

## 'Hitting Targets':

a poem from a study of cardiovascular disease prevention

*'Poetry is when an emotion has found its thought and the thought has found words.'*  
(Robert Frost, 1874–1963)

Practising care is an emotional business. Healthcare professionals witness and attempt to treat, or relieve, suffering of many kinds.<sup>1</sup> However, many find that there is little space within day-to-day clinical practice to reflect — for emotions to 'find their thought' — far less 'thought to find words'. In fact, this may be actively discouraged.<sup>2</sup>

Here, we present a short poem that Caroline (first author), a healthcare researcher, created from an interview with Simon (second author), a GP. The poem is constructed entirely from extracts of Simon's own words taken from an interview carried out as part of a study of cardiovascular disease prevention in general practice.<sup>3</sup>

The poem spotlights tensions in Simon's work as he is torn between hitting preventive targets for managing population health and responding to individual patients' needs as they present in frontline practice.

### Hitting Targets

*I love hitting targets  
I'm really good at hitting targets  
It's important that you hit the targets  
That's how you're perceived  
And we can do it*

*I feel torn  
I want to hit the targets; I want to be a  
patient-centred GP  
Oh shit, my diabetic figures are really bad  
We're coming to the end of the year  
I must sort out a few more people  
I'm tempted*

*She wanted to talk about her anaemia  
The nurse appointments are fully booked, it  
was now or never  
It comes up in pink boxes, it's like someone  
shouting  
I hate myself for doing it  
I stuck her on the bloody couch  
Her pulses were fine  
It wasn't in the slightest bit appropriate  
I wanted to hit our figures  
She would be another one towards the  
target*

### THINKING DIFFERENTLY ABOUT HEALTHCARE PRACTICES

*'Poetry is language at its most distilled and  
most powerful.'* (Rita Dove, born 1952)

*'Poetry is the lifeblood of rebellion, revolution,  
and the raising of consciousness.'* (Alice  
Walker, born 1944)

The experience of tension and emotional strain highlighted by this poem is not predominantly as a result of *witnessing patients' suffering*, but is shaped by the *management systems* that constrain Simon's, and other GPs', work. Based on the concepts and practices of evidence-based medicine, these systems (which include guidelines, economic models, and algorithms) are designed to monitor and improve the implementation of scientific evidence in frontline clinical practice. Although intended to safeguard and improve the quality of care provided, they do not always sit well with the 'real' and more uncertain world of patients' lives and concerns.<sup>4</sup>

Indeed, the dissonance precipitated can feel very uncomfortable for practitioners working at the interface of the worlds of science and a patient's individual life. As the poem highlights, performance targets accentuate this dissonance as they draw practitioners' attention towards a limited set of actions that may clash with their clinical experience and knowledge of what is important to (individual) patients. The poem emphasises the limitations of management (scientific) knowledge, which overlooks many of the complexities of frontline practice.

On reading the poem, Simon appreciated the way in which it captured something he felt was important but that he would not have been able to articulate as eloquently or poignantly himself. Others have enjoyed the 'readability' of the poetry, finding it more engaging and approachable than typical reports of qualitative research. For Caroline, the process of forming poems from participants' own words helped to distil some of the tensions that were latent in participants' accounts, supplementing more conventional techniques in qualitative research. It allowed her to communicate the surprisingly emotive content of interviews (which had been designed to map preventive care *processes*)<sup>5</sup> and to

bring out the human quality of the accounts (the awkwardness, the contradictions, the absurd) as part of conveying more 'serious' research findings.

We share this poem for readers' enjoyment and reflection, and hope that, in a very small way, we can draw attention to the tensions produced within contemporary forms of healthcare management. We would also like to contribute to a broader conversation about what is important in delivering care and provide a refreshing contribution to the task of 'rethinking' some problematic 'industrial' practices of care.<sup>6,7</sup>

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Caroline Cupit's study was supported by the Health Foundation (Improvement Science PhD award).

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DOI: <https://doi.org/10.3399/bjgp20X708629>

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