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Love's Labours Lost: Why Society is Straitjacketing its Professionals and How We Might Release Them

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Report by Jennifer Trueland

The human touch has always been an important part of being a professional – yet this is being put at risk by an increasingly mechanistic and target-driven world. Dr Iona Heath, a leading GP thinker, believes something extremely important has been lost.

Professionals have traditionally been trusted to do their best for individuals, responding to their humanity, and making judgments based on experience and trust. Yet today's world wants them to work in a far more standardised way, driven by targets, protocols and the needs of a generalised population. This is bad for professionals, and bad for those they serve, said Dr Iona Heath.

Having been a GP for more than 30 years, Dr Heath acknowledges that when she talks about 'professionals', her knowledge is mainly of those working in health care. When talking about how society is 'straitjacketing' professionals, however, what she has to say applies equally to teachers and social workers and, indeed, to any group previously described as 'public servants'.

Dr Heath painted a picture of a Britain where professionals aren't what they once were: they have been transformed into 'units', expected to behave in a standardised way, and the same goes for the members of the public they are there to serve.

Talking of 'love' (as in the title of the lecture), Dr Heath explained that she meant it in the sense of the Greek word 'agape', which she defined as the "disinterested but unconditional commitment displayed by professionals". Clinicians must be able to 'love' their patients as well as the populations they work with – comprehending the world in emotional as well as epidemiological terms, she said. In other words, they must be able to see and empathise with individuals, as well as looking at what's best for the population as a whole.

She quoted John Berger, author of *A Fortunate Man* – which she called "the best book written about general practice" – who, describing a country GP, wrote: "his satisfaction comes from the cases where he faces forces which no previous explanation will fit, because they depend upon the history of a patient's particular personality." Writing almost 30 years later, however, Berger said he had come to "mistrust most doctors because they no longer really love people".

So what changed? In Dr Heath's view, what came in between, in the government of Margaret Thatcher, was a nadir for the politics of hope, inclusiveness and social solidarity.

The economist Julian Le Grand, who was Health Advisor to Tony Blair, has written extensively on social policy. He compares a ‘central economy’ – in which professionals are seen as ‘knights’, acting altruistically, while those receiving services are ‘pawns’, passively grateful for the services they get – to a ‘market economy’ – in which pawns become ‘queens’ because the customer is always right, and professionals are recast as ‘knaves’, seen as acting in their own interests unless constrained by regulation.

“When I embarked on my career in 1974, to be a public servant was to be doing something good,” said Dr Heath. “By the end of the 1980s the same role had become, through a painful and demoralising process, somehow despicable. What had disappeared”, she said, “was any idea of a ‘gift economy’, where professionals could be knights, but recipients could be queens – once altruism wasn’t recognised it began to disappear”.

What was also lost in the Thatcher years was the sense that professionals were working along the frontiers of the future, and that mistakes were inevitable however hard one tries. There is little sense that politicians understand what it means to be a professional, she said, nor do they understand the sheer scale of the work that those in the health service do. All the trends have led to a crude reductionism in science and economics: both deal in false certainty, and both fail to recognise subjectivity, either in professionals or the recipients of services. Reductionism treats the body as a machine, disconnected from human suffering, and doesn’t acknowledge that there are actually no easy answers, and that you can’t reduce everything to an algorithm. The illusion of certainty – the idea that there are always right answers – becomes the basis for control and coercion, she said. She quoted Nobel physicist Wiener Heisenberg, who pointed out that scientific knowledge only covers a tiny part of reality, and that “the other part that has not yet been understood is infinite”.

False certainty closes down curiosity and constrains the reach of our minds, Dr Heath added. Professional power is waning, and has been replaced not by patient empowerment, (which has also been diminished), but by corporate power. It is in the interests of corporate power to replace both patients and doctors with replaceable ‘units’, one of which needs healthcare, while the other provides it. This is leading to a move to a system of care driven by paper and computers, rather than by touch. It also, incidentally, leads to lots of profits for corporations. This is in the interests of global capital because standardised patients and professionals mean markets are maximised; it’s also good for politicians because it’s easier for them to control.

The exercise of power always breeds resistance, however, and results in the Hobbesian situation in which rational beings try to find ingenious ways to avoid complying, which can mean manipulation of the system, which in turn can scupper political intentions. As part of control, Dr Heath added, the rhetoric of ‘risk’ and ‘safety’ has become very powerful, and now trumps other aspirations such as allowing children to explore and learn from their own experience. We’re encouraged to avoid risk, and lead ever-more regulated lives, “devoid of fun and thrills”. Standardisation of professionals is seen as a good way of managing risk and improving safety because it eliminates the worst of practice. But if it also wipes out the best, is this really the way we want to go?

There are clear dangers in the rigid application of protocols based on general populations to individuals – it’s a way of eroding sensitivity, flexibility and innovation in the way that care is delivered. Surely we shouldn’t be stifling creativity in professionals or in patients?
“We’re too busy ‘doing’ so there’s no time to think”, she said, quoting the philosopher Mary Midgley. Yet it’s only because we don’t understand anything, and can’t control the future, that it’s possible to live.

Dr Heath then turned to the case of Harold Shipman, the GP convicted of murdering patients. The view seemed to be, she said, that because something dreadful had happened,

everything must change. She said she didn't believe the Shipman case had affected the trust between herself and her patients. Patients still went to see their doctors the day after the Shipman verdicts because they needed someone to trust and to care for them. Two wrongs don't make a right: the first wrong was the Shipman murders, but this would not be wiped out by "the increasing surveillance and coercion of doctors". "The idea that trust can be secured by regulation is at best questionable," she added.

An obsession with measurement is trying to define, demonise and coerce 'deviant' behaviour among doctors and patients. But statistics can be used to mask real priorities. For example, we're told we have a pandemic of depression, but depression is actually a reaction to a complex set of factors. To focus on depression as a mental illness, and to fail to address social injustices such as inadequate housing and lack of opportunity, is to fail those on the losing side of society.

Our view of humans as essentially unknowable is further obscured by an obsession with numbers. But we should value 'difference' and individuality in our patients, and in professionals. Professional judgment should not be subsumed to numbers and measurements. Medicine must always balance the technical and the moral, but professional judgment is being crushed between government regulation on the one side and the market forces of competition on the other.

Patients and doctors must be free from coercion. While politicians put the needs of the population above those of the individual, clinicians cannot do the same if they are to retain the trust of patients; they must remain sensitive to individual need. Population-based public health initiatives damage and detract from individual patient care, replacing individuals with something more abstract.

Doctors need several types of literacy: medical, physical, emotional and cultural. But all of these must take place in a context of moral literacy. "Because making professional judgements in the face of uncertainty requires great courage," Dr Heath concluded, "we must do everything possible not to lose the commitment, the courage or the openness that makes up the love in our professional labours."

Questions

Questions ranged from the training of doctors to the value of pathways and regulation.

RSE President Sir John Arbuthnott asked about the education of new doctors. Dr Heath said the obsession with a competency-based education was driving doctors up a *cul de sac*. "Education should be about teaching people to think, but we beat it out of them."

Asked her opinion of the Liverpool Care Pathway (an end-of-life protocol adopted by much of the NHS), and whether we should get back to conversations where people talked about dying, Dr Heath said it came down to trust. If you don't have trust, then professionals have to have roadmaps which are generalised, rather than looking at what the individual needs. "It dumbs down doctors," she added.

Asked what professionals could do to engage with the 'powers that be' to bring about change, Dr Heath said that there had to be a recognition that the professional was accountable to the individual patient. "They are the electorate. We're trying to please everybody and not pleasing anyone." She said that we were probably at a moment in history where numbers had the ascendancy, possibly because of computers. "In 200 years' time they'll be looking back and asking 'what were you doing at the start of the 21st Century with all those numbers?' – it's transparently bonkers," she said.

Failings in care at the Mid-Staffordshire Trust were raised, with the questioner wondering if it would have been unveiled without regulatory systems and 'counting'. Dr Heath said it was people's stories that counted, and that people's stories would raise issues. She said that the macho culture of an NHS which always had to cope was partly to blame, and that policy makers tended to turn a blind eye until something went wrong.

John Gillies, Chair of the Royal College of General Practitioners (RCGP) Scotland, questioned whether the recession and the unsustainability of the current system might make a difference. Dr Heath said she feared the wrong targets may be hit again. In her view, we have to "grow up" about dying, and give up on futile treatments which were becoming "cruel". Instead, we should aim for dignity at the end of life. She also doubted whether mass public health initiatives – such as blood pressure screening for people in their 50s – did anything to improve the health of people who had been the victims of social injustice all their lives. We need to differentiate between demand and need, and to learn to prioritise.

Robert Black, who recently retired as Auditor General for Scotland, said regulators – and numbers – made a difference. For example, following an Audit Scotland report on GP prescribing, the use of generic drugs had increased, saving money without harming patients. Dr Heath said she was "very fond" of numbers, but that she believed in giving numbers to professionals and inviting them to think, rather than using them to coerce or incentivise.

Vote of Thanks

The Vote of Thanks was delivered by Les Bayne of Accenture.