

Dear Editor

## **An increasing hi-tech healthcare? We must beware what we unleash**

Wes Streeting's reported analysis and suggested remedies for our ailing and failing NHS (*UK health minister says NHS needs to make 'three big shifts' to survive, FT, 7/9/24*) has some good sense yet remains substantially short-sighted.

Apart from an essential question of how will his mooted expansion and tightening of services be funded and supported, there seem serious limitations in Streeting's understanding of many aspects of healthcare. In brief, his suggestions may be effective for procedurally curable conditions (treatment-based), but are often unsuitable for those many problems that cannot be decisively fixed (the care-based). This is an important distinction: treatments are largely technology-based and free of human understanding and relationship; by contrast, care incorporates technology into a bespoke of individual relationship and understanding.

Streeting (and many other health pundits) are correct in their championing of more and better technologies and their operators to deliver speedier and better impersonal treatments. This agenda can neglect – relatively – any considerations of personal connection, investment or identification.

Yet, in fact, the bulk of NHS consultations are not of this kind, of being clearly fixable or unproblematically categorised. Consider: disorders of maturation and development; stress-related and psychosomatic reactions; disorders of behaviour, appetite, mood and impulse (BAMI); non-replaceable age-related degenerations; all chronic conditions (by definition); palliative and terminal care. Together these make up the larger part of our primary and mental healthcare. All these become 'people-work', where any science or

technology is skilfully subordinated to attuned understandings of personal experience, relationship and meaning. This is *pastoral healthcare*: here personal continuity of care – whenever possible or desired – is an indispensable ingredient. It is something that, over the past three decades of reform, has been massively displaced – now almost extinguished – by a heedless overgrowth of generic systemisation and digital technologies.

The kind of technologies that are now so indispensable to – say – the highly efficient tracing, tracking and treating certain malignant diseases, are often less than helpful in dealing – say – with a rebelliously recalcitrant and chaotic adolescent diabetic, or an embitteredly grieving widow who turns to drink.

The art of medicine – its care – extends well beyond science, systems and formulae. It comes from personal investment and imaginative identification in, and between, individuals and communities. This comes best from working groups with a scale, stability and ethos that encourages personal familiarity and bonds. In primary and mental healthcare that usually means personal continuity delivered by smaller, more local teams.

Both corporate mass-management and individual vocational spirit have their place in healthcare: the perennial challenge is to deliver the right balance, the right weave. The failure to heed this has serious consequences: our deracination of pastoral healthcare leads not only to a loss of comfort, containment and healing among patients, but of demotivated and demoralised inefficiency in the practitioners. Even our clearly procedural treatments have been shown to be more effective when operating among and between people who can know, and then care for, one another. There is much research to demonstrate this.

For all its inconsistencies and technological primitiveness, our erstwhile NHS was often able to provide pastoral healthcare far more readily. This was due largely to a system that encouraged personal bonds and understandings – for example, small local GP practices

with personal lists, hospital consultant-led firms with designated wards and support teams. We cannot now, of course, exactly replicate those times, but we can re-view them, take and replant their more vital 'cuttings' into our now humanly impoverished and troubled NHS.

Will this new government have the wisdom and courage to do this?

Dr David Zigmond

Executive Committee, Doctors for the NHS