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CRITICAL THINKING

Matt Morgan: The NHS needs a midlife crisis

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I assumed that my midlife crisis would involve one of the usual clichés—a motorbike, a bad haircut, a skydive. Instead, I'm uprooting my comfortable life in the UK and moving 9000 miles with my family to Australia. This isn't because I'm unhappy; I love my work, the NHS, my colleagues, my community, and my home. It's because I'm content—too content. Some change is needed. And radical change can often be easier than subtle transposition. Likewise, the NHS needs a radical change.

A human midlife crisis usually happens when people feel compelled to face their mortality, confidence, identity, and accomplishments. Although the NHS is nearly 75 years old, it's an organisation facing the same existential crisis, and survival is never guaranteed.

More often than not the NHS feels broken at the seams, struggling to deliver 21st century healthcare in a boat set adrift on a sea of 1970s asbestos. Even when the physical buildings on the hospital estates aren't condemned as unfit for purpose, the workforce struggles under ever increasing rota gaps and demands for care. From October 2021 to February 2022 more than 60 000 patients have experienced a 12 hour delay in the emergency department.¹ That's more patients waiting over 12 hours for care than in any equivalent period in the previous decade.

To fix this, the NHS needs a midlife crisis. It needs to look after itself while finding new ways to remain relevant. But, before a fix, it has to realise that it's broken. The honest truth is that Nye Bevan, standing in the Welsh industrial scars of the 1940s, could not have predicted the scope of his promise. His words "free healthcare for all" meant only a handful of operations and drugs. Now, with designer genetic drugs and bionic limbs, a notional percentage of your income can't sustain that proclamation, even with the recent hike in national insurance contributions. NHS staff stand strong to deliver what patients need, but they need the resources to do it. Patients are willing to wait, but there's only so long they can hold on, especially if waiting for treatment leaves them with pain, discomfort, or anxiety.

The options for fixing it are simple yet harsh: more taxation, more rationing, or more collaboration. There are precedents around the world for all three solutions. The Danes tax heavily and then provide good healthcare and education. The French ration, restricting lung surgery for smokers or heart surgery for obese patients. The Australians collaborate, providing free public healthcare to the poorest people and the same quality healthcare in a better environment to those who are insured. The British pretend to do none of these, yet we ration without

honesty, tax without equality, and collaborate without transparency.

The alternative is to offer false promises about knees that won't be replaced and cancers that will continue to grow. This is uncomfortable and prevents us from acknowledging the truly deadly lack of capacity in emergency departments and critical care units. Delays in hospital admissions cost lives, while their downstream effects disrupt pre-planned surgical waiting lists—lists that hold hope for so many people with blood vessels liable to burst or growths waiting to grow. Patients, families, staff, and the NHS deserve better: bring on the midlife crisis.

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¹ Royal College of Emergency Medicine. 63 653 patients have faced a 12-hour delay in an A&E since October 2021. 10 Mar 2022. <https://rcem.ac.uk/63653-patients-have-faced-a-12-hour-delay-in-an-ae-since-october-2021/>