

LIFE AND DEATH Iona Heath

Not safe in their hands

By making the NHS available for private profit, the government has undermined its foundations in notions of shared responsibility, reciprocity, and social solidarity

Since the current government came to power in May 2010, the NHS has been subject to a steady and intensely subversive stream of adverse propaganda, which was initiated, quite deliberately, at a time of unprecedented public satisfaction with the service. Perversely, the indiscriminate condemnation has tended to obscure the undeniable occurrence of regrettable failures within the service and also to minimise the influence of system breakdowns that are continually exacerbated by the effects of financial stringency, the disruption of unnecessary structural “reform,” and the adverse effects of austerity on the health of poor and vulnerable people.

At the same time, the propaganda has profoundly undermined the morale of the vast majority of conscientious and committed healthcare workers. Governments should perhaps work harder to remember that there is an ethic of reciprocity and that we reap what we sow—history shows us that when governments lose sight of such things they become a danger to themselves and to their people.

We hear all the time about the need for care and compassion in the NHS, and no groups can be more aware of these needs than patients and those who struggle to care for them. Yet there is precious little evidence of care and compassion in the way the government is treating poor, vulnerable, and disabled people or the vast army of healthcare workers and professionals.

The latest evidence of lack of consideration for the workforce comes with the insistence on seven day working in the NHS. While there is no doubt that hospitals and emergency services must always be adequately staffed and resourced 24 hours a day, seven days a week, and 365 days a year, the suggestion that there should be no difference in the services offered at weekends and over holidays is

potentially wasteful and destructive.

The line of argument seems to be that if shops remain open for longer and longer hours, then so should clinics, surgeries, and operating theatres. But we should remember the importance of rhythm to human life. There is an ancient wisdom in the pattern of weeks, with five days of work and two that give time for rest, reflection, and the nurturing of family, friends, and neighbours. Seven day working is sometimes essential and then must rely on patterns of shift working that are the antithesis of “family friendly” and are well documented as being destructive of health. Expensive technology should be used as efficiently as possible, but there is clearly a balance to be struck between efficiency and the fullness of human life.

In the second half of the 20th century mechanisation and technological development were predicted to increase the proportion of human leisure, but quite the opposite seems to have happened, while at the same time the pace of work has become more and more frenetic. We should be arguing against seven day working for shop workers, not promoting it for routine care in the NHS.

Routine seven day working would also be hugely costly. We learnt from many of the ill fated “Darzi” centres that keeping community health centres open 24 hours a day, seven days a week, was prohibitively expensive, and these initiatives have not been continued. The misguided attempt to extend dramatically the hours within which routine care would be available seems likely to further undermine the resourcing of adequate emergency care and appropriate hospital staffing and may also erode public support for the necessary taxation. Speaking personally, I am more than willing to pay my full share of taxes so that everyone should have access to the emergency and



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out of hours care that they need. On the other hand, I am not prepared to support universal access to non-emergency care outside normal hours. The convenience of some should not be allowed to create an unnecessary and destructive burden for others, in terms of either resources or workload.

Our current government does not seem to understand the meaning of an ethics of reciprocity. The notion is very present in ancient Greek philosophy and in most of the world’s major religions, expressed in the insistent warning that we would be well advised to consider the consequences of our actions.

If politicians are unaware of this heritage, we might perhaps suggest a refresher course in children’s literature, where, from 1863, with the publication of Charles Kingsley’s *The Water Babies*, right through to the present day, the ethic of reciprocity has been ever present. The carrot of “Do as you would be done by” and the stick of “Be done by as you did” seem to have lost their purchase within much of contemporary society but are as relevant now as they were 150 years ago and nowhere more so than in health service policy.

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Meanwhile, the NHS is already in the process of reaping what the government has sown in terms of undermining its foundations in notions of shared responsibility, reciprocity, and social solidarity and making it available for the pursuit of private profit. As a direct result, it is not safe in the government’s hands and seems likely never to be so.

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