

EDITORIAL

Rethinking medicine

There's something going on out there

Modern medicine is one of humanity's great achievements. It improves, prolongs, and saves lives by applying the biomedical and clinical sciences to the diagnosis and treatment of disease. Its strength lies in its clarity and focus, making it an easy model to explain, understand, and put into practice. People have found it powerful, beguiling, seductive even. It is not surprising that the medical model is proving so popular: it serves society well.

But there's something going on out there. Increasing numbers of doctors and patients are questioning whether medicine has overstretched itself,¹ whether it is always as effective as proponents claim, and whether there are instances when the side effects and unintended consequences outweigh the benefits. This critique is not new,^{2,3} but it has found a common voice in initiatives that transcend systems and national borders, such as minimally disruptive medicine,⁴ high integrity care,⁵ and rethink health.⁶

In the UK unease with the medical model may be contributing to doctors' low morale and to problems with the recruitment and retention of the workforce. But the unease is also being expressed in how doctors are thinking about and practising medicine. Some doctors are expressing concern about overdiagnosis and overtreatment and the attendant potential for harm and waste,⁷ particularly among people with multiple conditions and those who are frail or at the end of their lives.

Others are concerned about the limited effectiveness of what they have to offer in the face of the wider social determinants of health such as poor education, unemployment, and the unequal distribution of wealth.⁸ They are increasingly prescribing social interventions⁹ and are mobilising the established collective

Rather than becoming entrenched in traditional ways of working, doctors are searching for different ways to make clinical practice more effective and more doable

Martin Marshall, vice chair, Royal College of General Practitioners, Department of Primary Care and Population Health, UCL Medical School, London
martin.marshall@ucl.ac.uk

Jocelyn Cornwell, chief executive, Point of Care Foundation, London

Alf Collins, clinical director, Personalised Care Group, NHS England, London, on behalf of the Rethinking Medicine Working Group

Small acts of kindness

In the spirit of the season, **Abi Rimmer** asks seven doctors to describe a small act of kindness that changed their day

Please join us on social media and share your own stories using the hashtag #BMJchristmaskindness. However small the act and whoever it was from, we'd like to hear about it.

MARTIN MARSHALL

GP in east London and vice chair, Royal College of General Practitioners

Oh, dear—another busy surgery, and Mrs Smith had been squeezed in again with her long list of ailments. Halfway through the list she stopped. “You’re not yourself today, Dr Marshall,” she said. “Are you OK?”

“I’m sorry,” I told her. “My dad died last week, and I’m struggling a bit.” Personal disclosure. Too personal?

“I won’t burden you,” she said, leaving before I could say anything and failing to hide her tears.

That afternoon I was handed an envelope. On the outside were the words, “This gave me solace when I lost my husband.” Inside was a poem by David Harkins:

You can shed tears that they have gone or you can smile because they have lived .

..

You can cry, close your mind and be empty, or you can do what they would want:

Smile, open your eyes, love and go on.

Patients care for their carers.



CHRIS TURNER

Consultant in emergency medicine, University Hospitals Coventry and Warwickshire NHS Trust

I was broken, although I didn’t know it at the time. Two years in a brutalising environment had left me not eating and barely sleeping. I’d lost two and half stone in nine weeks and had resigned from my post. I didn’t know what I was going to do, and frankly I didn’t care.

Every day the hospital seemed to bring in some new “expert” to tell

us what to do. So, it was no surprise when another one arrived that day. He did what the others did. But, unlike the others, he didn’t offer me advice—which, if I’m honest, was a blessed relief. At the end of the day he asked me to walk him to his car. He asked whether I knew why he’d come; of course I didn’t.

“I came because I heard you were

having a hard time and didn’t have a job to go to,” he said. “If you want you can come and work with me. We’ll protect you, we’ll look after you, and we’ll get you better.”

His name is Don McCreadie, and he showed me professional compassion in my darkest hour. I’m proud to call him my friend.



KATE LOVETT Dean, Royal College of Psychiatrists

The first time I became a parent I simultaneously became childless. Due on Boxing Day, our baby was born still. Theoretical knowledge about nature’s unrelenting cruelty came to life. In the bleak midwinter, the bleakest grief came to stay.

Losing a child is a desperate experience. There are no words, but on reflection she brought me riches: the midwife who crossed boundaries to bring me homecooked food when I couldn’t eat; the baggage handler and his wife who, united in grief, became my friends; the colleague who saw my patient when my panic set in; the gardening group who asked no questions as I dug deep and grew; the generosity of the funeral director. The list is long.

Their acts of kindness brought me confidence in humankind and hope—hope that, over time, recovery is not only possible but beyond what I could have imagined.



HENRIETTA BOWDEN-JONES President, Medical Women’s Federation and consultant psychiatrist

One autumn lunchtime, instead of walking out of my clinic in Soho Square and turning left as I normally did, on a whim I turned right and went into a little park. On my way back I saw a book on a bench, tied in a green and red glittery Christmas ribbon and with a letter stuck between its pages.

Curious, I picked it up: Carl Jung’s *Memories, Dreams, Reflections*. How odd was that? A psychiatrist happens upon an abandoned book, and it

turns out to be by a psychoanalyst.

I pulled the letter out and read. It opened with the lines, “This book is for you. I wanted to share it with you, as it has been important in my life.” Reading further, I discovered a moving message about the importance of the bench on which the book had been left.

The letter was signed, and my curiosity again got the better of me: I searched online for the person who had left me this unusual gift. Within

five minutes I had emailed him, telling him that the book was now in the hands of a psychiatrist.

He replied immediately. He couldn’t believe it. He’d been a musician but was now a psychotherapist.

What were the chances of a therapist randomly leaving a book by a psychoanalyst about psychology in central London and a passing psychiatrist picking it up?





Sharing an act of kindness

In increasingly busy and difficult times, it is easy to forget that sometimes the smallest acts of kindness and compassion can make the biggest difference.

Even something as small as making a colleague a hot drink without their asking could turn around their day. Taking time to stop and find out how someone's day is going can make them feel noticed and valued. Remembering to thank someone when they help you out can make them feel appreciated.

It almost goes without saying that NHS doctors at all levels are working harder than ever, and as we get deeper into winter this pressure will only increase. Now, more than ever, those small acts are really important.

In this year's Christmas issue of *The BMJ* we have gathered doctors' stories of small acts of kindness. The stories range from the deeply personal and moving to the lighthearted and uplifting. At their core, however, is a prevailing theme—a small gesture or kind act that brightened the author's day.

When times are tough, and you are working relentlessly hard, it is important to remember the power of the little things. We hope that sharing these stories, and encouraging you to share your own, will act as a reminder that there is kindness to be found everywhere and that your hard work is always appreciated.

However small the act and whoever it was from, we want to hear about it. So please join us on social media and share your own stories using the hashtag #BMJchristmaskindness.

The BMJ has also put together a collection of content on doctors' wellbeing, which can be found at <https://www.bmj.com/wellbeing>.

Abi Rimmer, deputy careers editor, *The BMJ*
Juliet Dobson, digital content editor, *The BMJ*

Cite this as: *BMJ* 2018;363:k5153

ANDREW GODDARD President, Royal College of Physicians

I was doing a ward round during a day of the usual winter carnage. Nurses and doctors were all run ragged from staff shortages, and we were all feeling under the cosh.

As I struggled to get a clear history from a new patient I saw a relative of the patient in the next bed walk over to an elderly lady on the other side of the bay. It then became clear that she couldn't reach the food that had been placed on a tray table

next to her. The relative literally spoon fed this lady, a complete stranger. This was unprompted and made a big difference to the patient, who became smiling and animated.

I felt bad that I'd not noticed or done anything myself, but now I always try to ensure that, if I come across a patient in a similar predicament, I'll help or at least find someone else who can. I don't think that such acts of kindness are random.

JANICE RYMER

Vice president, Royal College of Obstetricians and Gynaecologists

A few years ago a schoolgirl called Alex joined me for a day's work experience to see whether she wanted to become a doctor. She arrived in the outpatient department, clearly scared about what she might encounter.

At the end of the clinic I had to abandon her. I was explaining where to meet for the afternoon session when I was interrupted by a junior doctor who said that she'd take Alex for lunch. She scooped her up and took her to Borough Market for an exotic burger and a walk around. Alex was delighted to be taken under her wing and had "the best day of her life."

This act of kindness by a junior doctor undoubtedly influenced Alex's career. I heard last week that she's just graduated in medicine. We must never forget how important role modelling is and that looking after younger people is imperative. I hope that she now pursues a career in obstetrics and gynaecology: time will tell.

JEEVES WIJESURIYA

Chair, BMA Junior Doctors Committee

While I was working in palliative care a patient of ours was approaching her birthday. She was terminally ill, and her family had been unable to visit, as they lived some distance away. Despite being in good humour the patient had been feeling quite lonely.

Several days before her birthday one of the nurses got the whole team together and decided to organise a surprise. We produced a cake, candles, sweets, some balloons, and a large card signed by all the staff.

On a break during the day we all came to her bay to surprise her and sing "Happy Birthday." She was utterly delighted.

A member of staff took some photos on a Polaroid camera and added them to the collection by her bedside, and she spent the following week proudly showing them to other patients. Her family, who visited days later, were similarly delighted.

This act of kindness didn't just make this patient's day—it showed all of the patients who saw it that they were cared for. It improved the mood and wellbeing of the staff, and it helped this patient to feel a little less alone.

Abi Rimmer, *The BMJ*

Cite this as: *BMJ* 2018;363:k5153



CHRISTMAS 2018 APPEAL

A new clinic for the UK's most vulnerable patients

Doctors of the World plans to open new premises to help undocumented migrants, which is one reason *The BMJ* has chosen to support the charity for its Christmas appeal, writes **Jane Feinmann**. Please give generously

The Doctors of the World clinic in Bethnal Green in London is the epitome of no frills healthcare. Its volunteer staff—four support workers and two clinicians, normally GPs—cram into the dingy back basement of a decaying Victorian church in London's east end.

Since 2006, however, this clinic has been a beacon of hope and a last resort for thousands of people who are effectively excluded from

mainstream health services in the UK. Demand for its services are high and the global charity plans to move to larger premises down the road in Stratford, and to open clinics in other UK cities such as Birmingham.

Your donations could help it meet its ambitions to help more vulnerable people, such as Maria (not her real name), a nanny in north London. She has severe eczema, a problem usually manageable with prescription drugs.



Doctors of the World's volunteers need your help: please give generously

ONLINE www.doctorsoftheworld.org.uk/BMJ
PHONE 020 7167 5789

Please return postage free to:
Freepost RTXR-ZABK-GUTR, Doctors of the World UK,
1 Canada Square, London E14 5AA

Title

Forename

Surname

Address

Postcode Telephone

Yes, I believe no one should suffer from a lack of healthcare.
Here is my gift:

- £135 buys a medical backpack for a mobile medic working across Europe
- £240 can help 300 mums in Yemen test their children for malnutrition
- £325 could pay for five vulnerable people to see a volunteer doctor at a UK clinic
- £.....

I enclose a cheque made payable to Doctors of the World
OR I authorise Doctors of the World to debit my Visa / Mastercard / Maestro / Amex / CAF card below:

Cardholder name

Card number

□□□□ □□□□ □□□□ □□□□

Signature

Date.....

Expiry date Start date (if shown on card)
□□ / □□ □□ / □□

I want Doctors of the World to treat all gifts in the last four years, this gift and all future gifts as gift aid donations. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference (please tick box).

NB Please let us know if your name, address or tax status changes or if you want to cancel this declaration. We can then update our records, thanks.

Our guarantee to you We promise to respect your data and act with integrity in how we use your information. For our full data policy and supporter promise visit www.doctorsoftheworld.org.uk or contact our Fundraising Team on 020 7167 5789 or email donations@doctorsoftheworld.org.uk.

Today's date

□□ / □□ / □□

giftaid it
Registered charity
number 1067406



But, as an undocumented migrant, she was unable to register with her local GP. Originally from the Philippines, last year Maria escaped, without her passport, from an abusive employer during a visit to London from Dubai. "I was working very long hours, seven days a week, for almost no money," she says.

She is one of thousands of people—including asylum seekers, and survivors of human trafficking—who

are wrongly denied NHS healthcare and instead turn to Doctors of the World. Last year its doctors helped 1617 people in the UK.

Once it moves into the Stratford clinic Doctors of the World hopes to offer permanent services including dentistry, ophthalmology, family planning, and HIV and sexual health screening.

Jane Feinmann, freelance journalist, London
Cite this as: *BMJ* 2018;363:k5165

For people of all religions and none: chaplaincy fit for the 21st century

Traditionally Christian services are adapting for the diverse populations the NHS serves. Many people today don't consider themselves religious but may still need help with existential fears about what it means to be ill and to die.

Richard Hurley reports

PASTORAL SUPPORT IN NUMBERS

£20m Minimum salary bill for employed chaplains in English NHS services in the year to June 2017, says NHS Digital

840 Full time equivalent posts in England; these chaplains coordinate legions of volunteers

520 Full time equivalent posts held by men

94% Employed NHS chaplains in England in 2015 who were Christian

4.6% Employed chaplains who were Muslim

9 Employed humanist pastoral support carers in England's NHS



"[Healthcare professionals] see so much illness and death. If we don't look after them, they can't look after patients"

Lindsay van Dijk, spiritual and pastoral care service, Buckinghamshire NHS Trust

"Lots of people perceive chaplaincy as a purely religious service. It isn't," says Simon O'Donoghue, head of pastoral support at Humanists UK, a charity that promotes non-religious people's interests.

Since 2015, guidance from NHS England has been that non-religious people should have the same opportunities as religious people to speak to someone like minded in care settings. It's down to individual trusts to provide chaplaincy, defined broadly as pastoral, spiritual, and religious care.

In the beginning, the Church of England offered religious support in NHS hospitals; other Christian groups and, more recently, other faiths followed suit. Today's chaplaincy teams include Muslim imams and Jewish rabbis, as well as Catholics or Anglicans—and increasing numbers of non-religious, pastoral support carers (box).

Nowadays most UK residents don't identify as having a religion. Yet recent research by YouGov for Humanists UK found high demand among the public for someone to talk to about pastoral or spiritual matters in times of crisis. Almost 90% of those asked, however, said that they perceived chaplaincy as offering only Christian support.

Many people who might benefit think it's not for them. This is why the

name of the service matters so much, thinks O'Donoghue, who is also the first humanist chair of the Network for Pastoral, Spiritual, and Religious Care in Health, which connects people of different religions and beliefs to work on pastoral support and chaplaincy.

Doctors need pastoral care too

Lindsay van Dijk this year became the first humanist to lead a spiritual and pastoral care service, at Buckinghamshire NHS Trust. "Humanism isn't a faith—it's a belief: humanists believe in the good in this life," she tells *The BMJ*.

"Chaplaincy' is still very much seen as Christian terminology, but last year about 80% of our conversations were of an existential nature, pastoral. About 20% were tied to specific ritual or services such as holy communion.

"Most are about making sense of the situation in hospital. Why is this happening to me? What have I done wrong? How am I going to cope with this life altering illness or injury?"

Stoic, dying patients may confide their emotional turmoil in Van Dijk's team rather than burden their families. "Walking alongside their stories," she says, is "humbling." People also come to us to celebrate, she adds, giving the example of a 65th wedding anniversary in hospital.



Bahá'í, Buddhist, and interfaith

Van Dijk came to the UK four years ago with a masters degree in humanist pastoral care from the Netherlands, where the concept of humanist pastoral support has existed for more than half a century.

She manages four other employed chaplains, one of whom is Muslim. "We have 43 volunteers, mostly identifying as Christian but including people who identify as Bahá'í, Buddhist, humanist, and 'interfaith,'" she says. All patients see any available carer, but someone of a particular religion can be assigned on request, perhaps for rites such as communion.

Healthcare professionals need pastoral care too: "They're human beings, and they see so much illness and death," she says. "If we don't look after them, they can't look after patients."

As essential as medical care

Philip Evans is an Anglican lead chaplain for St Andrew's Healthcare, which provides specialist mental healthcare to patients referred from the NHS in several locations. England's first Sikh lead chaplain, Kartar Singh Bring, also works for St Andrew's.

Evans emphasises the same ethos as the other chaplains *The BMJ* spoke to: of serving all patients, those who care for them, and staff of any faith or none, by listening and responding sensitively, by caring and showing respect.

In internal interviews, 80 patients who used the service at St Andrew's reported a greater sense of belonging, self worth, resilience, and hope and said that it deepened their faith or spirituality, says Evans. "It's as essential as medical care, and extraordinary value for money," he says.

Stillbirth of a baby

Susan Van Beveren is an Anglican lead chaplain at Kingston Hospital NHS Foundation Trust, in south west London. Her service responds to more than 400 out of hours requests a year and conducts 150 funerals for babies and 20-30 for adults with no next of kin.

Chaplaincy is intrinsic to clinical care, she says. "Each person has an identity and values. In a health crisis, how do we dignify the whole human experience?"

"People are seeking meaning. How can we help them stay connected as a

whole person, when the focus is what's happening to the body? The role of chaplains is to help people maintain a sense of self in what can be a very vulnerable place."

Lives beginning and ending are chaplaincy's bread and butter, she says. And some religious families need help when considering decisions about end of life care—for example, at what point to stop nutrition and hydration. "Having the support of a religious leader can be a really important pastoral and clinical intervention," she says. "Chaplains can help bridge the potential for misunderstanding.

"People of all faiths ask me to pray for them, to represent something for them. It's symbolic of shared humanity.

"The saddest, most difficult thing is the stillbirth of a baby. All you can do is stand in solidarity with patients. Listen to them. Support them."

The future of chaplaincy

Services are still skewed towards Christianity, thinks O'Donoghue. "Many posts are restricted, often we believe unlawfully, to people with a Christian faith," and Humanists UK has been working to ensure trusts' job adverts reflect local need. O'Donoghue estimates that 75% of adverts for chaplains still specify a religion, down from 100% 18 months ago.

"I absolutely agree that those for whom religion is an important part of their identity should be able to get that support in hospital," he says, "but not at the expense of other groups, such as the non-religious. And in areas where there are large Muslim or Jewish groups we must make sure people get the care they need."

Not everyone supports taxpayer funding of religious or even spiritual activity at all. But religious and non-religious spiritual needs are part of whole person care by definition. Although the effect of pastoral care is hard to quantify, for staff, patients, and families in crisis it can be substantial.

The costs are a drop in the ocean of the total NHS budget, and all the chaplains that *The BMJ* spoke to emphasised the huge return on this relatively tiny investment, thanks to the armies of volunteers they coordinate.

Richard Hurley, features editor, *The BMJ*
rhurley@bmj.com

Cite this as: *BMJ* 2018;363:k5223

SPIRITUAL CARE FOR ALL

Nikki Mattocks was admitted to a Surrey hospital with psychosis after a bereavement. She told *The BMJ*, "The chaplain was great. I asked him, 'Can I talk to you about God? Can you pray for me?' I feel supported holistically, not just for my mental health but in terms of my spiritual health. For some people that's crucial to recovery." She met the chaplain within two hours of her request. "In the NHS it's so easy to contact someone who can help," she said.

Kate Jennings, from London, has been in and out of hospital all her life and wants pastoral care but finds chaplaincy off putting. "I didn't think it was appropriate for me. A lot of chaplains wear clerical collars. It's automatically a visual barrier. I want someone to come from a neutral position, not who comes with religious dogma. It needs to be clearer that pastoral support is for everyone."

Asad Abbas, at Guy's and St Thomas' Hospital, in London, told Humanists UK: "In the hospital you really welcome any human interaction... atheists who seek company [may] feel deprived when other patients have... a chaplain's visit, but they don't [need to]."

A woman whose baby died in pregnancy at a Sheffield hospital wrote on the Care Opinion website, "The [funeral] was taken by a hospital chaplain, and she spoke to us before and after and was very kind. We know how much financial pressure the NHS is under, and how much time pressure staff are under, so we really appreciate that this service exists. I am in much better shape emotionally than I would have been if we hadn't received such compassionate care."

A patient at St Andrew's Healthcare told *The BMJ* how a chaplain helped him find connection: "A lot of friends and family have died. I needed to get things off my chest. I just wanted to belong somewhere in life, in the church, and I got baptised. I felt I was nothing, but being around nice people helped me feel like a nice person."