

Stalin lives, and is running the NHS

A doctor friend who came from Poland in the mid-1980s, before the fall of communism, decries me for 'champagne socialism'. Last summer she gave me a book to prove her point: *Iron Curtain: the Crushing of Eastern Europe* by Anne Applebaum.¹ I approached its 500 pages warily.

I was surprised, by page 16, on the day before my annual appraisal, to find my own feelings reflected:

'... many have tried to describe what it feels like to endure the disintegration of one's entire civilization, to watch the buildings and landscapes of one's childhood collapse, to understand that the moral world of one's parents and teachers no longer exists and that one's respected national leaders have failed.'

Appraisal began with an educational and supportive focus, but is now linked to revalidation. Its tone has changed from, 'Perhaps you might consider ...' to 'You're not doing well enough'. However friendly my appraisers have seemed, and despite their insistence that our discussions are confidential, I have always felt unsettled afterwards. This feeling is echoed in Applebaum's book:

'The Soviet comrades appear to have understood very well that the people they were dealing with could be made to feel uncertain, uneasy and even guilty about their lives.'

Governments seem to regard doctors — especially GPs, with their (now nominal) independent contractor status — in the same way as the Bolsheviks regarded the kulaks (landowning peasants, created from the emancipated serfs by the reforms of Stolypin, who hoped that their new freedom and wealth would make them loyal to the tsar). Kulaks were seen as enemies of the revolution and were purged and persecuted by Stalin when resisting the collectivisation of their farms.

GPs have valued their independence but have given it up bit by bit by accommodating and taking the rewards offered for cooperation with government policy. Some believe in changes that are introduced, others quietly acquiesce, while others grumble, knowing

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that GPs have no power unless they stand together. The latter are equivalent to those Applebaum refers to as 'losers' in the Soviet workplace:

'... teachers and intellectuals with a prewar sensibility, older skilled workers, young people who would not or could not conform.'

The Red Army, 'liberating' eastern Europe from the Nazis, disregarded socialist and even communist partisans who welcomed their arrival. Only 'Moscow communists' were trusted; others might be reactionary or fascist sympathisers. Some communists in Poland, Germany, Czechoslovakia, and Hungary, who had thought they were on the same side, found themselves in the gulag. GPs (who thought they were the good guys) face despondency, lower earnings, more complaints, and the burden of revalidation, but the comparison may still seem extreme. Nevertheless, 'reforming' central control (equivalent to the 'liberating' Red Army) wields power without our having right to appeal.

Big Brother is, undoubtedly, watching us. Our computers warn us if a patient's blood pressure exceeds a recommended limit by a single point or a medication review is a day overdue. The Care Quality Commission will, according to myths already spreading, require evidence that curtains and waiting-room toys (if any are allowed) are cleaned regularly and in the right way. At my last appraisal I was chastised for having failed to acquire a certificate (even though I had attended the course) and warned that next year things would not be so easy.

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the early 1990s and abandoning 24-hour responsibility in 2004 showed willingness to take the buck and sell the birthright, losing the moral high ground we enjoyed as a profession. Behind the Iron Curtain those seeking advancement had to:

'... close their eyes occasionally to contradictions between propaganda and reality.'

Career advancement in general practice now is through active participation in 'commissioning' and 'appraisal': in Soviet terms, Party members and informers. Conflicts of interest among clinical commissioning group members are already under scrutiny.²

Despite the obstacles and double-binds, doctoring is what we do and our patients expect us to be there and do it. Patients' expectations reflect what they believe they have always had, and what they are told (by friends, media, lobbying groups, politicians) that they should expect.

We have swung so far from the immediate gain of treating illness to the long-term investment of prevention that patients are more concerned with risks than with benefits. Some patients do so much research that they know not just what class of drug they want but which member of the class. At the same time we are penalised for offering anything but the cheapest and told that some conditions are 'low priority' and may not be treated at all. Patients listen to the rhetoric of propaganda; we understand the reality of the bread queue.

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