Out of Hours

Paul Robinson



I am an anarchist

Twenty years ago, when I was a fledgling GP course organiser, one of my colleagues in the Deanery was a self-proclaimed 'anarchist'. At that time my understanding of the term anarchist was in conflict with my understanding of the role of a senior educator in a bureaucratic organisation that oversaw a statutory process. My colleague performed that role well and I thought her claim to anarchy was merely striking a pose. Now I am reviewing that opinion.

The musicians from Chumbawamba, who disbanded in 2012 after 30 years together, are anarchists. That is not to say that their music is disorganised or chaotic, as I would once have expected. Quite the reverse: their playing is as harmonious, tuneful and rhythmically together as any. They express their anarchy by singing songs about the oppression of the many by the powerful few: generals, businessmen, and politicians. They refuse to let their work be shaped by record company executives and they refuse to be categorised. One of their songs *Unpindownable* expresses this, as possibly does their choice of a nonsense word for their name. In short, they refuse to be bullied and they satisfy themselves with doing what musicians do.

In the 1990s there was an emphasis on teaching evidence-based medicine. This was in Sackett's original formulation of using information technology to find the best evidence to answer a clinical question, and then applying it to the circumstances of the individual patient concerned. The stress here is on the individual and the local. Of late in the UK, NICE has taken on the role of assessing evidence for clinicians. A small national group of experts produces evidence-based guidelines to be applied across the population.

The fast food chain McDonald's is run as a franchise, as are many big brands. McDonald's do not own the restaurants. Instead they provide the raw materials and the marketing and the standards expected of the franchisee. Both parties are under pressure to conform so that customers get the same product and service whichever branch they are in.

The new NHS has a similar structure. Fewer and fewer provider units are directly owned by the Department of Health. Across a large range of performance indicators any deviation from the mean is treated with suspicion. The Care Quality Commission has been set up to monitor the standards specified, and is gearing up to move away from assessing conformity to regulations towards 'expected standards of clinical care'.

So how long will it be before every person with a diastolic blood pressure over 90 mmHg is given the same cocktail of drugs and exactly the same programme of investigation and treatment? Each practitioner wearing NHS blue scrubs, with the logo on their peaked cap? Each being careful to phrase the advice given to the customer exactly as prescribed, gaining eye contact and giving a smile at the end of the consultation with a jaunty: 'have a good day'?

Like many doctors of my generation I was happy to take positions of responsibility at school and university: indeed, throughout my education and practice I've been comfortable with authority. Now, though, I feel more and more that I'm being coerced into doing things that I think are either a waste of time or, worse, things that are positively harmful to the patient. I'm being bullied by management. I was brought up throughout my GP training to think that the relationship between doctor and patient is at least as important as the medical technology we dispense. Respecting the individual is becoming an act of defiance, providing traditional family medicine is a rebellion. All I want to do is do what GPs do. Now I realise that I too am an anarchist.

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REFERENCE

Sackett DL, Rosenberg WM, Gray JA, et al. Evidence based medicine: what it is and what it isn't. BMJ 1996; 312: 71.