My disillusioned love for general practice … and what we can do about it

I was a GP Principal in a small inner London practice for forty years. For the first two decades I felt blessed: I loved the work – it grew into a kind of vocational marriage. But in the latter two decades the blessings vanished: the love evaporated, and the 'marriage' became, for me, a decline into an ensnarement in coercive control. Almost all my peers felt similarly.

What had happened? And why?

Well, first let me describe the blessings – the earlier happy period. I loved the work because it engaged me on so many levels: intellectually, emotionally, socially and spiritually. Medical science may have been an essential cornerstone, but family doctors could then build out into 'people-work'. This was based on growing familiarity with individuals, families and communities: we knew not just how to treat generically – we knew how best to understand and engage with *this* person *now*. We could offer ongoing witness, buttress, encouragement, imaginative empathy… We could contain and heal beyond mere comfort and technical competence.

This personally anchored and engaging service was much less boundaried and managed than now – GP obstetrics, antenatal care, terminal care and even home visits have almost disappeared. Generally managing and governing bodies did not then intrude into how practices and practitioners operated unless there were clear signs of discontent, malpractice or incompetence.

So GPs were then more autonomous and were freer in what they did and how they did it. The price paid for that was inconsistency and sometimes egregious DSRs (duffers, slackers or rotters); but most GPs were not like that – like me they found the work deeply

satisfying, wanted to do it well, and retired with a sad-sweet reluctance. This was certainly not perfect, but clearly much better than now.

All the indications are that, generally, patients' experiences reciprocated this satisfaction then, and the dissatisfaction now.

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Let's now fast-forward to my estranged vocational marriage, my sense of coercive control. I know that most veteran NHS doctors share these experiences and perspectives.

In the later years of the Thatcher-era – the late 1980s – this erstwhile NHS culture of professional vocation, integrity and judgement was deemed not good enough. It should now be shaped by modern competitive manufacturing industries, financial markets and business gurus. These together would bring greater efficiency and safety by stimulating initiative, motivation and accountability. Serial reforms and devices were then unleashed to yield these: marketisation within the service; automation and digitalisation wherever possible; likewise the diktats for scaling-up, federalisation and standardisation; massively increasing organisational compliance by regimes of surveillance, inspection, proformas and disciplinary measures.

All of these have cost millions. And the yields of these reforms have been opposite to the stated intentions. In a way they are a remarkable achievement: we now have a service that combines the venal nepotism and ruthlessness of capitalism with the unresponsive yet intimidating policed gigantism and Soviet Communism. By heedlessly privileging remotely managed systems over personally invested bonds, both GPs and patients feel adrift, unrecognised, alienated and unvalued … yet highly processed. Our previous

havens of comforting anchorage and affiliation have become like siloed factories. We are restive and stumbling – a Lonely Crowd.

I have had hundreds of conversations and missives from healthcarers and patients attesting to these grievous human losses: they all echo similar experiences to the end-stage failure of my professional 'marriage'. Wider evidence is now ubiquitous.

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What can we do to revive, reclaim and restore our erstwhile better institutional personal sense and sensibility? Well, we need the courage, the patience and the resolve to selectively dismantle or radically prune many of our neoliberal-commercial-industrialising reforms: the Internal Market has to go; likewise most corporatisation of ever-larger general practices; smaller local practices with named GP partners should be encouraged; likewise the ambience of practices – they should be friendly places for comforting and guiding affiliation, not merely impersonal hubs for contracted service delivery procedures.

If you wish to pursue such suggestions, have a read of Section 10 is *The Perils of Industrialised Healthcare*, The Centre for Welfare Reform, 2012.

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– David Zigmond. September 2024