

If we want more professional autonomy we must first restore trust and relationships in our profession

Rose Penfold, in her recent article *Why junior doctors need more autonomy* (BMJ online, 1.11.18), makes very clear and substantial observations and formulations about why junior doctors are having such serious problems. Likewise the published respondents that follow.

All decry the loss of autonomy, pride, satisfaction and relationships in work. Decades of research support their notions, repeatedly showing how encouraging these now lost factors is strongly related to good performance and sustainability in any skilled and caring work.¹

Penfold, understandably, focuses on junior doctors, yet her analysis is probably even more valid for those much longer served, for they also grieve for what they have lost. So senior doctors can see what is coming: junior doctors – our future – are the ones who will have to endure it.

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What is ominously clear in the article and its responses is not just what is missing in our working culture and environments, but that, also, these deficits seem to be growing. The writings convergently identify some aggravating factors – for example, complex rotas, burgeoning bureaucracy and the jettisoning of consultant-led firms. All these are certainly important yet are, I believe, symptoms and carriers of yet-deeper processes.

What are these?

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One way of understanding what is happening is to consider how we have attempted, increasingly, to industrialise and cybernate all healthcare. There are common features in these projects that are shared now throughout our Welfare services, and with similar consequences: our institutional ailments are now familial.¹

Such industrialised cybernation has led to command-and-control mindsets and interactions in our most human services: these new masterships are said to be necessary to achieve greater efficiency and fail-safety. So, while our erstwhile NHS resembled a trusting, good-willed and cooperative 'family,' it is now – more and more – akin to a mistrustfully competitive and corralled network of 'factories'.²

This family-to-factory vectoring has increased exponentially in our NHS for nearly thirty years and has used the following devices to drive and assure its changes:³

1. The **3Cs**: competitive commissioning, commercialisation and commodification. These operate together, synergistically; all have depersonalised our work by monetisation, fragmentation and systems' imperatives.
2. **REMIC**: remote management, inspection and compliance. These are the computer-anchored methods regulating, standardising, checking and sanctioning performance requirements. The extension of such micromanagement always

becomes, eventually, incompatible with professional autonomy, which is thus driven out. Corporation then replaces vocation.

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 it leads generally to a no-one-knows-anyone culture.

How can we then care?

More generally, how can we ever return to our more humanly compatible family-type ethos? We must, I think, show that our increasingly factory-like healthcare conurbations are now often losing more than they gain.

Both the public and their politicians need to see this clearly before first, the managers, and then, the healthcarers, can be freed. We may then restore and assure our better humanity and intelligence, both between ourselves and in our care of others.

Vested interests in our now-commerced cybernation are vast; resistance is inevitably fierce.

References and notes

- 1 References could here be myriad. UK organisations that currently collate and publish relevant conclusions are the Centre for Welfare Reform, the Institute for Systemic Leadership and the Association for Management Education and Development.
- 2 Zigmond, D (2015). 'From Family to Factory: the dying ethos of personal healthcare', *If You Want Good Personal Healthcare See a Vet. Industrialised humanity: why and how should we care for one another?*, pp 463-472. New Gnosis Publications.

- 3 Zigmond, D (2018). *Industrialised healthcare: how do we replant our human sense? A response to a King's Fund report*. Article 109, Home Page

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