

Our ailing profession: our consequent fractious collegial misunderstandings

Valerie Iles' response to my article *Our ailing profession. We need more than resilience and replenishment* shows that my major points are unclear, to at least one reader.

I certainly do not wish to attribute blame or victimhood, or encourage aggrieved despondency. My article, though, takes a very wide and long view and concludes that our professional healthcare problems now have the kind of nature and roots as to be *cultural*. Culture means that no one is to blame, yet we are all responsible.

Neither do I wish to carelessly stymie colleagues' 'ways of improving [their] working lives and relationships'. However, it is important to be vigilant to the bigger picture. My article described a conference where dispirited and enervated young doctors were offered palliative suggestions of mindfulness, stress-management and enhanced breathing techniques. Yes, I accept that such devices may help us 'get by', but in no way address cardinal important bigger questions: how do we understand our rapidly increasing stress, distress, demoralisation and burnout? If we can understand, what can we do about it?

The danger of merely propagating coping strategies is that they can serve to parry and obscure such questions about pathogenesis.

In the last two decades I have seen how the 4Cs – competition, commodification, commissioning and computerisation – have incrementally depersonalised and demoralised our NHS. *The Health and Social Care Act 2012* has exacerbated this. Dismissing such complex analysis as meretricious ‘blame’ will help none of our longer-term interests. Nor will Valerie Iles’ recommendation that my writing should not be published. What kind of culture does *that* lead to?

Yes, I have many positive suggestions. Some are summarised in *Plummeting Morale of junior doctors: one branch of our blighted tree of Welfare*, accessible via my Home Page.

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