

July 2016

The triumph of the procedural over the personal. My retirement from NHS General Practice

I wish to comment publicly on my response to emergent NHS events.

My recent experiences, and subsequent decision, have significance – I believe – far beyond myself. This letter and attachments explain: I hope you will find time and attention for them.

For many years I have had growing concern about how NHS managerial proceduralism is displacing and destroying all kinds of human sense and responsiveness. I have attempted to stimulate awareness and debate in many encounters, writings and meetings.

Despite the encircling and increasing difficulties, I have been tenacious in continuing a more traditional style of practice – anchored in personal trust, understanding, discriminating intelligence and imaginative dialogue. Clinging to such principles has needed much resolve and stamina: most of my peers long ago abandoned it as hopeless.

My difficulties and contention with a recent CQC Inspection have led to my realising that I can no longer survive as an NHS Practitioner and keep my personal health and integrity intact: the Institutional forces have now become not just defensive but punitive and retributive when challenged. In my seventieth year I still have enormous energy and interest for personal care and the often necessarily contentious discussion around this, but I cannot muster the heart to engage in conflict with management who, I believe, have turned personally malfeasant and vindictively destructive, in order to demonstrate who is in control.

The accompanying explanatory article has been carefully written after much thought. I have tried to address enduring themes important for us all: I think its length has been necessary to do this well. Do feel free to forward any part of these writings to people who may be interested.

I leave my long personal service with much sorrow for its passing, warm gratitude for my thousands of personal encounters, and anxious sadness for our wider current professional predicaments.

My interest and commitment to healthcare and its broadest Welfare remain undimmed: these are community problems always extending beyond any profession or governing body. So, my location and designation will change, but not my wish to think and talk with all – individuals and institutions – who share that wish.

I hope you may be one of them.

David Zigmond

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Introduction

Death by Documentation

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