

Is expedience the death of our professional spirit?

What our colleagueial utterances are telling us

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Short-term adaptations to survive may – longer term – have the reverse effect. How can this be? This short dispatch, from an ailing frontline of our NHS, explains.

In the last decade I have heard, increasingly, two particular and unhappy utterances from my colleagues. As their frequency grows, they tell us much about our problems and what we may expect: both are now voices of *Zeitgeist*. Their anguish is shared, though different. The relationship between the two is curious and paradoxical: for each one makes the other true, yet ultimately they cannot coexist.

The two cries are: 'We can't carry on like this!' and 'You've just got to play the game!'

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We can't carry on like this! (WCCOLT) is a tired, wounded, fractious cry of bewildered protest. It refers, of course, to the unmistakable evidence of the unhappy inviability of our current healthcare system: expressions of discontent, staff sickness, poor recruitment and retention, early career abandonment and retirement, intraorganisational litigation ... Wherever we look there are likely to be signs of our profession's sickness and undoing.

While WCCOLT carries protest, this is usually of an oblique and blunted kind. It is rarely followed by any explicit plan or invitation to active revolt or sedition. Rather the implication is that any insurrection should be left to others. 'Something is bound to happen' is a subsidiary cry: part prayer, part concealed incitement, part prophesy.

You've just got to play the game! (YJGTPTG) is more advising, conniving, cautioning, fatalistic and stoic. It is often preceded or followed by a reinforcing caveat such as: 'If

you want to survive/keep your job/get the money' and then a covering 'excuse' like: 'We all know it doesn't make sense'.

The common assumption here is of the necessity to publicly demonstrate and document submission to authority. The putative 'game' is basically an indefinite ritual of compliance between two parties: the master/authority issues instructions that are often unrealisable or even nonsensical, but the servant/subject acts with apparent credulousness, credibility and obedience.

YJGTPTG is very different to our usual understanding of 'games': it is not equal and thus is not really consensual; it is hardly ever pleasurable; the acquired skills are occult and furtive; 'winning' is not about joyful pride but about fearful survival.

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And here we come to our profession's tragic conundrum: for our vast, gasping, asphyxiating NHS is attempting to resuscitate, contain and motivate itself with evermore contractual (= compulsory) regulations and conditions – the staple of YJGTPTG – yet these are clearly not only unsustainable but sickening us. And our cry of sickness becomes our lament of WCCOLT: we cannot bear (literally) our working conditions – our terms of surrender made inevitable by YJGTPTG .

The fact that WCCOLT and YJGTPTG together clearly lead to an unworkable implosion does not seem to bring about any salvaging enlightenment. In many encounters I have heard tired and unravelling practitioners segue rapidly between the two, unaware of the doomed irony of this cognitive dissonance.

This is a trapped and ruinous conflation and has something of the *Zimbabwe Syndrome* about it: so many doctors I speak to now are chronically enervated, dispirited and cravenly intimidated by a system arching massively beyond their influence. Most submit to this, for as long as they can, with a kind of resigned, stoic resilience – they have given up any hope of changing the system, but with care and caution hope, at least, to keep intact their health, their jobs and their loved ones. For these they avoid any imperilment: they comply.

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Perhaps, with survival and time, something better will emerge. But from where? First we must find the courage or care-lessness to stop playing the game.

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