

October 2017

Dear

**Our gaping, gasping health service
Governance v dissidence. How best to compromise? When best to submit?**

For myself, the answer to the second question is 'not yet'. The first question requires a much more complex answer, hence this introductory letter to a longer essayed attachment.

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Last year my practice was closed due to my thoughtful and selective non-compliance to ever-increasing regulations. I found these often inapposite, unmanageable, unviable and – perversely – destructive of morale and thus best practice. This seems especially true of small, stable practices. Since that time I have had an enormous and sustained broad stream of support: from many kinds of healthcare and welfare workers, to anxious and angry members of the public.

I understand that my own wounds and losses may be written off as singular, personal and irrelevant to the big picture. But *not* the hundreds of missives I have received: clearly there is a massive problem out there. So my protest and writings represent, also, much wider yet similar experiences, understandings and critique.

This is why I push for correspondence with the authorities. It is mostly uphill. For example, I have still not received a thoughtful non-formulaic reply to my repeated and fundamental questions. So I persist.

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The attached letter, *One Small Altercation: a Massive Residuum*, is my most recent response to the authorities: another attempt to open a level dialogue. The recipient – the acting (deputising) Chief Inspector of The Care Quality Commission – is personally new to the correspondence, so we may manage a reset.

The attachment is certainly long, but mitigated – I hope – by clarity, depth, vividness, precision and useful relevance.

Previous background and correspondence to this story can be found in Section G on my Home Page.

If you agree with much of what I am saying, then find shelter, find courage and speak out!

If invisibility and silence seem the wise counsel, then consider propagation.

With best wishes

David Zigmond