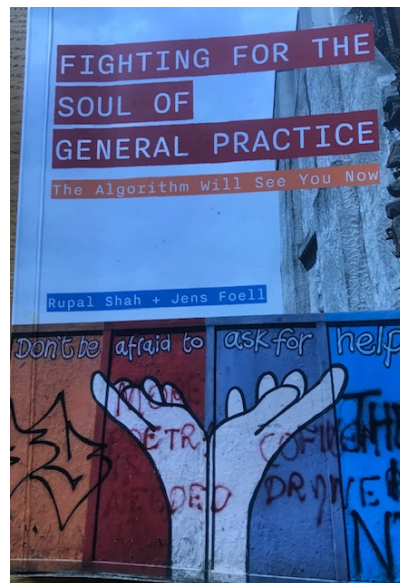


All is not lost (yet):

Some warm and sharp wisdom from two tenacious GPs

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Two GPs – one inner city, the other small rural town based – together describe their working lives and dilemmas in an increasingly micromanaged and cybernated service. Their accounts bring both profound consternation ... and hope.

How important is personal contact, knowledge, and understanding to medical practice? And what is the price for not heeding this? These are the central questions that anchor this very engaging book, which deserves wider readership, well beyond healthcare professionals.

There have been several previous works in recent years written by NHS doctors (including this Reviewer) asking such questions. All have demonstrated how so many of our recent ‘modernising’ reforms have side-stepped these issues, incurring much secondary damage. All concur that this has led to substantial loss of capacities – both in individuals and institutions – in both diagnostic and therapeutic effectiveness. *If we don’t know people, we seriously impoverish our opportunities to understand or influence.* So the very reforms that are intended to bring streamlined efficiency and economic savings have, paradoxically, all too often, brought us quite the reverse. Healthcare staff are besieged in the subsequent chronic crisis: increased stress-related morbidity, career abandonment and alienated-demoralisation ... are all now thoroughly documented and research-validated. Likewise the interlocked service failures leading inevitably to patients’ hazards, dissatisfaction and distress.

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So what is the distinction of this later book? And what makes it now worthwhile?

This is a joint-authored book by two long-serving, enduringly anchored GPs – one in inner London, the other in a small North Wales town. Their view, from general practice, is demographically diverse and widely-scoped: mental health, multi-

morbidity, frailty, terminal care, disorganised / disorganising patients, over-diagnosis, the place of systematising bureaucracy...

It is the last of these that most constitutes the *Leitmotif* of this book: from their very different practices both Shah and Foell have had to buttress themselves against those over-arching forces of mass-managed standardisation, regulation and digital codification that have demoralised and driven out so many of their peers. Yet these two practitioners have not just endured and survived; exceptionally they seem to have *thrived* – managing somehow to combine the digitally-savvy and cannily-complicit with the erstwhile personal connections and understandings of the earlier analogue era. They both describe vividly the difficulty of swimming against such strong tides. For buoyancy they refer – recurrently – to their cherished professional *raison d'être*: personal continuity of care, the relationships they can create and sustain. These seem to provide much of their considerable idealistic stoicism and robust dissent. This struggle is encapsulated in the book's title *Fighting for the Soul of General Practice*. They know that, like our bodies, our medical practice needs an inherent soul to confer vitality and meaning. They also know that we must now fight to restore and protect this powerful-yet-so-vulnerable element. *The Algorithm Will See You Now* – the book's subtitle – is only faintly ironic in its prophecy and warning of a thoroughly soulless system. The cybernated coding, streaming and management of consultations and contacts in healthcare – like industrialised ocean fishing – now continues to grow alarmingly, heedless of its evident collateral losses and damage.

In all this wide-ranging complexity Foell and Shah's writing is remarkably lively, clear and readable. It is crisp and precise when surveying data and evidence; impassioned yet respectfully boundaried when arguing for values; lyrically resonant

when describing their work's imperilled gratifications; candid and contemplative of their own personal foibles and limitations; movingly graphic and imaginatively descriptive in their many and detailed accounts of their professional encounters.

Their messages are certainly weighty in importance, substance and relevance, but the writing's artful candour and playful directness make ingesting such solid fare a stimulating pleasure.

Here are just a few brief samples of their personally viewed yet widely observed writing:

To start:

'To practise as a GP is a huge privilege, one which has allowed Jens and me to be immersed in the lives of our patients and in our communities for the past two decades. It is not a job which should ever become solely technical and transactional...'

And then a respectful recognition to the departed, the erstwhile (better sampled) GP:

'... who knows the family, the one who will go out for home visits, the one with the longstanding patient relationships made up of many brief encounters. An individual who will give personalised care, instead of generic advice that could apply to anyone...'

But their retrospect is not rose-tinted; they clearly acknowledge:

'The old-fashioned family doctor's perceived omnipresence was often at the expense of family, burnt-out and sometimes dubious practices which neither the patient nor the state had sufficient agency to challenge.'

So we have a tricky balancing act, an inherent paradox:

'... that all clients are to be treated equally while at the same time the professional should be responsive to the individual.'

The governing authorities' response to this increasing and inescapable modern healthcare predicament is to develop and hegemonise the 'bureaucratic-scientific method'. But this kind of control overgrows, and then:

'... burnout emanates not only from working within scarcity. It is also linked to moral injury – continually behaving in a way that is in conflict with our values, and with no agency or prospect of changing things. Healthcare systems can (then) turn out to be anonymous, generic, brutalising and cruel...'

All these quotes came from the book's first five pages; the ensuing two hundred and fifty continue to elaborate such notions with similar clarifying intelligence, robust grace, pragmatic insight and compassionate imagination for both our shared and own our very particular predicaments.

The last of these – compassionate imagination – is particularly evident in their many and outstandingly arresting case studies: they are often beautifully and affectingly novelistic.

Fuell and Shah's landscape survey is certainly very troubling, but with authors and practitioners like this *Fighting for the Soul of our healthcare*, I am now heartened and more hopeful.

All is not lost (yet).

Fighting for the Soul of General Practice. The Algorithm Will See You Now. Rupal Shah and Jens Foell. Intellect (2023)

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