"Our profession in today's NHS"

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"I know you need the bed."

I hear this phrase at least once a day in my role as a junior doctor at one of the biggest tertiary centres in London. It is a plea to stay from patients, who do not feel they are yet ready to be discharged; it is a bargaining chip – a bribe – offered by patients pushing to be discharged sooner; it is an apology that slips from the mouths of patients who are embarrassed about their need to be in hospital, and who feel they are taking up extra space.

It is in this phrase that I feel the role of a doctor in today's NHS is best captured: the human face of an institution achallenging. In this essay I will further define this role, as I see it, and explore the ways in which politics, the media, and the internet shape this role for doctors in ways beyond our control. I will also attempt to show how being the human representatives of the NHS can be one of the most rewarding parts of the job.

Man and the Machine

In all of the scenarios outlined above, it is clear to me that the notion of beds – representing the limitations of all NHS services – looms large in the psyche of our patients. The trials and tribulations of the NHS have become a large part of the daily of news and social media cycle that the public consumes. This means there is a preconceived idea (or many) of what the NHS is, and of what state the NHS is in at any given time. Though the professionals working within the NHS may be aware of these preconceptions or headlines, it is something we are always likely to remain removed from due to our position within the system.

For much of the general public, however, a large part of their ideas about the day-to-day workings of the NHS come from only what they are able to read/watch. Therefore, it is no wonder that they engage with medical care in a certain way, governed by these preconceptions. Beds become precious currency: to be coveted, bargained or ashamed of.

It is here that doctors become more than we signed up for, in a way. Yes, we 'practice medicine' and make decisions about care, but to the people I see as a junior doctor I could be interchangeable with any other face in the hospital. It is the system that matters more, the system that gives beds and takes beds away. The idea of the NHS now exists more in the world of patients than in ours. And we are the human face of it.

General Medical Counselling

The GMC's Good Medical Practice (GMP) states, *"never abuse your patients' trust in you or the public's trust in the profession"*[1].

Though this statement feels rather sweeping, it is something that comes up most days at work. For example: when an investigation is cancelled or delayed, when decisions made and then changed, it can often be a battle to keep patients on side. There is only so many times one can assure a patient that their scan will happen ("It'll happen as soon as possible and, as soon as we know when, we'll let you know") before that patient begins to lose faith in the system or their trust in the teams looking after them.

It is at these moments, when emotions run high, that the human face of the doctor becomes a crucial factor. We exist, alongside all other ward staff, as faces to which blame can be ascribed and tempers targeted. But we also exist as real people, who are able to explain, re-assure and help patients through times when they may feel adrift in the system.

Not only do we struggle to meet the first half of the GMC's aforementioned requirement, we are often unwillingly forced to address the latter half. Recent political events have thrust the professional lives and means of doctors into the media, and the widely reported misfortunes and misdeeds of individual departments or individual doctors are often in the minds of the people we are treating; even if those events happen halfway across the country. Just as the NHS unifies us all under one umbrella, we all represent the health service now. At both its best and worst.

All I Know I Learnt From Telly

Increasingly in the last few years, television has been swamped by medical programming. Not just the standard continuing drama of *Holby City* or *Casualty*; but the sensationalism of *Dr Foster*; and perhaps the biggest subgenre of medical television: the gritty, frontline documentary. The BBC's *Hospital*, which followed the ins and outs of NHS operations, and Channel 4's *24 hours in A&E* give the public an almost voyeuristic insight into what it is like to be working at the cold face, so to speak. It is phenomenal to have such media interest in what we do, especially as most of it serves to support the cause of the NHS, and to give its staff the recognition they truly deserve. But this in-depth coverage comes with its own issues.

As the NHS is laid bare on our screens, its doctors are exposed to the scrutiny of the public: they are to be pitied or praised in equal measure. The typically paternalistic profession is forced to become vulnerable. Whilst these programmes do a lot to humanise the system of the NHS and make medical care so much more personal than it may otherwise appear, humanisation can be a burden borne by the staff. Doctors – especially junior doctors – have been set apart from other professionals (even more so than before) and are forced to inhabit the role of the martyrs who 'work so hard' in the face of such 'difficult conditions'. In fact, YouGov data shows that the two most frequent words its users use to describe the NHS are 'essential' and overstretched" (YouGov n.d.). This is not how many doctors would like to see themselves, nor does it incentivise people to join the profession.

The self-sacrifice of doctors is a narrative conducive to getting the general public on side and to help further the cause of the NHS. But it also is a narrative that defines our profession from without and sets standards and expectations for our practice that are formed in the minds of our patients, not by doctors themselves.

Dr Google

Technology and social media, more than television, will be the language of the next generation of patients in the NHS, as much as they are the language of the incoming wave of doctors. We whizz around the wards on our computers-on-wheels, communicate on our smartphones, and interact more with the BNF as an app than a book.

The rise of technology has already brought challenges to the medical profession. The most common of these challenges is the 'googling' of symptoms. Thanks to the internet, patients are able to draw upon libraries worth of medical knowledge, available for free, to investigate their own signs and symptoms. Often this use of the internet is derided by doctors or seen as an annoyance – a barrier to a good consultation. Yet I believe our scorn for this sort of curious patient stems from a deep insecurity: the internet is undermining and devaluing the wealth of knowledge we have spent years accumulating and hoarding as a profession and has made it freely available to the masses.

I do not think that the rise of the internet, however, need be a strain on the patient-doctor relationship. The fact that a whole generation of patients now has the ability to be informed, expert and engaged in their own healthcare through the medium of technology is exciting. Like it or not, technology is set to revolutionise modern medicine. Having said that, I do not think that doctors will be replaced by technology. As stated above, one of the most powerful parts of our role is being the human point of contact in the clinical world.

But I do see that our profession is changing, and that we have the ability to shape the NHS to accommodate the technological revolution: real-time, biometric data; virtual clinics; app-based triage – all of these are ideas our patients are ready to engage with. Another of the GMC's pillars of good practice required doctors to both "*work in partnership with patients*" and "*support patients in caring for themselves to improve and maintain their health*"[1]. Technology can facilitate this aspect of our role immensely. I think it is often the conservatism and pride of doctors that is holding us back from fully embracing it.

Closing up

I this essay I have tried to explore some of the themes that shape, and are likely to continue to shape, the role of the doctor in today's NHS. As much as being medics and surgeons, we are the human cogs of a sometimes-impersonal institution; we are engaged in managing the perceptions and expectations of our patients as influenced by the media; and we are increasingly dealing with the rise of technology and a democratisation of medical knowledge. These can feel like pressures, for which we are wildly unequipped. The role of the doctor in society is certainly not something that was explored as part of my medical training. It is something I have had to come to terms with independently.

Just as the rise of communication skills training in medical schools has produced a cohort of doctors able to depart from the paternalism of the past, heralding the patient-centred world we practice in today, a similar shift in our vocational training to incorporate the sociological and technological frontiers of medicine is what I believe will prepare tomorrow's doctors to meet the demands of working in the NHS. has not always been held asa doctor's identitythen the identity of our profession t always faced with so many competing challenges and demands as exist today. The NHS as we know it has already changed, it is time for us to change too.

Works Cited

1. General Medical Council. 2014. *Good Medical Practice.*
2. YouGov. n.d. *YouGov UK.* Accessed September 15, 2018. https://yougov.co.uk/opi/browse/NHS.