Doctors Working Within Public Health Services

Abstract:

Clare Gerada, writing in the BMJ, recently stated that the prevailing culture among NHS staff is one of fear. This negativity may be detrimental to the patient who is already likely to be anxious and scared. There is a sense that humanity has been downsized or removed from hospital systems. In this setting it is difficult for patients to have their emotional needs met. Put simply, if health professionals are not to be able to provide best patient care first time and every time, their employers in turn must care for them.

These observations should be a major concern because fear and anxiety leads to under performance in all aspects of human activity including the delivery of health care. It is counterproductive in the care of patients and causes job dissatisfaction in the caregivers. Doctors feel abandoned and unsupported by their political and managerial leaders. Practicing as a doctor is a professional patient-clinician activity. This relationship doesn't sit well with the current industrialization of medicine with its multiple competing agencies, regulatory bodies and frequently unachievable targets. The sense of isolation is compounded by a system that makes it more difficult for the older generation of doctors to provide support to younger colleagues.

In the UK there are policies designed to name and shame NHS staff who are perceived to have made an error. The Care Quality Commission is the independent regulator of health and social care in England. It was set up in the wake of the Mid-Staffordshire Inquiry. Its remit is to check hospitals, care home, general practitioners and dentists are meeting national standards. There are concerns that it may create a counterproductive blame culture based on isolated examples of inadequate care. There are also reservations about proposals by Health Secretary Jeremy Hunt to name and shame GPs who fail to spot signs of cancer. Richard Roope, clinical lead for cancer RCGP, is critical of this approach. He points out that the average full-time GP encounters 8 cases of cancer annually. Seventy five percent of cancer cases are diagnosed and referred by GPs after only one or two visits. The other 25% of cancers are mostly obscure ones including sarcomas and bone cancers. The placement of undue pressure on GPs will compel them to refer increased numbers of patients with undifferentiated symptoms who ultimately are found not to have cancer. GPs make balanced risk based decisions every 10 minutes. It is important that politicians and the public should have a better understanding of their pivotal role in the provision of healthcare.

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A paradox of values has emerged in which staff is expected to care for patients but employers are not expected to care for staff. This is a challenging issue for large, impersonal, public health care systems. The staff is subjected to a constant stream of criticism, clinical care. Agutter is looking at the healthcare system in a new way through the patient experience project. The project is focused on putting the human element back into patient care. The solutions are relatively simple. They consist of creating a map with information of what to expect in the hospital each step of the way. The ultimate goal is reducing the patients anxiety. Politicians and managers would like to believe that that error-free medicine is possible and that a culture of perfectionism can be imposed on doctors and nurses. The designation of never events to clinical complications escalates anxiety and makes good care more unsustainable. Initially never events were confined to fundamental issues such as electrocution from medical devices during clinical care. Over time the list has been extended to include more common clinical complications. Frequently, health services give undertakings and promises without ensuring that the required supports including staffing and expenditure are in place. Such utterances are damaging to the doctor-patient relationship. The physician is expected to guarantee what cannot be delivered. If a realistic approach is not adopted, expectations will continue to mount and the public will come to believe that every medical complication is somebody’s fault. There is skepticism that this approach will achieve its stated mission of improving medical outcomes. The most likely eventuality is that it will become another measure for the legal profession to employ against doctors during compensation cases.
The doctor-patient relationship was based on care, empathy, understanding and mutual respect. Over time politicians, managers, economists, insurance bodies, and regulatory authorities have entered that relationship. The role of both the patient and the doctor can become confused leading to dissatisfaction for the patient and anxiety for the doctor. The solution is to halt the erosion of professionalism and to re-establish and promote the core values of a doctor, which are good clinical care and patient advocacy.

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Editor


2. Roope R. RCGP statement on rating GP practices on cancer referrals. 1 July 2014 press@rcgp.org.uk


5. Agutter J. The patient experience project. WwW.utah.edu


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