
“Statistics and not people are what matters when injustice is occurring and the bottom line becomes profit, or savings.”

Rebel with a cause: when morals, politics, and religion collide

Sometimes an exciting truth can be held captive by tradition for centuries. I recently found out that a quote of a first century Jewish rabbi, ‘But seek first the kingdom of God and his righteousness’ (Matthew 6:33) would be more accurately translated as, ‘But seek first God’s kingdom and his justice’. This is because the Greek word for righteousness in this case takes its root from dikaiosune which means ‘justice’, or more specifically ‘restorative justice’.

It definitely has a different ring to it, a stronger emphasis, and certainly convinces me that it is not piety and properness that is required of the faithful (and those who are not sure of their faith) but an active engagement with processes that lead to restorative justice; freedom for those held captive or oppressed, sight for the blind, and the proclamation of hope. It convinces me that my heroes, like Mohandas K Gandhi, Martin Luther King Jr, and Mother Teresa, who have sought after justice for the oppressed, got it right.

So far so good, perhaps, with the amateur theology, but what does this mean in the real world for a doctor like me and you? How can I seek ‘restorative justice’?

It seems to me that justice and politics are inextricably linked. Injustices occur because systems, organisations, and authorities dehumanise people, especially the poor. Statistics and not people are what matters when injustice is occurring and the bottom line becomes profit, or savings. In the eyes of many this is happening to the NHS right now, with the introduction of sweeping changes to competition regulations at the same time as enforced efficiency savings. It doesn’t take a genius, or even a socialist, to work out that the bottom line in both these processes is money and so the inevitable consequence will be injustice for our patients.

Injustice in the form of legislation passed by those with a vested interest in seeing that private healthcare companies get a slice of the NHS budget. Injustice in the form of fragmented care, as different services are tendered to the cheapest bidder. Injustice in the form of conflicts of interest of those in commissioning groups with stakes in

provider companies. Injustice in the form of the bottom line being money and not people. Couple all this with a financial squeeze due to welfare reforms and it is hard to see how the poor, oppressed, and blind will be better off in the brave new world of the so-called NHS.

Back to my question: what can I do to restore justice, to make seeking restorative justice one of the primary aims in my work?

I have always considered my heroes to be somewhat non-conformist, rebels even, subversives, mavericks who taught against and took action against unjust authority. As I remember the rebelliousness of my youth, the marks of piercings to my nose and ears evident on close scrutiny, I relish the opportunities I may have to rebel against unjust systems.

I could subvert by campaigning against health care and welfare legislation passed by those with conflicts of interests and by keeping a watchful eye on those commissioning future services. I could be a maverick, holistic advocate, promoting and even coordinating the best joined-up patient-centred services; supporting patients in their battles against housing reforms and welfare assessments. It seems delightfully perverse that I could be a rebel once more by having intelligent compassion and giving patients time to tell their story. I hope to defy the tempting, yet unthinking, trend of ticking boxes in a chronic disease template for monetary gain, to instead place the needs of my patient over and above the bottom line of savings and profits. I’m excited and open to finding other unconventional methods of seeking restorative justice for my patients, serving to constantly remind me why I became a doctor in the first place.

Samir Dawlatly,

GP Partner, Leach Heath Medical Centre, Birmingham.

DOI: 10.3399/bjgp14X676474

ADDRESS FOR CORRESPONDENCE

Samir Dawlatly

Leach Heath Medical Centre, 8 Leach Heath Lane, Birmingham, West Midlands B45 9BU, UK.

E-mail: samir.dawlatly@gmail.com