Our unravelling general practice is a neglect of human ecology

At the end of September three veteran GPs wrote a letter, published in *The Guardian* (*Without action, general practice faces extinction*, 28.9.21). Their view expresses the understanding and anguish of almost all GPs who served in a previous era of greater trust, satisfaction and vocational spirit. The authors point to a rather tragic and growing current paradox: as older practitioners face our own accumulating vulnerabilities, we know that we will not now receive the kind of personal engagement and attention that we strove to provide for others. What those three veteran doctors do not make explicit is the crucial fact that their long careers were anchored in personal continuity of care. This dying aspect of NHS services was the essential nutrient that enabled the profession's healthy viability. It was also a bonding agent that gave us cohesive resilience in humanly complex and difficult work.

That personal continuity of care, of course, depended on *relationships*, and it is important to recognise that those relationships could only grow from roots in stable working communities, small enough for people to get to know one another – and so develop (now vanishingly rare) bonds of trust, comfort and understanding. That is how we could best look after, and look out for, one another – patients and colleagues alike. It was this trusting culture of personal familiarity and responsibility that motivated and sustained the erstwhile better general practice: for several decades it generated high morale, recruitment and satisfaction rates (among both practitioners and patients).

What has happened? Well, such humanity-rich culture has been deracinated by thirty years of serial 'modernising' reforms increasingly modelled on competitive just-in-time manufacturing industries and policed bureaucratic compliance. The destruction of our colleagueial and community-based personal networks has left us with an alienated noone-knows-anyone-but-just-do-as-you're-told behemoth. We have replaced the more naturally-grown human heart of practice with a market-sourced mechanical one of service delivery: one that can count but cannot value or perfuse. The unhappiness with this – among both practitioners and patients – is now rife and hazardous. This is a problem of unviable human ecology, and was gathering long before Covid.

Any remedy requires far more than the promised increase of funding or trainees: we must first re-comprehend the distinction between commissioned manufacture and vocational care, and then we must carefully replant and safeguard that vocation and care.

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