

A. Professional Profile

David Zigmond initially trained in Medicine in the 1960s. From this he developed a lifetime 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 humanistic and person-centred approaches to understanding (medically, 'diagnosis'), and influence (medically, 'treatment').

In the decades following his qualification he trained in General Medical Practice, Psychiatry and Psychotherapy (both psychoanalytic and humanistic) – an amalgam initially 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.

His numerous articles, since the 1970s, investigate often-overlooked social and psychological aspects of care. His 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 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 developed themes run throughout his many writings.

His later attention to the 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 identified *4Cs* (competition, commodification, commissioning and computerisation) as especially culpable for our growing depersonalised losses.

So, growing trends to the schematised mass-production of healthcare have increasingly (if unwittingly) displaced quality and continuity of personal contact. This has egregiously damaged not only pastoral healthcare, but professional morale, spirit and fraternalism. Later articles and letters return repeatedly to this theme – the seriousness and complexity can only be rectified by increasing awareness, and then public debate.

Such sustained effort 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 his ethos is this belief: that we can only offer our best personal healthcare when we manage thoughtful choreography between art and science: his writing reflects this with language composed to be both poetic and precise.

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