

Only personally fulfilled practitioners can deliver good personal healthcare

Interview with Independent Age

David Zigmond

© 2016

Currently the NHS is becoming unendurable for staff and unsustainable for patients. We need a cross-party Parliamentary Review to secure a better future. Independent Age is campaigning for this. This short interview is a small contribution.

A day in the life of...Dr David Zigmond

Dr David Zigmond is a GP in a small practice in London. He has been a GP for over 30 years, and a keen supporter of our Care for Tomorrow campaign. We asked him to describe what an average day at work for him was like.

Do you have any general reflections about your work?

I am grateful that I still find the work humanly interesting and nourishing. As doctors, we often need to create a bond with patients, so we need to safeguard our personal approaches to helping people get better. That is what I most enjoy: building helpful relationships with my patients.

I have trepidation about the direction that the system is moving, making the human element more distant. I believe that we have pushed away many opportunities for personal continuity of care, and yet these are essential to much of our best healing, recovery and palliation.

What would a typical day look like? What kind of patients come and see you?

How long do you spend with them?

We have between 1700 and 1800 people who are registered with our surgery. There are two doctors but only one of us is here at any given time. Of course, not all of those people come in often and the regular patients tend to be the elderly.

Older patients come more frequently because as they tend to have more illnesses. They present variously; some come with a spouse or family member, others come alone. With every patient I try to get a snapshot of their family, current and past lives.

Every consultation is different and the question that I ask myself is how do I deal with *this* person at *this* time? I try and get to know people so that I can get a bigger picture, not just the immediate problem. That way my assessment can be much more accurate and sensitive. I will try and find out if they are lonely or afraid, for example, or if they are worried about something elsewhere.

My appointments tend to last slightly longer than 10 minutes, usually up to around 15 minutes. Having slightly longer appointments can sometimes save time in the long run. Sometimes we're getting to the end of the session and someone wants a bit

more time: if it's very simple I will be able to fit it in. If it's complicated, I will encourage them to make another appointment. This way I can give them my best attention, as opposed to rushing a diagnosis or important conversation.

What is the best thing about your job?

Making imaginative human connections, being able to have a meaningful dialogue with people and to have helped them as a result. Everyone is different and although there are similarities in illness, you must get to know the *individual* in order to look after them properly.

What is the worst thing about your job?

There is less and less time for intelligent skill and judgement. Practising medicine has become a directed treadmill and there is a constant pressure to comply to management protocols and targets. So we always are commanded by 'processes'. This can cause tensions between colleagues when decisions are made based on *impersonal* process as opposed to *personal* knowledge of the patient. Our work then becomes stressful as colleagues begin to mistrust each other's judgement: often we can't just go in and 'fix somebody'.

In what way would the outcome of a Commission on health and social care make it easier for you to do your job?

I think it is important that we have a robust and wide ranging conversation as part of a Commission. We need many courageous and candid conversations to restore our best humanity in healthcare: my older colleagues all remember a time and health service when we liked our work much more, and so willingly worked many more hours than was required. What have we lost? How?

As a result of a Commission, I would hope to have more time to do my job with less obstructive bureaucracy. Politicians do not understand how big and complex is the depersonalisation within the healthcare system. Doctors should not spend time with streams of documents or meetings with local commissioning groups to decide how to allocate money.

I want more time to use my intelligence and understanding to help individuals rather than being commanded by a computer. The increasing dissatisfaction

amongst healthcare staff is less about the money than about feeling devalued, alienated and disconnected from their patients and colleagues. Hopefully the Commission will thoroughly address these issues.