



VIEWS & REVIEWS

NO HOLDS BARRED

Margaret McCartney: Technology isn't enough

Margaret McCartney *general practitioner, Glasgow*

Social care is imploding, emergency departments are heaving, and GPs are timing their retirements to avoid appraisals. Juniors are striking, applications for references are rising in preparation for Antipodean jobs, and applications to medical school are down.

Every few days we hear that GPs are failing in some new way, and that we are “ideally placed” to act as marriage guidance counsellors, identify terrorists, tackle health inequalities, or solve obesity.

But apparently it's okay: technology will save us.

Why worry about declining numbers of hospital beds and rising multimorbidity when we have self monitoring devices, telehealth, and attachments that turn a smartphone into an otoscope? “With e-prescriptions and home delivery, the problem can be rectified without stepping outside your home,” the health secretary decreed at the annual *Health Service Journal* lecture.¹

Society is now 24/7, and we like using mobile phones and wi-fi, so let's adapt health services to suit new demand. Could we solve the NHS's problems by opening the doors to routine work at the weekend and getting the kit to do Skype and email consultations?

No: this is entirely wrong. We're ruining the NHS because we're not being clear enough about what it's for. Meeting popular demand doesn't solve problems. It simply stokes more demand—and not all demand is reasonable. The NHS was founded on the basis of need, and that in turn implies fair use. Advocating more use of technology so that parents don't have to leave home when a child has earache is bizarre—but yes, Jeremy Hunt really said that.¹

I've spent the past decade discussing with parents the natural course of minor viral illness, what otitis media is, and why we don't use antibiotics any more. I've explained when review is necessary, what to look out for, and how to get in touch. I try

to give knowledge, rarely prescriptions. I offer a relationship, not an “outcome measure.” I want parents to be masters of, and not subservient gatherers of, information.

We are back to front. Technology is useful when it lightens labour; not when it's a replacement for human care or when it creates unnecessary demand through overdiagnosis, overtreatment, and over-action. Until we value sharing knowledge and the importance of human relationships in healthcare we're doomed to repeat the cycle of believing that more and faster is always better—while failing to understand why we get diminishing returns.

Competing interests: I have read and understood BMJ policy on declaration of interests and declare the following interests: I'm an NHS GP partner, with income partly dependent on Quality and Outcomes Framework points. I've written two books and earn from broadcast and written freelance journalism. I'm an unpaid patron of Healthwatch. I make a monthly donation to Keep Our NHS Public. I'm a member of Medact. I'm occasionally paid for time, travel, and accommodation to give talks or have locum fees paid to allow me to give talks but never for any drug or public relations company. I was elected to the national council of the Royal College of General Practitioners in 2013 and am chair of its standing group on overdiagnosis. I have invested a small amount of money in a social enterprise, Who Made Your Pants?

Provenance and peer review: Commissioned; not externally peer reviewed.

Follow Margaret on Twitter, @mgmtmccartney

1 Department of Health, Hunt J. Patient power: threat or opportunity? 29 Oct 2015. www.gov.uk/government/speeches/patient-power-threat-or-opportunity.

Cite this as: *BMJ* 2016;352:i620

© BMJ Publishing Group Ltd 2016