

**Introductory note** to *Death by Documentation*. Post-scripted March 2023

As 2016 recedes from our current healthcare turmoil, it is worth revisiting certain harbinger-events from then. What follows is one of them.

*Death by Documentation* is a long piece employing descriptions of context and dialogue to convey its then-current events. Vivid narrative and searching analysis capture rapidly unfolding events that have become emblematic of our increasingly ailing Welfare system: the story here is of the forced demise of a long-established, small and traditional 'family doctor' GP Practice of great popularity.

More would surely follow.

On one level we can dismiss this narrative as one of innumerable tales of pathos and bathos: of the passing of all things; of the insistent sacrifices demanded by 'progress'; of the inevitability of decline and death; of our struggle and protests against fate on our way to any kind of resolution or resignation.

All of these may be true of the following tale, yet it has also more specific and alarming messages for us. For although this is one man's personal account of a relatively short period at the end of a very long career, it is also a sampling-microcosm of gathering cultural changes and losses.

Some background here. The author – a veteran medical practitioner – has been a prolific champion of personally suffused and holistically imaginative medical care for several decades. Throughout that time he held his position as a tenaciously

vigorous – though always courteous – critic of successive healthcare reforms that have progressively depersonalised, proceduralised, industrialised and monetarised the life out of many healthcare workers' work. He recurrently warned that unmitigated insistence on technical and corporate compliance and efficiency is bound to lead to a dangerous destruction of human bonds and matrices, and this destruction will eventually escape beyond our capacities to either understand or repair such losses. It is a kind of perverse endorsement of his views that the denouement of his marathon efforts was to be extinguished by those very forces he was trying so assiduously to engage in dialogue – that those forces eventually could respond only by silencing the conscientious objector.

The pages of the following article record the last stages of attempted dialogue between a practitioner who wished to be a vocational and personal *Family Doctor* and his employers who wish to contractually manage a *Primary Care Service Provider*. As our NHS progressively lurches and sickens, that difference is worth reconsidering.

Our erstwhile Family Doctor had an accepted professional ethos and *modus vivendi* which said: 'I need the autonomy to make the best judgements, and take responsibility for the best care for each individual patient and my working environment. Generally, management is there to provide cooperative support.'

In contrast, the Primary Care Service Provider would say: 'Almost all my work is now itemised, coded, prescribed, regulated and monitored. Decisions are largely made by remote committees of "experts" who then expect us to comply to their

templates. We, therefore, are largely relieved of skilled judgements: the cyber-authorities have decided for us. I do what I am told.'

Certainly there are some technical gains from such management, but the egregious losses to patient and practitioner experience indicate that our overgrown managerial culture has become damaging beyond sustainability.

You will see in this very lively account how a practitioner was pitched coercively onto a battlefield on which he could not prepare, arm or manoeuvre himself: the outcome – so carefully prepared by management – was certain.

This small yet emblematic battle – between personal vocation and institutional directive, between the individual and the State, between conscience and compliance – was inexorably lost to the practitioner. But the issues at stake are, if anything, strengthened by this loss.

Since 2016 the issues raised in *Death by Documentation* have become yet more urgent.

How do we respond?

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