

What has gone wrong with modern medical care?

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Like the first tentative spluttering flames of a rekindled early morning fire, there is now at last a renewed and growing recognition of how much the so-called humanities contribute to good medical practice. This reminds us clearly about how far modern medicine has been pushed off course from real care of patients. As valuable as scientific knowledge is, alone it is not enough. From earliest civilization there has been strong recognition that the human state includes far more than just the rational, analytical and intellectual behaviour based on physical objective facts. It also includes the intuitive, the sensibilities and the spiritual (reaching beyond, but not excluding religion). In what follows, I shall use the word 'spirituality' unrepentantly as a shorthand for the whole of the latter. In health as in disease the body and spirit are inextricably entwined. Holistic medicine demands understanding both; recognising that damage to one may damage the other, and likewise healing of one may support the other.

Scientific interventions have, of course, achieved fantastic things. What follows is not intended to denigrate or diminish the importance of some amazing medical advances. Neither is it intended to minimise the very many improvements to medical care which have taken place over the last few decades. Indeed, it is these very successes which have seductively led to a disregard or lack of comprehension of a fundamental reality known to man for thousands of years. This is often and somewhat coyly referred to as the inner self or self within, or more robustly as the 'spirituality' of human nature. Our new scientific knowledge assumes that nurture of the spiritual in sickness and in health is unimportant or at least not relevant to modern medicine.

Sadly, this is an understatement of the serious situation we are in. Such is the power of our new-found knowledge in scientific medicine that it has now been allowed to seduce the medical world to such an extent that those completely untutored in the art of medicine and the needs of patients are now calling the shots. Medicine, they suppose, can be conducted exclusively as an evidence based science whereas in fact, if we are honest, we know that we are still at the beginning; diagnosis and treatment can be computer assisted and protocol driven, and symptoms can be explained without professional interpretation or

understanding. It is even believed that it is possible to make written statements about 'best' practice. We may have information allowing us to suggest 'better' practice under some circumstances, but to use the word 'best' as a universal and abiding truth demonstrates the extent of the distortion of understanding.

Curiously, at the same time, those promoting this sterile caricature of deprofessionalised medicine stress that care must be patient centred, without evidently having the slightest insight about what this actually means. On the other hand, patients know very well. They instinctively recognise their need for both physical and 'spiritual' help with their problems. The modern emphasis on patient power and the rejection of so-called paternalism is not just their right to accept or reject the advice they are given – it goes much deeper than this. It is an expression of their demand to be treated as a whole person. Their trust in doctors depends on an, often unspoken, empathy and mutual understanding of these things between the two. All good doctors, be they in primary, secondary or tertiary care, try to provide this within the context of the increasingly wildly skewed system driven forward and sometimes mesmerised by science, financial stringencies, statistics, directives, government-speak and targets where real understanding of people in partnership are increasingly, seriously or fatally neglected. The pressures in general practice are as great as on the more specialist services, and delegation of the professional responsibility to others is not acceptable. Specialists must not rely on GPs to do the spirituality bit and likewise GPs must not delegate this to other healthcare workers.

The recent focus on publications and research on the power of the humanities in medicine is beginning to remind those caring for patients about the much broader dimension of care that they need. There is an appreciation that various art forms, be they visual as in pictures or architecture, auditory as in poetry or music or both as in drama or opera, by enhancing the 'spirit' can support the ailing body. Conversely where the spirit is malnourished or damaged the body too may suffer. All this, however, does not absolve the doctor from carrying through his responsibility for understanding the physical and spiritual components of every patient and supporting both as far as he is able. This is the profession of medicine

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and there is no substitute. Patients come to doctors intuitively expecting this total support but sadly they often do not get it anymore.

I see many young aspiring doctors entering medicine with a strong instinct for the whole human estate, not just the physical breakdown – but somehow the pressures of the training, the rigours of practice with well intended regulators, directives and academic and scientific overload conspire to steer them off course. Some even opt out all together without perhaps fully understanding the reason for their disillusionment; others become extremely competent, adapting to the modern materialistic approach, but in the process losing the instinct that drove them at the start.

Similarly, many senior doctors are retiring early. They are being driven from the NHS because they cannot give the total support to patients that they know they deserve. It is a tragedy to hear devoted doctors say that they are pleased to be giving up because they can no longer serve their patients in a way that they know is needed. Management and government must take heed.

Thus we are all to blame. The exciting prospect is that the way ahead is clear. Doctors simply must regroup with a clear view of the care that they need to provide. If they do not wish to do so then they should get out of the business. Time must be made available for patients and doctors to build that partnership of empathy and trust – not by delegating tasks that doctors themselves should be doing, but by freeing them from the mindless bureaucracy, the endless meetings generated by managerial overload and the frustration of too many patients to be seen in the time allocated. Of course different aspects of a patient's care can be delegated very successfully to different members of a skilled team – this will vary depending on their competencies and their talents. But the success of the team depends not only on the constituent members but on the leader – someone who can lead with comprehension and inspiration to ensure that all the strands of care can be brought together to create that highly

individualised thing, a fusion of compassion with knowledge, which forms the foundation of real patient/doctor relationships; where hopes and fears, sensitivities, attitudes and misapprehensions are given their full place as well as the marvellous opportunities now available to help the physical state. All must be cared for in equal measure. The so-called medical humanities are not an add-on, they are central to medical practice because they provide the evidence beyond doubt for that dimension of care reaching beyond the physical of which modern medicine so often loses sight.

The NHS is at a cross roads. Not because there are financial difficulties or nursing shortages, although these are indeed grave limitations, but because unless it realises that much of medicine depends in the end on professional doctors – working in partnership with many other splendid professions – trained to understand the total care of patients then the whole system will in the long term collapse. The recipe is simple and there are no compromises. Modern aids and short cuts can do much to help but they cannot substitute.

Some, perhaps many, will rubbish this view as old-fashioned and conservative. Actually it is neither. Conventional religion may be currently out of favour in much of our contemporary world but there is no option on the importance in health and in sickness of that deeper instinct of spirituality as an intrinsic part of human nature. Some things in life are perennial truths and cannot be manipulated because they are inconvenient. The fact is that medicine must serve patients and it is the responsibility of the profession to know and understand what those needs are and to insist that that is the standard to which we must aspire. It is the maintenance of all these standards both in breadth and depth that defines the profession.