

A. Professional Profile

David Zigmond initially trained in Medicine in the 1960s. This led rapidly to a lifetime's interest in the often dislocated but creative tension between art and science in understanding ourselves, one another and any effort to be 'helpful'. His explorations led to a crystallisation of predominantly humanistic and person-centred approaches to understanding (medically, 'diagnosis'), and influence (medically, 'treatment').

In the decades following Zigmond's qualification he trained in General Medical Practice, Psychiatry and Psychotherapy (both psychoanalytic and humanistic) – an amalgam then not uncommon, but later increasingly impossible, so now probably extinct. His professional involvement continued in all of these activities throughout his career – both as a frontline practitioner in the National Health Service and in postgraduate education of psychotherapists, doctors and other healthcare professionals.

Zigmond's numerous articles, since the 1970s, investigate often-overlooked social and psychological aspects of care. The developed perspectives combine, particularly, the pragmatically humanistic with the accessibly philosophical. The resulting appeal, for disciplined and imaginative eclecticism, is more compatible with traditions of liberal education than with the current forced march towards policed, industrialised and standardised training and regulation.

He pioneered the distinction between *dis-ease* and *disease*, and the use of the terms *psychoecology*, *pastoral healthcare*, *headspace*, *heartspace* and *technototalitarianism*: the elaborated themes run throughout his many writings. Zigmond's later attention to the rising

tide of professional demoralisation and fracturing of fraternal relationships in healthcare led to his identification of **REMIC** (remote management, inspection and compliance) and gigantism as being crucially problematic. He further identified **4Cs** (competition, commodification, commissioning and computerisation) as especially culpable for our growing depersonalised losses.

Articles and letters since the millennium return repeatedly to this theme: that growing trends to the schematised mass-production of healthcare have increasingly (if unwittingly) displaced quality and continuity of personal engagements, and thus relationships. This has egregiously damaged not only the foundations of pastoral healthcare, but professional morale, spirit and fraternalism. The seriousness and complexity of these losses can only be rectified by first increasing awareness, and then public debate.

Zigmond therefore argued for many years that increasing mass-management, then micromanagement, beyond a certain point becomes increasingly inimical to personal healthcare: that such displacements, by excessive control and standardisation, was unconscionable and should be resisted. After nearly forty years, his small and very popular NHS General Practice was forcibly closed in 2016 due to admitted failures to submit to a new raft of compliance regulations.

His work in psychotherapy, healthcare education and activism continues.

Such sustained campaigning has needed kindred colleagueial guidance and support. He is a founder member of the Family Doctor Association and the *British Holistic Medical*

Association. Political and organisational concerns are shared in his contributions to *Doctors For The NHS* and the *Centre for Welfare Reform*.

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Central to Zigmond's ethos is the belief that healthcare is a humanity guided by science: that we can only offer our best personal healthcare when we manage thoughtful choreography between philosophy, art and science. His writing reflects this with language composed to be both poetic and precise.

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