Part II. 2017

Neither 'tongue tied or twisted but an earthbound misfit'

– Learning to fly, Momentary lapse of reason
Pink Floyd 1987

In my original Introduction, several years ago, I remarked on how David Zigmond was a well-intentioned 'black sheep', somehow surviving within the NHS family. Since then, he has done what all black sheep were destined to do in biblical times (ie get pushed off a cliff or, at the very least, provoke exclusion from the herd). Black sheep are not known for toeing the line and doing things exactly as required by the 'herd'. Consequently, herd representatives (in his case the Care Quality Commission) pushed him off a cliff in instructively spectacular and precipitate fashion.

Since writing the Introduction in 2010, this website has expanded greatly, with many new writings probing diverse aspects of our current healthcare. But here I wish to confine myself to Zigmond's writings and challenges addressing our new style of General Practice.

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Unfortunately, these days we are seeing how bucking the trend can have such dire consequences. This seems to be the case in any of our micro-managed welfare services. So, Zigmond wanted to continue to practice 1980s' style general practice – by providing smaller scale, longer-term, personal understanding and holding that comes from *personal continuity of care.* This increasingly ran counter to the prevailing ethos in the emerging regime.

This changed ethos is rooted in authority structure. This is worth understanding. We now have locality group management, currently Clinical Commissioning Groups (CCGs). The idea is that a person with complexity or multiple needs will be engaged by a coordinated and communicating large team of multi-disciplinary support – from health, housing, social care, education, psychology, fitness, arts etc – as deemed to be needed by each individual and provided in the community or home setting. This is conceived to function like a network of factories. So Commissioners of such allied services increasingly require all the relevant agencies – primary care, secondary care, community care, social care, housing, education, leisure and fitness etc – to coordinate and comply to such multi-agency managed teamwork. The now commercial-style contracts depend upon such compliance.

What does all this mean? Like many an architectural model, conceiving it and living in it may be very different. Zigmond has long offered sharp and deep critique. In 2005 he warned of incipient *Technototalitarianism* in *Edward Shot in His Own Interest* (Article 19). Since then he has documented how this process has become rampant, and then responsible for many wider problems. In *From Family to Factory* (Article 31) he charts how fraternal bonds of trust have given way to contractual items of employment, how professional responsibility and judgement have been displaced by *REMIC* (Remote management, inspection and compliance), how corporation is on the march, leaving vocation as a dying sentiment, how the system so often loses the individual.

The official line is this: by *removing* the traditional, more autonomous small practices and their alleged lack of inter-agency communication, it is expected that care will improve and patient satisfaction increase. But there is little evidence that this is happening. Indeed, it is becoming increasingly rare for patients to speak as warmly of their 'local care network' as they did of the better traditional family doctors.

So what will become of General Practice? What will this work be? And who will want to do it? The current trends are not encouraging: poor recruitment, career abandonment and earliest retirement are clearly blighting our workforce. And, tellingly, most GP trainees these days are opting out of GP partnerships and preferring to work as salaried assistants and locums. Why? Probably because they realize this is the best survival mechanism in a more competitive and authoritarian world that will expect them to work until old age.

We certainly live in 'interesting times' and Zigmond's observant musings continue to be evermore pertinent.

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Both this outspoken author and myself were deeply influenced by the earlier work of Michael Balint, who helped us explore unobvious aspects of personal meaning, attachments and relationships in both the sick and caring roles. Many practitioners had their hearts and minds nourished, stimulated and fortified by this approach. But it does not fit well with current mandates to

standardise, commodify, proceduralise and measure, so it is being killed off by the culture. Zigmond – despite this inimical institutional environment – has remained very publicly and tenaciously adherent to our earlier values.

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So, this cliff-edged black sheep – David Zigmond – did he jump, or was he pushed? I will not pre-empt your judgement with my own. I urge you, though, to read *Section G* of this website – his narratived account and correspondence with the authorities. Whatever the answer, the questions are fascinating.

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André Tylee. July 2017