
'We have lost both the personal language of health care and its collegial discourses.'

Language is not just data

Computers and informatics have become central to NHS health care. All experience and activity are now subject to official technical designations. This changes our communications: language becomes increasingly lackeyed to the computer's requirements. Much else is lost.

My first mentors in general practice and psychiatry — galvanised by the just departed 1960s — were all nourished, enlivened, then enlightened by literature and philosophy. Such proclivities were not ponderous or self-conscious postures, but pursuits that were shared with a mien of quiet and unaffected pleasure. I remember many conversations where, in order to understand others better, we made wefts of contemporary pragmatic practice with illuminated threads from drama, philosophy, literature or mythology. The then-fresh Balint movement encouraged us to step up and out from our scientific base of standard diagnoses and treatments; while we recognised that these certainly helped us, they could do so only with generalities.

I recently had an unexpected reminder of this, and it is a good example. While seeing Matthew*, an amiably direct, stalwart and un-nervously jocular 35-year-old, I rummaged through his old manual records, where I found a mechanically-typed letter from a hospital casualty department. It was written to me in 1980 about a toddler, Matthew. Here it is:

Dear Doctor

Matthew P, age 2 years

This delightful little boy was brought here on Sunday morning by his very anxious and solicitous mother. Mother was worried by an alleged fever and cough of 2 days' duration. Matthew himself was alert, bright-eyed, active, and playful. He had no signs apart from a very mild catarrhal cough, which he didn't seem to notice!

Mother seems a sensible and intelligent woman, but inordinately anxious about Matthew's minor symptom. In talking to her it came to light that her own sister has recently been diagnosed with acute leukaemia. Understandably this has shocked and shaken the family. I had a long discussion with Mrs P in which I told her that Matthew is perfectly well apart from having a slight cold, and that her very real anxieties about her sister have unintentionally spilled over onto Matthew. I hope I have been able reassure

her. I have taken the liberty of asking her to see you for follow-up.

Yours sincerely, Dr TS, CSO

All these years later I remember a couple of phone conversations I had with Dr TS, a warm, friendly, bantering Northern voice that conveyed intelligent pleasure in his work, its people, and their welfare. Reading this letter, more than 30 years later, brought me both joy and sorrow.

The joy was humble though clear; it was the memory of such quiet, subtle suffusions of personal interconnectedness: here Dr TS had shared with me his brief connection with, but growing understanding of, Matthew, Mrs P, and all her family. Matthew's slight catarrhal cough was thus given much greater human, and thus healing, meaning. This sent a gentle benign ripple across the whole matrix: we all felt better about ourselves, one another, and our work. This is well-fared welfare.

But then came my sorrow, for the massive yet little-voiced loss of such things. For it is almost impossible that I would receive such a letter now. Both because of, and in spite of, the endless blizzard of electronic, data-particled e-mails transmitted from my local airport-like hospital, I have with them almost no conversations enlarging my understanding of people. Dr TS's personally sentient letter would now be replaced by an anonymised electronic, templated format. This would machine-gun me didactically with tabulated impersonal data itemising myriad aspects of the (normal) physical examination; the healthy child's measurements of oximetry, temperature, and respiratory rate; the immunisation status; the social status of the child and whether social services' involvement has been triggered.

This surfeit of (usually) unedifying administrative detail would have neither space nor vocabulary for the brief glimpse of the importantly unobvious; the human story that gives this (non) medical scenario significant and compassionate meaning. We have lost both the personal language of health care and its collegial discourses.

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*This patient's details have been anonymised.

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