

Our profession in today's NHS

There were no stars in the sky so when the hospital came into view it caught Bernie by surprise. Despite a mosquito splattered windscreen and a night's worth of driving north, the realisation that he had reached his destination along with the littler snorer in the back seat suddenly pierced his heart, and he felt a prickle in his throat. It wasn't relief: he was quite aware that this journey was unlikely to result in saving his daughter. It wasn't hope either. He just wanted to know the truth. As he drove up to the gate, he could see the blue and white sign, at one time clean and clinical, was now faded and slightly grubby, but the strap-line "free at the point of use for emergencies" was still there. He pressed the buzzer. A pre-recorded voice crackled: "NHS PLC, what is your citizen number and care tier?" A number of options appeared and as he repeatedly jabbed at the "help with health journey access" screen, a muffled voice intervened: "don't worry it broke years ago Mr Richards, I'll buzz you in-just park at the emergency entrance and I'll meet you there". As the gates swung open, the old hospital compound appeared: a heterogeneous mass of contrasting architecture which would have at one time been lit even at this hour, but which now loomed quietly in the dark. He followed the signs, and eventually arrived at the public doorway for emergencies, where the solitary figure of Dr Bee appeared. Lit from behind, his slight stoop and shock of white hair gave an impression of loneliness in the vast expanse, but as Bernie picked up his sleeping daughter and walked towards the doctor, a set of warm eyes and a firm handshake reassured him that this man still possessed strength, and what he had come for: a sense of how to treat a human in distress. "Hello Mr Richards, it's good to finally meet you and little Army in person" Dr Bee smiled "Welcome to the National Health Service Museum!"

As the doctor led him down a long corridor asking questions about his journey, Bernie caught glimpses of hand-written placards next to glass cabinets filled with a variety of NHS objects from the past. Rooms which had once been medical bays led off either side arranged in themes explaining the history of the NHS such as "1948 and how they did it", "shifts in culture of care", and "the great staff replacement". Outside one room named "the end of the NHS" was a grey plastic box on a pedestal labelled "fax machine". "That's my little joke Mr Richards. The NHS was still using this outdated communications device long after the rest of society, but it still holds a place in my heart as frustrating as I found it at the time. Of course this was around the time Diag apps came into use-they were dangerous at first but then tech giants and government cottoned on. Then came the Long recession and tiered packages with choice points to try to keep the middle classes paying in-that was way before the fall of East England into the sea. The half-hearted attempts to raise money by selling more land to keep up with prototype Robo-docs whilst the population was actually increasingly afflicted by the reappearance of old diseases led to the situation we see now, and the experience you've had...but I digress-I'm terribly sorry Mr Richards-you're here for your daughter not my museum spiel. Here we are-I'll show you to your room and in the morning we'll sit down properly and talk about your daughter", and with that, he opened a door labelled "universal health care", and showed Bernie a comfortable room where he and Army could rest.

The following day, Dr Bee took them to his consultation room. "Now before we start, I must share with you again the fact that I am no longer an official doctor recognised by the GMC. I want you to know that my advice is given on a personal basis only: I gave up my registration when I couldn't find indemnity to cover me when I disagreed with patients you see and I kept getting into trouble when I refused to advise patients to take company policy treatments when I thought them unsuitable. I also couldn't keep up with the time slots they demanded". "It's ok Dr Bee, I understand the risk you're

taking. I've read your articles, and even though my wife thinks we should go with what the Robo-docs are saying, I just feel Ermy is suffering too much". Then Dr Bee patiently listened as Bernie recounted the story of his daughter's illness, from two years ago when they noticed she wasn't as tall as her nursery friends, to the endless appointments where machines poked and prodded, measured and compared, tested and re-tested, and the steady decline in Ermy's interaction with anyone, her increasing pallor and weight loss, the refusal of school to allow her attendance so that the other parents weren't upset, and the news that to prevent death, she would need The Intervention Package. The distress of having to share their journey online to pay for treatments, the public judgement when they revealed they could not afford the top tier of death-prevention journey photos, and the potential loss of their child were all so painful that Bernie had to apologise for the tears that came as he spoke. "Don't worry Mr Richards" said Dr Bee, "your tears are a sign of love-parents who only shout are not listening to the truth". So the conversation continued, and two hours passed, only interrupted by Dr Bee's wife bringing tissues, and tea. After history taking, general examination, and a detailed review of all the previous tests, Dr Bee finally stated: "Well Mr Richards. I believe that I have an answer for what has happened to your daughter". "Are you sure?" Bernie replied "Just like that?". "Yes-I think that little Ermy is not dying at all-well no more than any other healthy human being! As far as can be ascertained from what you have shared, and my examination today, death from a terrible disease does not appear to be imminent, and I think that the cause of her small frame is simply a result of being who she is. The description of her appearance as abnormal and the constant testing has resulted in her disengaging with the things which she might have otherwise enjoyed, and her loss of weight and paleness is probably a result of her unhappiness".

Bernie was shocked. He hadn't considered this possibility. He had thought for so long that he had to fight to save his daughter, to take responsibility for all the bills, to engage with the repeated emotionless consultations which were strictly time-limited, and to defend his actions when he was perceived by the public as not doing enough. But now this doctor who had once trained in the defunct NHS was telling him this wasn't true. However something about the way he had spoken, and the use of the word "probably" meant that he instantly trusted the opinion. The Robo-docs had always been so certain that the next batch of tests was necessary, but here was Dr Bee saying that Ermy was normal. She didn't need to look like the other children with perfectly symmetrical faces. She just needed love. As a weight seemed to lift, Bernie asked Dr Bee what to do next, and he calmly explained his non-interventionist approach to restoring his daughter to physical and mental health.

In the years that followed, Ermy gradually became strong, and Bernie often thought of the interaction which had changed her life and wondered if Dr Bee would remember it as much as he did. It was with great sadness that he came across an obituary which read:

Dr IC Bee. Born 1992, died 2082. Beloved husband, father and grandfather. *In honesty there is hope.* His life spanned a period of great global change, and although in recent years he led a life of relative anonymity as the curator of the little-known NHS museum, he will be remembered by many of his peers as a radical medical leader and advocate for the medical profession as integral to patient care in a time when human technical capabilities were being superseded.

Soon after starting his career in the NHS, Dr Bee became interested in the challenges of increasing demand, technological change and national conversations about the sustainability of healthcare provision. In the wake of a series of disagreements between the profession and government, like

many doctors of his time, Dr Bee recognised that low morale and lack of recognition of systemic pressures would eventually lead to a tipping point in quality of patient care in an increasingly divided nation. Dr Bee founded the Doctors are Human Group which campaigned for the acknowledgement of medical professionals as humans working in a system under strain and a promotion of their interests. This group argued that improvements for the NHS as a whole would lead to better working conditions and a reduction in staff exodus; if the nation looked after the NHS, its workforce could more easily promote its founding values. A public perception of the group being motivated by self-interest prompted Dr Bee to later remark “I should have been less naïve: at the time I thought that the public would be on our side, but as it became obvious that vested interests were controlling the narrative, the public believed that we were to blame, and many doctors stopped caring in order to protect their own health. We should have explained it better”. In his later role in medical journalism, Dr Bee wrote extensively on a range of topics including the need for humans in easing suffering, the importance of honesty in the medical consultation, the value of expertise in society, and the role of doctors in influencing policy. However, it is his earlier battles in fighting for the NHS for which his colleagues often remember him.

His friend Dr C Yatie stated “Many of his critics would say that he didn’t move with the times, and that his stubbornness in promoting a failed model ultimately contributed to the collapse of the NHS. However, this assessment was wrong: Dr Bee was fundamentally driven by his belief in the ability of the team and the need to promote the possibility of better health rather than prevention of death at all costs. He did not feel threatened by the rise of roles which overlapped with the traditional physician and instead encouraged and mentored his colleagues in order to promote better care for patients. Contrary to popular belief, he was a huge advocate of the development of medical technologies, because he thought that it would make more time available to spend with his patients in assessing the human factors important to their care. However, he became disillusioned with a sole focus on medical robots as a panacea to all ills, when even the basics were not being provided, and when it became clear that the solutions being offered were being motivated by share prices. This led him to focus later in his career on wider societal changes important for health, although he admitted himself that this approach would no longer pay the bills, and he took a paid position as a Robomedicine consultation initiator. I will always remember how much he hated that job because of how far it seemed removed from his belief in the power of the doctor-patient partnership, and the balance of trust which he felt had shifted too far the wrong way in society. I think he was happiest on a day when he had been able to use his brilliant communication to make the experience of one patient better”.

His family will remember him as someone who tried to help, and who believed in the importance of explaining truth even where there is disagreement. His funeral will take place on Wednesday 1st September.

