

Off with Her Head! Who Dares May Lose? NHS Fit for Purpose

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ABSTRACT

This article attempts to define, analyse, and resolve a problem. The problem is complex and multi-faceted. It involves an amalgam of intricately connected, bio-psychosocial and political economic factors. Added to which are issues of traditions, reliance, and the emotional familiarity of a well treasured comforter The National Health Service. If the NHS is viewed as a system, the input is inaugurated by the patient who offers symptoms. The general practitioner (GP) makes a diagnosis, a degree of agreement and acceptance is reached, and various options are available to treat the presenting symptoms. However, what if we dig beneath the presenting symptoms and unearth foundational causes perhaps unknown facts of which the practitioner is unaware? Lifestyle causes but which the patient medicalises. Such as reckless spending or driving, — partying, drinking, overeating. Alternatively, maybe the patient, by choosing a career which is beyond the necessary ability, or personality characteristics demanded, by the job or career. Lacking the necessary characteristics such as robustness and tenacity and the ability to cope, without suffering from stress-related diseases. Or living lifestyles beyond sustainable economic means? Originally back in the early days of the NHS, the GP knew the patient more intimately from the cradle onwards, however nowadays the relationship is usually more transparent. Patients cannot count on seeing the same GP for every consultation. And furthermore, the notes written by the GP are less personal and less revealing. In an effort towards transparency patients can read their notes. In the present climate of victimization and litigation, it is perhaps only for the more robust clinicians to use blatant language or face to face confrontation clinically and confront behaviour related to causation. Can the sufferers plead being a victim of ignorance and blame the educational or the welfare system? Medicalization of the results of breakdown and these unsustainable choices then falls on the NHS to care but not notice longer cure? With the word cure, now removed from the aim of the National Health System which some cynics will label as an economic based subtle nevertheless intentional dumbing down of provision. (Harries, Elliott, & Higgins, 1999) NHS England, 2017. This article aims to focus on the dilemma which begs the question: Is it the responsibility of the clinician to alleviate the symptoms or to treat the cause and prevent recurrence or both? Furthermore, is the NHS system too antiquated, to deal with the present-day situation is it no longer fit for purpose.

INTRODUCTION

Aneurin Bevan 1948 the founder of the National Health Service got it wrong when he thought that once the reservoir of medical disorder was treated, the health of the nation would improve and there would be a diminishing demand to finance disorder. How wrong he was. Once created it has become on the one hand a much-loved institutional treasure albeit viewed with unhealthy adoration of the masses. On the other an excessively exploited resource, a safety net which catches every disorder whether it be mental, physical, or social, exploited by tourist and

people who have never subscribed toward its funding. It has become a monster which is outdated and can no longer even take care of the core function of curing for the acutely sick.

Most of the diseases in this the twenty first century have causes which are largely preventable. Diseases now are largely lifestyle diseases, and that this being the case can it be argued that there should be a shift away from all disorder being a national responsibility? Or should the ultimate responsible lie fairly and squarely on the shoulders of the individual?

This change in dynamics would result in a major shift allowing resources for the cure of the ill and towards prevention, by ensuring everyone is encouraged to place their health and maintaining health as a priority. Prioritising treatment for those conditions for which prevention is not an option. It could be even more radical by withholding treatment from those choosing to indulge to the detriment of their health.

Much like a beloved cuddly toy a teddy bear, old and thread bare ravished by boisterous playtimes but a comforter always, the National Health Service has seen abuse on the one hand and unconditional love at the others. But now for those viewing the NHS service with realism it is in crisis. It has been a safety net in place from the cradle to the grave to provide for all disorder. The mind-set is therefore one of complacency and denial? Without that mind – set and complacency then the responsibility is moved to the individual. A pivotal position is the psychological existence or non - existence of a safety net and its influence on behaviour. Allowing the population to live beyond their means in the widest sense, they are not held to account.

However, denial plays a significant role when choosing between a necessary change despite the facts. Illustrated by my own experience some years ago, I published benchmark research: Thomson (1981) (1986) featuring stress and personality, which failed to attract the attention it deserved, namely it pointed to the fact that stress is generated by the individual and is determined by the choices the individual personally makes. It refutes the hypotheses that stress is a constituent of the environment, with the implication that the individual is a victim, and that stress is beyond his / her personal control.

Where does the blame lie? Is the individual to blame or can it be argued that living beyond one's means is one of the consequences of living today when in our, misguided culture, our population are led to believe that; they can do, have, anything they want; the world is their oyster, the breaks are off! This belief and then falling short of some idealized utopian situation only results in the individual feeling let down and using the defence mechanism projection to blame for the failure. Society can be seen to encourage living beyond ones means by tacitly providing a safety net to catch them when they fail. With the implication that society has provided the means via welfare then society must pay the price and provide the answers / the resolution. However, what we are seeing is that society cannot afford the unrealistic utopian environment it has promulgated.

Bad as it is the Covid virus has perhaps highlighted fortuitously how unfit for purpose vulnerable and fragile the NHS system is. The lack of contingency plans, and the Nightingale hospitals obviously built with disregard to the staff needed to run them are just two examples. Added to which is the backlog of suffering caused to patients awaiting surgery, unavailable

during the pandemic. These are unforgiveable managerial shortcomings with serious consequences. No doubt there will be counter arguments for more funding, negating accountability. However, years of mismanagement is the bottom line. Coupled with the reliance on the system rather than on self-reliance. Not forgetting care - not cure.