John Launer: Rehumanising the NHS a day at a time

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I recently did some freelance teaching in a part of the NHS away from my usual workplace. When I sent my invoice, I accidentally wrote my bank details incorrectly. Afterwards I got an email to say that the Supplier Maintenance Team had noticed the error and had asked the Business Accounts Team to deal with it. I replied with the correct details and conveyed my thanks to the Business Accounts Team, the Supplier Maintenance Team, and any other teams involved. When life starts to imitate satire, responding in kind is sometimes best.

As well as having a funny side, there are some serious issues with this use of language in the NHS and the bureaucracy that comes with it. When did doctors and other health professionals become “suppliers” (or, as other organisations have designated me, vendors, providers, or contractors)? I don’t enjoy having my identity distorted with the jargon of marketisation. I don’t know any educators or clinicians who do, or who like being lumped together with suppliers of goods such as computers or printer paper.

One irony of this exchange is that most of the teaching I do is essentially about rehumanising healthcare: being more responsive to patients and building professional morale, in a world where targets, budgets, and transactions now drive our actions more often than relationships. I typically arrive at a teaching session to find the group of doctors and other team members engaged in an introductory hour led by a senior manager, with slides showing pathways and pie charts. Many of those present look anxious or bored. Anyone wandering in from outside might think that this was an investment bank or a hedge fund.

The rest of the session is then usually mine. My aim is help people remember why their work is worth doing. In time honoured educational style, I ask for the tables to be moved and for everyone to sit in a circle. I do an icebreaker exercise to ensure that everyone knows each other’s name and role (often they don’t). I then use other exercises in pairs or small groups, often based on people telling stories of work encounters that have distressed them and considering what would empower them to deal with such events.

A colleague of mine used to call this kind of work “remedial therapy for selective brain damage,” although the damage being repaired is probably to the heart and soul rather than the brain. There’s nearly always a release of anger and sadness. People confess that they were sceptical about the session beforehand, but their feedback is now positive. They use lots of “r” words: relief, recovery, and restoration, as well as relationships. They seem to have acquired a sense of reconnection with the values inspiring their work—and the human values that underpinned the NHS when it was founded 75 years ago.

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