The NHS grew out of the communitarian sense of social solidarity that arose from the shared experience of the second world war. It is loved by the British people because it represents what is best about British society and is, and has always been, a collective achievement despite the deep social and economic divisions that mar other aspects of life in this country. Funded through general progressive taxation, the health service is provided for the people by the people; and since its inception many, many people, including myself on more than one occasion, have had cause to be profoundly grateful for its existence and for the comprehensive care it can provide.

Throughout the more than 60 year history of this great national institution the clanging of bedpans has continued to reverberate in Whitehall. Each successive government has reiterated its commitment to the NHS’s founding principles, albeit principles that seem to vary according to the prevailing ideology, and almost all have succumbed to the temptation to radically “reform” the service. There is much to admire in the proposals of the current coalition government but also much that seems misguided and precipitate.

The white paper Equity and Excellence: Liberating the NHS, the public consultation on which closed on 5 October, is refreshingly well written and missing those gruesomely upbeat illustrations that so blemished every consultation document under the previous government. I admire health secretary Andrew Lansley’s energy and his stated determination to listen to clinicians and to ensure that “healthcare will be run from the bottom up, with ownership and decision-making in the hands of professionals and patients.” His emphasis on valuing the experience and insights of frontline health service staff is hugely welcome after too many years in which those struggling to deliver care have felt pressured and even demonised by the ever growing panoply of surveillance, regulation, and micromanagement. But, at this point, I begin to wonder whether political honesty is almost an impossibility—an enduring oxymoron.

If the coalition is genuinely committed to the elusive bottom-up approach, why has there been so little direct involvement of clinicians in the development of policy? Why is implementation being planned before the consultation is complete? Why has there been no open public debate about the creeping privatisation of provision and the ever expanding role of management consultants and large commercial firms? Why the apparent decision to prioritise general practitioners in the hierarchy of decision making, and why the determination to persist with the quasi-market and the purchaser-provider split after the “twenty years of costly failure” so graphically described by the parliamentary health select committee and in the face of widespread opposition from professionals and citizens alike?

The devolved governments of Wales and Scotland have both abjured the market in healthcare. As yet there is no evidence of resulting harm, and indeed the morale of doctors in both countries seems consistently higher than in poor old England, which seems to be always in the forefront of the government’s enthusiasm for economic experiments imported from the United States.

If we are to ensure the future of a genuinely national health service, we urgently need a willingness to learn from the different parts of the United Kingdom, across political boundaries, and a commitment to consensus and collaboration rather than conflict and competition. Clinicians are heartily tired of competition, knowing, from the experience that the health secretary purports to value, that patients do much better when generalist and specialist clinicians cooperate with managers and patients themselves in the planning of care and that competition takes a huge toll of time, effort, and resources.

There is no doubt that frontline general practitioners have unrivalled experience of the health needs of the population and valuable insights into how the service could be improved in the interests of patients, perhaps particularly the most vulnerable. However, this does not mean that patients are then best served by removing GPs from the front line of care, for which they have been painstakingly and expensively trained, to undertake the immensely complex task of commissioning services for which few have appropriate expertise. Indeed, the readiness with which the government wishes to redeploy GPs may reflect the traditional undervaluing of the clinical task of general practice. Nonetheless most practices already have difficulty in meeting the growing needs of patients, and it is far from clear how the workforce is supposed to cope with these vast additional tasks. It must be possible to give GPs much more influence over the planning of services and to cut the costs of the burgeoning bureaucratic superstructure of health care while retaining the best of existing management expertise and without the upheaval of complete reorganisation.

If the delivery of health care could once again be made a cooperative and collaborative endeavour, the benefits in terms of morale, enthusiasm, and renewed altruism could be enormous. Difficult debating lies ahead concerning the increasing costs of medical technology, the medicalisation of an ever greater proportion of human experience, the increasing futility and even cruelty of inappropriate and ineffective treatments at the end of life, and the optimal balance between curative and preventive health care. None of these can be solved by competition. Only broad public debate and a politics of consensus offer real hope for the continuation of a humane, inclusive, and affordable health service. It must be worth a try.

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Cite this as: BMJ 2010;341:c5541
What’s keeping the Chilean miners down?

Margaret McCartney questions the accuracy of the media’s portrayal of the mental health of “Los 33”—and what they left out

n all, 33 miners, 69 days, and 26 people sent by the BBC to the San José copper and gold mine to cover their rescue (www.guardian.co.uk/media/2010/oct/14/chile-miners-bbc-overspend). The story about the miners trapped deep underground attracted more than 2000 members of the global media to the ringside to watch their slow ascent some 700 metres to the cameras. The story combined fear, elation, human interest, and raw joy. No wonder the press cleared pages to write about it; and featuring heavily was a mixture of fact, speculation, and opinion on the state of the miners’ health.

It was really the question of mental health that the media ran with. Equipment to show films to reduce boredom among the men was sent down into the mine, but the Guardian noted, “Psychiatrists warned against showing emotionally intense dramas because of the increased risk of depression among the men.” Which psychiatrists? The article didn’t say, but many other features did include the thoughts of named professionals.

Another Guardian article reported that Peter Collett, an Oxford based psychologist (and previous adviser to the Channel 4 Big Brother series), said, “the jubilant miners will soon come down from the high of their rescue. ‘What they don’t realise is that if they thought it was hell down there, it’s going to be nothing compared with what they are going to experience’” (www.guardian.co.uk/world/2010/oct/13/chile-miners-rescue-health-recovery). Collett went on, “For two months, they have lived on the edge; they are going to experience compared with what they were there, it’s going to be nothing—except perhaps increased risk of depression among the men.”

These men . . . were goaded into medical interventions that they didn’t want and were then, if they declined, made powerless, being “punished” as a result of vaccinations. The men have few problems, suffering very little with teeth, limbs, and ingenuity, self sufficiency, and determination, required to reduce or avoid problems. But the psychiatrists had thought needed tackling or if they were required to reduce or avoid problems. But the niggle of the story seems to have been missed by all but the most astute of reporters. Although it’s already known that immediate counselling after trauma can worsen rather than improve outcomes (www2.cochrane.org/health/2010/10/12/expect-volcano-emotion-chilean/), yet two aspects of the story seem to have been missed by all but the most astute of reporters. Although it’s already known that immediate counselling after trauma can worsen rather than improve outcomes (www2.cochrane.org/health/2010/10/12/expect-volcano-emotion-chilean/), there seemed to be little acknowledgment or distribution of this fact. Christopher Findlay, a senior lecturer in psychiatry, was a rare exception, telling the BBC, “Most of it [readjustment] will be informal, talking to peers and family” (www.bbc.co.uk/news/world-latin-america-11513035).

And while the cameras were on the mental health specialists, it seemed that they were not being asked to justify little publicised reports of psychologists using “carrot and stick” approaches to get the trapped men to behave as they would prefer. The Sydney Morning Herald reported on 15 October that Alberto Iturra, lead psychologist for the operation in Chile, said, two weeks after the burial, “The honeymoon is over.” The impression was given of more psychological interventions being made to the men in a more organised response. Letters to the miners from their families were being read for their supposed ability to cause psychological distress.

Jorge Diaz, the lead physician, was reported to say, “Now the men are starting to demand certain things, and we restrict others. We are measuring each other’s strength.” The report went on: “With health improving and patience expiring after six weeks underground, the 33 miners are restless. On several occasions they have refused to talk to psychologists, cancelled a series of meetings with doctors, delayed implementation of vaccinations. The men have few problems, however, making their desires clear: cigarettes and wine . . . As the miners regained weight and strength, however, their antagonism to the daily sessions increased.” It seemed that for cooperation with the psychologists the men would be “rewarded.” If not, said Dr Diaz, “Okay, you don’t want to speak to psychologists? Perfect. That day you get no television; there is no music—because we administer these things” (www.smh.com.au/world/we-know-best-doctors-tussle-with-miners-20100917-15g9b.html).

This approach would perhaps be understandable had there been problems that the psychologists had thought needed tackling or if they were required to reduce or avoid problems. But the nagging concern is that these men, who improvised, organised, and survived through their ingenuity, self sufficiency, and determination, were goaded into medical interventions that they didn’t want or believe they needed and were then, if they declined, made powerless, being “punished” as a result. That’s the bit of the story I’d rather like to have heard more about. Margaret McCartney is a general practitioner, Glasgow margaretmccartney@doctors.org.uk

Cite this as: BMJ 2010;341:c5860


Response on bmj.com

“the miraculous rescue of 33 Chilean coal miners at Camp Esperanza (Hope) was a poignant, riveting, modern day resurrection reminiscent of birth itself.”
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