

**Physis: healing, growth and the hub of
personal continuity of care**

**A thirty-nine (39) year delayed follow-up
correspondence with Sally**

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1 Explanatory introduction

Occasionally benign coincidence far exceeds mere serendipity, as if the cosmos has somehow read and responded to our intent. Receiving the letter was one of those occasions: its primally evocative and illustrative power far exceeds its apparent brevity and plain speaking. This needs some explanation.

First the stage.

For several years I have been increasingly resolute in pursuing qualitative research into the nature and significance of personal continuity of healthcare. I have been led to this by witnessing and enduring the consequences of its progressive loss, especially in the latter third of my professional lifetime. From this has come some understanding. For example, much of this involution derives from the fact that *relationships* are more difficult to code, manufacture, manage, quantify and research than, say, drugs or physical procedures. This is a conundrum. Rather than acknowledging its difficulty we have instead worsened it by creating something of an academic (then economic and administrative) oligarchy from the 'safer' confines of more easily codifiable and quantifiable research and knowledge – the Shibboleths of 'Evidence Basis', a kind of nouveau riche Ruling Class. This newer and narrower culture then often wreaks blind damage because subtle, and thus less measurable, aspects of care then become liable to indifferent neglect or, worse, rationalised hostility and exclusion. In this arena of collateral damage the loss of personal continuity of care is one of the most important and egregious examples. When I was a young practitioner I was encouraged to develop and nurture this earlier longer-term and personal approach. I did not then perceive the probability of its extinction.

Now, the events.

I am perusing a letter, one of many: there are always more. My eyes scan for the sender, semi-consciously, to decide on priority and degree of attention. The name galvanises my distant memory. I then search for other details, to confirm my guess: it is correct.

I have not heard from Sally for thirty-nine years. My visual memory quickly yields her face, its expressions, thence to her mien and spirit; I remember a

very sensitive, melancholic and intelligent young woman struggling with her own shadows, intensity and complexity. I cannot remember anything more precise about her symptom-constellation, or her life or family history. I suppose she would be called 'Chronic severe depressive dysthymia': a more adventurous psychiatrist might also risk 'underlying conflicts and struggles with identity formation'.

As I write this I have not refreshed, checked or garnered more details: the account is thus fresh but unrefined. My recollection is that my encounters with Sally spanned about three years and were located in three consecutive Greater London hospitals. I was then a young trainee psychiatrist, very interested in unproceduralised influences of healing. I was certainly receptive to psychotherapeutic ideas but had not (yet) any training. I was only marginally older than Sally and not that differently endowed with resources and problems. I knew this but was able – with care – to sequester 'it' but not myself: our roles were then clearly different – our selves and existential predicaments were not. Her letter, after four decades, indicates a further convergence of our common humanity.

Sally's letter is a pithy personal testament of great power and – I believe – importance to all healthcare professionals. Her clear and candid account is suffused with many themes, all of which merit long thought and discussion. I certainly will not attempt to designate these all for the reader, but instead here briefly highlight themes from the *cultures* of care that include yet transcend we two individuals.

For me, most remarkable is the evidence of how, in those previous decades, we were able to create imaginative, sensitive, flexible services. The best of these could, and did, then deliver a much more substantial *person-centred* continuity of care. For several years I worked with such services: they are now very rare. I remember my supervisory consultants being accommodating and encouraging to provide the flexibility of arrangements, space and time for this therapeutic relationship (and others) to run its course and bear its fruit. This was possible because there were, then, far fewer diktats, rules and bureaucratic obelisks stymying autonomous, responsible judgements of wisdom and experience. In those days coded and hegemonic psychiatric diagnosis was far less important than personal connection and

understanding; care often proceeded down unmade tracks rather than prescribed tarmacked, generic Care Pathways; care was often a delicate dance improvised between individuals rather than an institutional march decreed by academic or administrative committees.

Sally today would be most unlikely to find such continuity of personal containment and accompaniment in any NHS Psychiatric (not Psychotherapy, remember) Services. What she then received may now seem extraordinary, but it was not uncommon then. I am saddened not just for patients, but also for the working welfare of current doctors: few, if any, will have the licence or latitude for such broad, deep or long contact with individuals, or garner the humanly profound and lasting satisfactions.

Some will say that we cannot now economically afford such bespoke services. I do not agree: such care is much cheaper than the kind of anomic, multi-disciplined, multi-teamed approaches that flounder with great expense and poor personal connection in the current NHS. I see this regularly and spend much of my professional time trying to repair the damage. If we do not make good human sense to one another, economic and human costs are much higher.

Sally's letter was a kind of dramatic oxymoron – a shock from the anciently familiar: amidst my current healthcare concerns it rapidly crystallised into a welcome and edifying sense. For the outside reader its private significance for us both is easily imagined. This will produce many individual resonances. Many may identify *Agape*: non-erotic, unpossessive, unidealised love that is probably essential to *Physis*. The institutional and cultural themes invite opportunities for reflection that should not be missed: hence this invitation to greater readership. After contact and discussion with Sally she agrees. This is thus a documentary presentation, and to anchor authenticity real names are used.

I have attached my reply to her largely for human interest.

The correspondence is unedited, apart from the omission of addresses. Claybury refers to Claybury Hospital, then a large psychiatric hospital in suburban East London. It closed about twenty years ago.

2 Letter 1

3 June 2013

Dear David Zigmond

Back in the 1970s I was a patient of yours. At first an outpatient at North Middlesex Hospital and then I became an inpatient in Claybury.

I met John at Claybury and although at the time many people advised against us getting together, we went on to have a happy 30 years. Like everyone we had our ups and downs, had three great kids, Rachel, Paul and Natalie, and now three lovely grandchildren too.

He died 3 days after that anniversary in 2006. I continued my long career in nursing which has changed so much from those early years and in the last decade I focused on palliative care which was more in tune with my own values and beliefs on patient centred care. I retired last year as all the NHS changes finally wore me down!

I'm writing not to just tell you all this information but to let you know what a difference you have made to my life. You really cared, you made me feel like I was important, not just another NHS patient. You listened and believed in me. I don't often talk about that time to many people, but when I do I say how you made me feel safe and I believed that you wouldn't leave me – and you didn't. I left and never told you what a big impact you had on my life and that I knew I would never sink into those dark depths of depression again, I felt healed. That experience influenced every area of my life and work and the person I became.

Radical changes have taken place in mental care over the years but it wasn't just about the system, I was so fortunate to have had you as my Doctor. I don't know how difficult it was in those days to keep me as a patient when you moved hospitals, but you did and it made all the difference. I've never forgotten, it's just taken me a long time and before any more time passes, I just want to say a heartfelt 'Thank you, you saved my life'.

Best wishes



Sally Baynes (Davies)

3 Letter 2

15 June 2013

Dear Sally

Thank you so much for your candid and unsentimentally heartfelt letter.

I very quickly recalled your face and your spirit though, interestingly, I cannot remember your 'clinical' details, your 'history'. It is instructive, what we retain of one another.

I find your letter remarkable for the span of time you recall and the unaffected clarity and veracity of your account. I am deeply gratified and moved that the 'cuttings' I offered you so long ago were cherished, planted and nurtured by you and have steadily borne fruit, over a lifetime. In parallel it has been my conviction, over my working lifetime, that this kind of activity should often lie at the heart of what we do for one another. In these realms most damage and most healing is human.

It sounds to me as if your 'recovery' has gone far beyond the medically mapped realms of 'symptom relief' and 'good clinical outcome'. You indicate that most wondrous and humbling transformation: you have turned your painful burden into a compassionate and healing gift, for yourself and others. It seems that this has cascaded through your marriage to two generations of family, and beyond that to your many recipients of palliative care nursing. All of this is heartening for me, too: our healing and nourishment of one another is often unobvious.

But there are shadows, too, where I also wish to join you. You refer to your 'patient-centred values and beliefs ... being worn down', leading to your retirement (from the NHS). Likewise, your reference to 'radical changes in mental healthcare' making your own previous healing experiences most unlikely now. I resonate with this: such concerns are at the centre of my vocational life.

We are here different in our adjustment: you have expediently retired to your more accessible gratifications of family and grandchildren; I remain contentiously engaged with heroic obstinacy, possibly because I do not yet have grandchildren (though the social and biological machinery looks promising).

It seems that as we get older we find solace and peace in a few simple and timeless maxims: 'Counting our Blessings ... Seeing what is there, not what is not ...'. Simple to say, yet often so difficult to live by. It sounds as if you have managed a great deal.

Your letter has particular and intense value for you and I. But I think it has messages that are universally important, especially for healthcare workers. What you talk of lies before, behind and beyond all trainings, texts, systems, manuals, data and codes which now weary and alienate so many.

With suitable safeguards, could we publish these letters?

Whatever your reply I have found it deeply satisfying to have heard from you in this way: such communications give great difficulties even deeper meaning.

With warmest wishes

David Zigmond

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