

Dear Mr Hunt

'Evidence' is both more and less than it seems. The rise of scientism and the demise of the personal in healthcare

I am writing to you as a long-serving single-handed GP: now an almost-extinct species, but one occupying an exceptional vantage point for length and familiarity. My views, therefore, often have a different emphasis from many of the consulted professional bodies.

I heard a recent interview with you (Radio 4, 19/10/12) in which you talked of 'being led by scientific evidence'. The phrase can sound unarguably sensible and pragmatic: in healthcare it has become increasingly used as a kind of justifying slogan or even shibboleth: measure or perish. But the words 'evidence' and 'led' may be trickier than we realise: a brief analysis may clarify.

Evidence is a highly complex endeavour; its complexity grows with scrutiny. Some general principles can help us navigate: evidence occupies a spectrum of contentiousness – it is much clearer with the inanimate than the human. And with the human it is much clearer with the objectively physical than the experiential. To help tether all this we have *quantifiable* evidence, and this is often regarded as a 'gold-standard' of clarity and certainty. Yet in complex human healthcare it is often difficult (sometimes impossible) to quantify what we are really interested in without introducing speciousness of many kinds. Nevertheless quantifiable evidence now commands such high cultural-currency value that much 'counterfeit-currency' is produced and sought; this 'bad currency' then enters our exchanges to displace an intelligent openness to other kinds of (unquantifiable) evidence.

What does this lead to?

In my view the most serious adverse changes are those of the loss of personal attachments and their understandings. Because these are mostly impossible to measure, standardise or regulate, they cannot be readily turned into the

staples of current NHS managed operations: statistical data, standardised procedures or tradeable commodities. Efforts to do so are now frequent and have often grotesquely absurd consequences: difficult and detailed questionnaires given to the rawly distressed from life-shock or bereavement; poorly understood children from painfully struggling families being didactically diagnosed with 'neurodevelopmental disorders' – these are common follies from our growing medical scientism.

In earlier times – before the ubiquity of computers and our consequent submission to the quantified and the mass-managed – it was far easier for health carers to develop attachments and personal understandings. These were often of great therapeutic value. Good practice then recognised that our capacity to heal, contain or comfort depend on professionally tempered attachments and affections: the better we know people, the better we can care for them. Current trends obstruct such possibilities: rapid rotations of staff and venues, multiple 'hit and run' specialists, generic and anonymised teams rather than named and familiar persons ... With complex and chronic ailments, in particular, these 'management systems' cannot readily offer compassionate and imaginative containment.

The culture of healthcare has rapidly and radically changed. We have incrementally displaced the ethos of a family with that of a factory: personal connections and understandings are increasingly rare; standardised procedures and utterances common. Far fewer people know the name of their GP; in their large Polyclinics GPs cannot personally remember their patients and do not even know the names of their own receptionists. In the large district hospitals Consultants do their ward-rounds with junior medical staff they have never met before, often, seeing patients for a first and only time. Patients – often alone, exposed and afraid – feel unable to express their vulnerability and needs to rule-bound and management-programmed nurses. Such anomie has burgeoned in parallel with the regal rise, then hegemony, of (quantifiable) evidence. This is not coincidental. Yet we also know that our best relationships are largely fuelled by certain kinds of faith, aspiration and ideal – and that none of these could be quantitatively 'evidenced'. We live

with gratitude and wonder for such indeterminate anomalies: our faith lies at the heart of our humanity.

This brings me back to your use of the word 'led': for we should rarely be *led* by scientific evidence, rather we should be *guided*. This means we guard and retain our autonomy so that we may be informed by much else, too. For we need our broadest understandings; we need to be able to discern, and yet assimilate, very different kinds of comprehension and knowledge. In healthcare, as in much of life, wisdom is often the conciliation and choreography of options that are themselves inescapably flawed or limited.

My own slogan is '*Healthcare is a humanity guided by science*'. The implication here reminds us to be, always, careful and mindful of such delicate balances and conundrae. This is not easy, yet to avoid such complexity leads to what we have now: a healthcare rich in provided resources, but cumulatively impoverished of internally generated human connection and understanding.

My voice is experienced, though old: I hope you find some freshness in the views. It would interest me greatly to continue a dialogue. If you, or one of your deputies, want to visit my inner London GP practice you can see *In Vivo* what has motivated and informed this letter.

I have written more fully, in various articles, about the themes I have already introduced: I attached three for your (possible) interest.

Thank you for your attention.

With best wishes

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Attachments:
How to help Harry - Friend or Foe?
The scientific and the scientific in the fog of the frontline
From Family to Factory: The dying ethos of personal healthcare

*Why Would Anyone Use an Unproven Therapy?
Treasures in the Mist*

Interested? Many articles exploring similar themes (including those listed as attachments) are available via <http://davidzigmond.org.uk>

David Zigmond would be pleased to receive your **[FEEDBACK](#)**