

## **Introductory note** to *Death by Documentation*

*Death by Documentation* is a long piece: it needs descriptions of context and dialogue to convey a more complete picture. Vivid narrative and searching analysis capture recent events that are emblematic of our ailing Welfare system: here we have the forced demise of a long-established, small and traditional 'family doctor' GP Practice of great popularity.

On one level we can see it as one of innumerable tales of pathos and bathos: of the passing of all things, of the insistent sacrifices demanded by 'progress', of the inevitability of decline and death, of our struggle and protests against fate on our way to any kind of resolution or resignation.

All of these may be true of the following tale, yet it has also more specific messages. For although this is one man's personal account of a relatively short period at the end of a very long career, it is also a microcosm of important cultural changes and losses.

The author – a veteran medical practitioner – has been a prolific champion of personally suffused and holistically imaginative medical care for several decades. For many years he has been a tenaciously vigorous – though always courteous – critic of successive healthcare reforms that have progressively depersonalised, proceduralised, industrialised and monetarised the life out of our work. He has recurrently warned that unmitigated insistence on technical and corporate compliance and efficiency is bound to lead to a dangerous destruction of our human bonds and matrix, and this destruction will

eventually escape beyond our capacities to either understand or repair them. It is a kind of perverse endorsement of his views that the denouement of his marathon efforts is to be extinguished by those very forces he was trying so assiduously to engage in dialogue – that those forces eventually could respond only by silencing him.

These few pages record the last stages of attempted dialogue between the practitioner who wished to be a vocational and personal *Family Doctor* and his employers who wish to contractually manage a *Primary Care Service Provider*. What is the difference? Well, our erstwhile Family Doctor had an accepted professional ethos and modus vivendi which said: 'I need the autonomy to make the best judgements, and take responsibility for the best care for each individual patient and my working environment. Generally, management is there to provide cooperative support.'

In contrast, the Primary Care Service Provider would say: 'Almost all my work is now itemised, coded, prescribed, regulated and monitored. Decisions are largely made by committees of "experts" who then expect us to comply to their templates. We, therefore, are largely relieved of skilled judgements: the cyber-authorities have decided for us. I do what I am told.'

Certainly there are some technical gains from such management but the egregious losses to patient and practitioner experience indicate that our managerial culture has become damaging beyond sustainability.

You will see in this very lively account how a practitioner was pitched coercively onto a battlefield on which he could not prepare, arm or manoeuvre himself: the outcome – so carefully prepared by management – was certain.

This small yet emblematic battle – between personal vocation and institutional directive, between the individual and the State, between conscience and compliance – was inexorably lost to the practitioner. But the issues at stake are, if anything, strengthened by this loss.

How do we respond?

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