 DISSECTING HEALTH

Scarlett McNally: Healthcare isn’t about one-off heroic interventions

Scarlett McNally professor

Being a surgeon is a huge privilege. Each patient puts their trust in you and the perioperative team. There are hours, days, even months of planning—all for the critical minutes of concentration in the operating theatre. Minutes when everyone is focused on one outcome and you have everything you need: lighting, equipment, position. It’s all “perfect.” The whole team’s efforts—before, during, and after the operation—enable the surgeon to do their very best. All those years spent acquiring knowledge, skills, and experience pay off. For surgery, read any intervention: the same applies to operations, radiologically guided interventions, clot busting, or delivering babies.

These procedures are palpable proof of how far medicine has come, and it’s easy to see why they capture the public’s imagination. Yet there are consequences when people start to think that this concentrated, focused time is what healthcare is all about. Most healthcare isn’t about one-off heroic interventions, but the public and the media have a vision of healthcare that fuels this myth.

The press seizes on cases where diagnoses were missed or treatments delayed—contributing to an ethos of “more, better, sooner” for tests and interventions. Paradoxically, this increases people’s passivity regarding their health and dependence on healthcare professionals, under the guise of advocacy. We need to think too about the negative outcomes of interventions: complications, regret, the medicalisation of things that wouldn’t have progressed, and iatrogenic disorders. Can doctors take a leading role in conveying the subtlety of shared decision making to politicians and the public, without this becoming a debate of extremes? We need to acknowledge the complexity of healthcare users who have multiple comorbidities—not single conditions—and whose care requires ongoing monitoring and continuous adjustments, all with their individual input on how this fits their lifestyle and preferences. We need to consider resource use, duplication of effort, over-testing, impossible standards, and uncertainty and debate over the evidence for treatment.

This elevation of the lifesaving procedure or essential intervention also ignores the role of prevention in keeping us alive and healthy. Reductions in road traffic collisions, food poisoning, or falls from ladders are worthy but not exciting. Indeed, “health and safety” is the longstanding butt of many jokes in British culture, but it has quietly saved thousands of people from death or disability. The nation’s current view of health pays lip service to prevention. Our understanding is stuck in an eternal present that demands patient passivity, interventions, and medicines. As healthcare professionals we should demand cultural, environmental, and legislative change to enable action on smoking, nutrition, exercise, alcohol/drug moderation, and pollution—the leading causes of ill health. Let’s mobilise our wisdom and voices so that institutions, communities, and the whole NHS workforce enable people to live healthier lives.

Competing interests: None.

Provenance and peer review: Commissioned; not peer reviewed.

1 Centre for Perioperative Care. Shared decision making. https://www.cpoc.org.uk/shared-decision-making
