I'm somehow managing, but I know I don't have enough left or available to offer the kind of personal care and attention I used to … Yes, I can get the authorities to say it's alright, but I know it's not: it's not the kind of care *I'd* want…' V bites on his lower lip and I notice his early well of tears.

'But some old local practices are managing neither – neither the authorities' demands nor their own standards – so you're doing much better than them. They're *really* in trouble', I offer, as some kind of encouraging, consoling contrast.

V clicks his tongue and sighs again, as if viewing images of wartime-wrecked, pillaged properties. 'Yes, three of them have recently been taken into Special Measures … I think they'll close: they just can't keep up with all the regulations and requirements. So I hear about sickness, staff leaving … burning out, I suppose. And then they really will fail. And then the authorities will be able to say to the public: "We warned you the world is perilous. See what we have saved you from!". But do those eliminations – of the "inadequate" or imperfect – leave us with a better service? No! We have become even more decimated and dispirited…'

'What do *you* think of those practices?' I ask.

'Well, in earlier, saner days – when we had time to get to know one another – I thought they were alright … mostly pretty good. Much like you and I in that earlier era – then we were trusted and enabled to define and decide the best ways of working cooperatively with one another and our patients, and mostly left to get on with it…'

'What has happened then?' I try to make this question untendentious.

V nevertheless, again, seems to pull at a thread of my own thoughts: 'It's what I was just saying', he says impatiently, as if my attention had lapsed. 'It's just too much control, too much management, too many regulations and inspections, too many

meetings, too many documents-you-must-read and forms-you-must-fill-in ... And then what space and time and energy can possibly be left for what you and I think is really important? Understanding people, contexts, complex stories: what room is there now for real autonomous thought, or imagination, or experience, or healing contact, or skilled judgement…?

'OK, I acknowledge that our old system was sometimes patchy, but it certainly had room for those valuable things that can now hardly survive.' V pauses a while. Normally he errs on the side of reticence: he seems surprised by this outburst of robust expression. 'Why this now? What has happened to our profession?' he asks angrily yet plaintively, as if to an unseen oracle.

Both of these brief questions deserve much thought. 'Your first question I can only answer by a laborious discourse. For the second, I have handy something snappier for you,' I say simply.

'OK, I'll have one of those, definitely!', V answers quickly, now with lightness.

'V, you sound like you're buying an ice cream. So here it is: *General Practice used to be the art of the possible, but we have turned it into a tyranny of the unworkable.*'. I smile at V, miming handing a cornet across the counter.

'I like it. Can I have a chocolate flake as well?' V's returned jesting now radiates some of his old mirth.

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Serendipity.

Shortly after my failing-heart dialogue with V I come across a short science fiction story, *Minority Report*[1].

In 1956 Philip K Dick published this remarkably prescient dystopian fiction. There he takes us into a future State that controls society through a carefully guarded, ingeniously constructed system of forensic science and prescience: this is not only watching, but also predicting, the conduct of all its citizens. Through this vast and refined governmental apparatus incipient criminality and violence can be foretold and so pre-empted: *they know what we will do, even if we do not*.

In this world, the responsible 'Precrime Unit' develops powerful primacy in society's wider policing and justice activities: indeed, these other agencies become often redundant as Precrime's prediction is vaunted to be so accurate that only swift elimination of identified deviants is necessary: other evidence or considerations can be discarded. The vast number of identified precriminals are then necessarily and safely stored in a state of suspended animation. Murder rates drop to almost zero.

Precrime's intelligence derives ultimately from a rare human source. Neuroscientists have found that some people, otherwise regarded as ill, have harvestable and remarkable powers of prediction and prevision. It is these individuals that the Precrime Unit uses to feed its computers which then amplify, collate and systematise the preternatural premonitions.[2] So it is that computers keep society 'safe'. The conscripted prescients are called 'Precogs' and are kept immobile in harnessed

captivity in the secretive centre of Precrime, their cerebrally implanted sensors streaming continual electromagnetic clues to construct the essential pre-emptive formulations.

Precrime's almost incontestable power flows from its supposed infallibility. But this depends on the concealment of an important truth: Precogs' power of prediction is hypothesised to reside in a *group-mind*, yet some individual Precogs are markedly discrepant – providing dissenting prophesies that are at variance with the majority – *outliers* responsible for monikered 'Minority Reports'. To protect Precrime's assumed infallibility and omniscience any Minority Reports must be either suppressed or, more exceptionally, leashed firmly to political ends. They are *never* for public consideration: the system's inconsistency – and thus fallibility – becomes a dangerous secret…

In this fictionally dystopian realm – as we have seen so often in the world we really inhabit – it becomes clear how powerful knowledge, when sequestered and concealed by an elite, rarely leads to socially beneficent, cooperative enterprises. What emerges instead? It is here that Dick's parable of the insidious malignity of forensic science turns more menacingly corrupt: a political enemy of the chief of Precrime infiltrates the system in order to eliminate his opponent. He will do this by the construction, and then possession, of the 'infallible' foreknowledge of a crime his opponent has not yet committed…

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I needed several days to digest the meaning and significance of *Minority Report* for me: how it could help me better understand my profession's unprecedented collapsing morale, trust and fraternalism.

Dick's forensically thrilled Sci-fi story may be more than sixty years old, yet reflects so much of our current follies and predicaments. For example, Precrime's mission to make society safer was vaunted as incontestable, but its 'success' in implementing this led inevitably to many innocents, wrongly accused, being arrested and held in a state of suspended animation. Precrime then became deliberately corrupted for political ends. The safety net becomes a garrotte.

How often, in recent years, I have heard equivalent tales from NHS doctors…

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Shortly after reading this I tell V of my fortuitous discovery of *Minority Report* and my views of its sharp relevance for us, now, in healthcare.

Contemporary China, we consider, is not alone in developing such a pre-emptively compliant regime. We can, evidently, foster it here, too. What V and so many others describe are the germ-cells of much the same process, albeit smaller-scaled and more subtle.

V and I have kindred experiences: in the last few years we have both seen how authorities, to eliminate risk, have refined IT systems to command, track and monitor more and more behaviours and events – *micromanagement*. Authorities'

investment – both financial and human – has increased in order to control professional milieux and individuals, so *preventing* the putatively undesirable or dangerous. Regulations and inspections thus proliferate to ensure *compliance*. Expediently, we develop simplistic, authoritarian systems where compliance (or obedience) confer innocence, but non-compliance (or defiance) means guilt.

'So it's like the concept of Original Sin: we're guilty unless and until we seek absolution from the authorities. And we can only get that by our pledges and rituals of submission and obedience … and then, as their requirements increase – however unworkable or irrelevant we might consider them – so too does our potential guilt and need for absolution… It's kind of horribly brilliant: an inflationary system of policing and judiciary! Who on earth benefits from all this?' concludes V, glumly.

'No one!' I retort with impulsive finality, only to retract a little, 'well short-term, I suppose, there are winners and losers. The governing authorities – the *definers* of problems, of right and wrong – are the short-term 'winners': they are privileged to decree: "these are the problems and this is what you must do. If you are obedient you are virtuous; if you demur or defy you are a sinner." Clearly many others then become the losers: blamed or eliminated.

'And our ever-tighter procedures of appraisal and inspection are like the Precrime Unit: they, increasingly, are concerned not with what we actually do in reality, but with what *they* say we *might* do if we become non-compliant with their ever-expanding preventative regulation. So the authorities – the custodians of the good – see it as their responsibility, their *duty*, to protect society by acting pre-emptively:

our larger society's safety and wellbeing depends on their pre-cognisance and elimination of outliers… That's the official illusion, or is it delusion?'

V snips sharply at my long thread: 'So our management controls us more, trusts us less … and more and more of us are threatened with elimination, or, if we are 'lucky', suspended animation… Ever-more management and then a dangerous lack of practitioners who cannot cope with what's left – that's what's happening!', V seems almost absurdly relieved by the clarity of this fatal equation.

'Yes, it is that bad. And it gets worse, V.' I grasp this succinct understanding and want to connect it back to my longer thread. V is tiring but still receptive.

'Well, in *Minority Report*, any evidence inconsistent and inconvenient to the authorities is "lost" so that eliminations can be executed more quickly and unopposed…'

V links this to his recent, local experience: 'So a lot of practices get caught and incriminated *in order* for Precrime authorities – the Care Quality Commission or whatever – to say "We're doing our job! We're catching many bad people. You need us!".

'It gets worse still. As in Dick's story the flaws in such righteously assumed omniscient power will often corrupt it…'

'That's quite a mouthful! What do you mean?'

‘Look, it’s bound to happen: the system’s power and vaunted infallibility becomes usurped, by other – often personal, financial or political – concealed agendas.’

‘Some examples?’

‘OK. Small practices: many well-liked and for a long time. You’ve seen how they’ve been picked on, been ambushed by hostile carefully selected collections of “evidence” and then closed down … or offered “honourable” terms for organisational suicide. That’s NHS Precrime for you. You could be next. And what’s more…’

‘No, Stop!’ V’s shoulders now sag. I am saying too much. Not just about the weight of his present, but a crushing future I am unwrapping. He is signalling bad-omen-saturation. He turns to the computer, restarts it and scrolls to retrieve something saved. He points to a screened image.

‘Here. Look at this. It’s the 2002 publicity poster for the Stephen Spielberg film of *Minority Report*. The story you told me about. But look. Look at the bottom line caption.’

I gaze at an image of a 2054 darkened cityscape. The scene is centred by the handsome profile of the fugitive hero-figure, who must pit his wits against a Precrime Unit that has turned malfeasant. Across the lower screen is emblazoned the film’s title, *Minority Report*. Below this V^3 is pointing to a subtitled line.

It says simply, *EVERYBODY RUNS*.

V gives me a slow, intense, fraternal look. ‘Quite’, he says.

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As for the Future, your task is not to foresee, but to enable it.

– Saint-Exupéry (1948) *The Wisdom of the Sands*

Postscript, January 2021

Eighteen months after this meeting, in June 2018, V described being pressured into retirement from his small practice, which was rapidly amalgamated into a much larger ‘hub’ practice. This was expedited with remarkable rapidity and efficiency by the authorities and followed a long period of mounting officious demands and allegations from those authorities (NHS England and the CQC) recurrently reported by V. He believed – as did many others – that this was part of a much larger and well-prepared clandestine plan to close down small practices. He resisted these

forces for many months but eventually buckled with exhaustion and surrendered. Patient protest was initially spirited but disorganised: it eventually tired and dispersed in the face of absent, dissembling or obscure official responses.

V, wishing to somehow extend some vestiges of his previously satisfying working life, was employed as a peripatetic locum for two years. He found this work lonely and personally unrewarding and sorrowfully took recent early retirement, just before the Covid pandemic, in early 2020.

In December 2020 V wished to offer his services as an NHS Covid vaccinator for the newly-launched campaign. He was informed he would have to submit up to 21 qualification documents demonstrating proficiency in such things as conflict resolution, equality and human rights, preventing radicalism, data storage awareness and fire safety.

V has again retreated, probably for the final time.

References and footnotes

1. *Minority Report* was originally published as a short story by Philip K Dick in 1956. Stephen Spielberg made a film of this in 2002.

   Dick's original story is bold and almost uncannily accurate in its predictions. This is all the more remarkable when we consider the 1950s' world of technology that Dick inhabited. Spielberg's film version certainly offers a visually compelling futurama. Likewise his precise depiction of the necessarily elaborate likely technology is a development of Dick's story.

   Many, though, are critical of the film's complex, tangled secondary plots arguing that these subtract and distract from the sparer brilliance of Dick's prophetic parable.

2. Spielberg's film depiction of this is possibly his best contribution to Dick's much earlier original story.

3. Dr V is real and, at the time of this article's first writing (February 2017), was alive and was not yet put into suspended animation. For his protection he is here disguised.

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