

Life & Times

Spectacular health care

In a society where only the healthy receive health care, the cure becomes the disease. COVID-19 has demonstrated to the nation and reminded us of the responsive nature of primary care. However, the question of why this truism had to be paraded across various media is an important but avoided one. Perhaps it is because representation of experience rather than experience itself has come to dominate the value of anything in the modern age.

The primary medium of representation in our time is that of images. Television broadcasts showing individuals clapping outside their homes for the NHS juxtaposed with those of PPE shortages and deceased healthcare staff create a fragmented pseudo-reality that simultaneously unifies and separates. The omnipresence of social media means no individual is immune.

Never have we been so close yet so far apart from one another. Into this inverted world, GPs now find themselves at the threshold of seemingly irreversible change: a concerted transition to default video consultation catalysed by a pandemic.

It is said that our upside-down image-saturated world was anticipated by Guy Debord in his book *The Society of the Spectacle* written in 1967. Debord was part of the Situationist International movement, an anti-capitalist group that emerged following the Second World War. He derides the inauthenticity of modern life dominated by an autocratic market economy where human life has been degraded from what an individual is, into what an individual has, and then further into what an individual appears to have. Everything lived is now a representation and social relations between people are image mediated.

More than 50 years later the concept is clearer than ever when we reflect on the echo chambers of Twitter and the algorithms of Instagram. Debord states that the solitary message of the unreality of the spectacle is that *'what appears is good; what is good appears'*. Laughing crying emoji.



The Doctor. Sir Luke Fildes 1843–1927. Oil paint on canvas, 1664 x 2419 mm. Tate. Image released under Creative Commons CC-BY-NC-ND (3.0 Unported).

A pandemic appears and the spectacle replies. The persistence of routine video consultation beyond the necessity of the crisis is now a serious and likely possibility. Looking ahead, it will be the preferred option in a never-ending emergency. We align ourselves with the spectacle and it aligns itself with us.

The fetish for remote medicine once again exposes the inescapable diktat of the market economy on transactional health care. It has simultaneously made the authentic doctor-patient interaction redundant while preserving our labour as a commodity. Such spectacular technology is presented as desirable but instead creates an artificial pseudo-need that leaves all parties less satisfied than before.

Despite 'seeing' more patients remotely, we become more isolated, living our lives in lonely clinics and solitary consultations. The art of medicine becomes abstract, doctors and patients united in their separation. Like tiny satellites, every GP has been gently manoeuvred into a decaying orbit. This trajectory was set long before COVID-19, which has merely accelerated our descent into the sphere of the spectacle. We all have a video channel now. Please subscribe.

As with any commodity, rules of scarcity and perceived value will apply. Cost-effective. More productive. The commodification of the GP consultation continues. Tudor Hart's

inverse care law warned us, but it is now that we embark upon the asymptote of our professional destiny. The terminal project of fully automated health care will be both the counterfeit paradise and the invisible prison of doctors and patients alike. Like travel influencers on imitation holidays, both doctor and patient will no doubt post a photo of their unlikely encounter on Instagram for others to passively experience the unreality of it all. Welcome to the age of #SpectacularHealthcare.

Is there any stimulant to counter this somnolence? The Situationists developed the process of *détournement*, where pre-existing images are modified to reveal a new message or one that has been forgotten. In the case of health care, there is perhaps no better candidate for *détournement* than Fildes' *The Doctor*, an iconic portrait of a Victorian-era physician on a home visit that remains a perennial favourite of medical educators to explain the doctor-patient relationship. Yet, it also exemplifies the duplicity of our modern spectacle-driven desires. The powerful and wealthy doctor visiting a poverty-stricken family is a powerful piece of propaganda used historically by proponents of the NHS to extol the virtues of socialised health care and by the American Medical Association for precisely the opposite. The incongruity of this revered image becomes obvious when one notes it is conspicuously devoid of any medical technology even by the standards of the day. It is completely at odds with the current desperation for telehealth. Simple, silent, authentic human interaction.

The painting is both the enigma and explanation of the predicament of modern medicine. Yet, the original image has itself been assimilated by the spectacle. Perhaps someday it will once again resonate within our professional conscience. Please follow, like, and share.

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"The terminal project of fully automated health care will be both the counterfeit paradise and the invisible prison of doctors and patients alike."
