

Professional autonomy? Our losses are wide and deep

Rose Penfold wrote of how doctors' working environments have become intolerably regulated, mistrustful and devoid of the kind of relationships that best encourage and sustain us ('Why doctors need more autonomy', *BMJ online*, 1.11.18). She identifies some important contributory factors: the burgeoning of compliance-bureaucracy, increasingly complex work rotas, and the jettisoning of consultant-led firms.

All of this has led to a no-one-knows-anyone culture that then requires ever-more monitoring and regulation.

Although Rose Penfold writes on behalf of younger doctors, her formulations are quite as true for much longer-serving practitioners who have, in addition, been witness to the recent decades of reforms that have brought us these problems.

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What are these reforms, and how have they precipitated as they have?

Briefly, 'progress' has often meant industrialising and cybernating whatever healthcare we can. These necessarily generate command-and-control mindsets and interactions in the interests, it is claimed – often wrongly – of efficiency, economy and fail-safety. *Ergo* the trust and autonomous conviviality of the erstwhile 'family' must give way to the managed rigidity of the 'factory'. Our depersonalised professional unhappiness is inevitable.

This family-to-factory vectoring has, mostly, been compounded by each successive reform. Each has favoured institutional process over personal understandings and relationships. Corporation flourishes; vocation perishes.

Such changes have been driven and assured by the following devices:

1. **The 3Cs:** competitive commissioning, commercialisation and commodification. These operate synergistically. All depersonalise our work by monetisation, fragmentation and systems' imperatives.
2. **REMIC:** remote management, inspection and compliance. These are the now-ubiquitous computer-anchored methods regulating, standardising, checking and sanctioning performance requirements. Such micromanagement, as it grows, always becomes, eventually, incompatible with professional autonomy, which is thus driven out.
3. **Gigantism:** the tendency to 'scale-up' whenever possible in the interests of economy, logistics and consistency. This is staple strategy in manufacturing and distribution industries. In healthcare, generally, it has led to our noone-knows-anyone culture.

It is becoming increasingly clear that our boa-like forensic and factory-modelled governance of healthcare is losing us far more than we gain. Like any architectural model, the perceptions of the architect and the occupant may be very different.