"The NHS, while working beautifully in the right dose at the right time, can also function, at the sociological level, as a poison ..."

Gravitating to sickness? A sociocultural hypothesis

Could it be that the NHS, for all its utility and virtue, has the effect, on the large scale, of making society sicker rather than more well? The trigger for this (admittedly not very appealing) idea comes from a glance into physics and astronomy. Isaac Newton showed us that huge bodies such as stars could keep smaller ones in essentially permanent orbit. More than 200 years later, Einstein explained the mechanism for this: that the massive body actually distorts space-time, creating a permanent slope for the satellite to 'fall' along. Going, so to speak, along a straight line, but through curved space.

Could it be that, in the human world, organisations with great social mass can create a gravitational force towards themselves in a similar way? Taking this idea into a typical morning surgery, one does see patterns where a constant feeling of need on the patient's part translates into a frequent and sometimes remarkably regular pattern of presentation. This is, of course, commonplace, and our usual models would explain the pattern in terms of existing pathology, adverse life circumstances, and personality factors. Under these models, the role of the NHS is an essentially benevolent one. However, if we allow the NHS to have what one might call cultural mass, and let us say therefore gravity, the presence of the organisation itself becomes hugely important in shaping the consulting behaviour of the patient. Under this model, the patient is in a type of sociocultural orbit around health services, which should in fact be permanent in nature, even though both patient and doctor wish for nothing but wellness.

More unsettling still, if the gravitational model were true, then not only would many unfortunate individuals be stuck in orbit around the NHS; health and illness culture throughout the whole of UK society would be being actively distorted, creating an inward force towards the service, that is, a slope towards itself.

Going back to the surgery, I do sometimes sense such a distortion, particularly when I see younger, sometimes polysymptomatic patients who are already fairly regular users of both primary and secondary care services, in spite of having no formally defined physical

or psychological illness. Of course much work goes into interpreting medically unexplained symptoms; in a gravitational model though, such patterns are not just logical but entirely expected, as behaviours and even symptoms themselves are shaped by the gravitational force of the system.

If the hypothesis were true, would it matter that our society was being slowly medicalised by its own health system? One answer may lie in economics: our young frequent attenders, such as those alluded to above, are going to have their life chances severely curtailed, with, for example, the chances of building a career being massively reduced. On the large-scale, too, intensified illness behaviour through cultural change would massively detract from skills development and national productivity.

However, just as important for ourselves as health professionals would be the effect on demand caused by cultural shift. Going back to the day-to-day NHS once more, we already see a level of demand which is threatening the system to its very roots; however, a gravitational model such as that hypothesised would suggest further increases in this demand, as intensified illness behaviour met the diseases of unhealthy lifestyle and later life.

Therefore, the suggestion is that the NHS, while working beautifully in the right dose at the right time, can also function, at the sociological level, as a poison, by means of a gravity which works, crucially, not so much upward to better health, but inward toward itself. Akin, perhaps, to Illich's force of 'medical nemesis',¹ but not even requiring the latter's drivers of professional and corporate greed. Could, finally, there be a cure, or at least some kind of counterbalance to the proposed gravitational force, if indeed it exists? To end on a hopeful note, for a human to escape gravity takes many thousands of pounds of thrust, but for a bird all it takes is its wings and the inclination; perhaps, then, good designs will help the NHS survive. Exactly what these designs may be though, I would have to leave, like Newton, to 'ye consideration of ye reader'.

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