Post Mid Staffs:[1]

A Plenitude of Platitudes

David Zigmond

Can the harmful excesses of depersonalisation in healthcare be usefully addressed by further redesign of systems and management? Or do we need a different kind of thinking and vocabulary?

The worse the economy, the better the economists.

Likewise, Post Mid Staffs, we are now blessed with a tranche of experts who talk confidently of management designs that can lead us quickly to the clear, Sunlit Uplands of healthcare.

In the last week[2] we have heard, for example, from Nick Seddon,[3] Geoffrey Robinson[4] and Lord Ara Darzi.[5] All talk in a similar revelatory manner from a common stock of maxims and metaphors. Here are some: 'Greater transparency', 'opening up the cutting edge of practices', 'celebrating and rewarding success; identifying and rooting out underperformance', 'turbo-boosting quality', 'putting measurement at the heart of safety culture', 'improving workforce by enforcing links between pay and performance', 'zero tolerance of failure', 'centralised systems of reporting and review': all these sound-bitten imperatives are late seedlings of Jeremy Bentham's Prisons' *Panopticon*[6] and BF Skinner's behavioural carrots and sticks. This history of attempts to systemise and control human behaviour is instructive: limitations are evident.

What these pundits seem not to consider are the aspects of caring that involve ethos and vocation: imaginative empathy and compassionate attachment. Their offerings seem devoid of any philosophy of pathos or ethos: how and why should we care for one another? What motivates altruistic transcendence?

It is such psycho-spiritual considerations that seem, to me, glaringly absent from the current debate and – most importantly – from the system we have created – the culture that then creates such dissociated, alienated atrocities in healthcare. Perversely, our pundits then offer us yet more depersonalised thinking to counter depersonalisation.

For all its more primitive technology and heterogonous management, I found my previous decades of work in NHS healthcare far more personally imaginative responsive and respectful.

In our impatient quest for Welfare Services efficiencies, we have compressed our welfare to behave like object-spewing factories. Such industrialisation has expediently jettisoned our human attachments, connections and understandings. Offered here is an alternative assortment of maxims that can help us re-route our culture, so that we may re-root our humanity in healthcare:

- If we like our work and find it interesting, we will do it well and willingly.
- Such liking and interest often involves the gratification of seeing our work's longer-term evolution and personal effects. Deeper satisfactions, too, are often personal and holistic: conversely, fragmented, short-term work offers little of these.
- Encouragement to draw on our experience to make intelligent creative decisions is likely to engage and develop our best qualities. Submitting to endless committee-designated diktats does not.
- We thus prefer flexible and collaborative working arrangements rather than those that are rigid, competitive and divisive.
- If we get know people well, we will be well-motivated to care for them. The more you see of someone, the more of someone you see.
- If we do not know people it is far easier not to care, or even to collude with harm: History has innumerable examples prior to Mid Staffs.
- People who feel attached, interested and positively personally engaged need relatively little disciplinary or motivational management.
- In contrast, it is very difficult to get good work from people who do not enjoy their work, feel attached or positively, personally engaged: these are primary deficits, and no amount of regulation, management, training or financial incentive will rectify them.

Figure: Imaginatively compassionate healthcare – some guiding caveats and principles

Looking back, I can see that it is such notions that sustained and nourished my generation of better practitioners over long, gratifying and appreciated medical careers. Such ways of thinking of, and relating to, others used to grow naturally from certain kinds of culture and education. They fare far less

well in our current forced march to homogenised and hegemonised management or trainings.

Sticks, carrots and Panopticons are often poor motivators for the more complex aspects of human care.

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Healthcare is a humanity guided by science. That humanity is an art and an ethos.

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We must beware.

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[1] Mid Staffs refers to the Mid Staffordshire NHS Trust in the UK, which has been clearly exposed, in numerous cases, of flagrant and gross neglect of care of vulnerable, usually elderly, hospital in-patients. Many of the examples far exceeded privation or indifference of care, and had qualities of active cruelty, even sadism. There is much further evidence that such abuse is widespread throughout the UK NHS, though Mid Staffs may be an extreme example. While individual responsibility must always be important, the Mid Staffs debacle has raised gravely important questions about the nature, direction and ethos of UK NHS healthcare culture.
[2] The week beginning 18/2/13. The quotes are taken from newspaper articles and media interviews of that week.
[3] Nick Seddon. Deputy director of Reform, an independent think-tank.
[4] Geoffrey Robinson. Businessman, management guru and TV presenter.
[5] Lord Ara Darzi, chair of the Institute of Global Health Innovation, Imperial College, London. Previously a Minister of Health.
[6] Jeremy Bentham (1748-1832) was a philosopher, jurist and social reformer. His Panopticon was a design for prisons, enabling the jailers to have constant view of all their prisoners.

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