

Nomination text: Leadership Awards 2016 – Positive Deviant

The more rules, the more corrupt the state.

Tacitus (AD 56 – AD 120)

Dr David Zigmond is an unabashed outlier. He is a general practitioner (GP) leading a small practice in Bermondsey, South East London. He has practised there with his dedicated team for almost 40 years and has an impeccable record. He has chosen to spend his lifetime working in an area of high deprivation with multiple complex needs and many-layered human adversities. He has kept a small list of patients so that he would have time for people, but at financial cost to himself. He is obstinate on the issues he cares about most. He is a conviction physician: he refuses to compromise on his professional and human values.

Apart from his role in diagnosis and medical management of significant disease, he feels himself to be ‘containing’ the multiple adversities of his patients. He does this primarily through building and nurturing relationships and through his expertise in psychiatry and psychotherapy as well as general medical practice. He has the advantage of a remarkable memory for individuals and their stories. Alongside this deep concern for the unique individual, he is also able to see the big political and economic picture of healthcare as it is tossed around by market forces and the gusts of narrow political advantage. He is a prolific writer, where a recurring theme is his deep regret over the displacement of supportive collegiate relationships by electronic data transfer. In the face of his almost lone position, he has maintained his professional sanity through his family and friends, through his writing, through his membership of the *British Holistic Medical Association*, and perhaps above all, through the deep satisfaction and privilege of his professional interactions with patients.

What can we learn from the brief sketch of this independent-minded GP? At the heart of his work is human relationships and the trust and understanding that flows from them. These are built and maintained through conversation, some would say, dialogue – a particular kind of listening and responding with an open mind. Of course, when face-to-face, much of the communication is embodied and non-verbal. In a moving but very brief essay, Zigmond described the work of a vet from a series of consultations he observed. He later used the title of this beautiful description as the collective title of his anthology: *If you want good personal healthcare - See a Vet*. (Link: http://www.marco-learning.com/pages/david-zigmond/n14.8.14_If_you_want_good_personal_healthcare.pdf)

His writes not only for reflective self-care, but perhaps even more, for the promotion and sharing of his ideas. On 1st October 2015 his anthology, (Link: <http://www.davidzigmond.org.uk>) was launched at the Royal Society of Medicine in London. His website includes a short video clip from the launch. His full archive from 1976 and a brief biography is available here. (Link: <http://www.marco-learning.com/pages/david-zigmond/david-zigmond.htm>).

In July this year David Zigmond’s world turned upside down. He was notified by email in June 2016 of a scheduled July inspection of his surgery by the health sector regulator Care

Quality Commission. He had had a previous inspection in February 2014 and assumed this would be similar. He noted the date but did not read the detailed instructions that accompanied this message. His first inspection (Link: http://www.cqc.org.uk/sites/default/files/old_reports/1-495556335_Dr_David_Zigmond_INSI-505215047_Scheduled_28-03-2014.pdf) was soon after the CQC began inspecting primary healthcare. On this previous occasion his surgery passed all the hurdles with no problems noted. There had been no significant changes in the practice since that time. However, he did not realise that the regulations for GP practices had radically changed towards the end of 2014.

The changed inspection regime is very different. The process looks at five domains: Safe, Effective, Caring, Responsive and Well-led (Link: <https://www.theguardian.com/healthcare-network/2015/jul/16/outstanding-gps-patients-cqc-inspection>). Each domain is considered separately for six patient groups liable to have differing needs. To produce the ratings, each of these 30 parcels of 'evidence' is measured against 28 regulations covering health and social care. The ratings are finally published as a 'grid'. In his online video proudly introducing this (link: <http://www.cqc.org.uk/content/gp-practices-and-out-hours-service-providers>) the Chief Inspector of General Practice, Professor Steve Field, speaks of 'key lines of enquiry' (a favourite police expression) and states that 'Rating is such an important part of what we are trying to do', and, 'unfortunately, there is unacceptable variation'. This heavily bureaucratic process seems aimed at compelling conformity and uniformity through dissection into parts – it is difficult to imagine anything less holistic. It seems that without the willingness to comply with this regime, including a 'presentation' to the inspectors, the practice can be assumed to be a danger to the public.

David Zigmond's own remarkable account of his inspection (Link: [http://www.marco-learning.com/pages/david-zigmond/new-2/n14.09.16%20Death%20by%20Documentation%20\(article\).pdf.pdf](http://www.marco-learning.com/pages/david-zigmond/new-2/n14.09.16%20Death%20by%20Documentation%20(article).pdf.pdf)) and the subsequent events later that week, presents a powerful evocation of the process as he experienced it. From his description, the interaction was bizarre enough in parts to appear comical in its tragedy.

His non-cooperation with the bureaucracy he so much dislikes arises from his strong feelings about the uniqueness and primacy of the human relationship as experienced in encounters with patients. He insists that high-quality medical care cannot be adequately communicated through documents and particularly through ratings. He has made his views public in his many publications over several decades. A good example is his 2012 essay, 'From Family to Factory' (link: http://www.marco-learning.com/pages/david-zigmond/n14.8.14_From_Family.pdf), in which he argues that healthcare should be more like a family and less like a factory:

Our factory-type healthcare will deal poorly with those many human ailments that need different kinds of personal engagement for their relief and transcendence. These require healing encounters that mobilise the sufferer's internal resources for immunity, growth and repair. These are subtle and delicate activities and –

importantly – cannot develop in a factory culture, whose structure and function both depend on rigidity (like a vehicle chassis). They can only emerge and thrive in a family-type milieu where structure and function and strength are linked to flexibility and elasticity (like a tyre).

The inspection over, he got on with his work. Three days later, on Friday 8th July 2016, he received a phone call at 6pm informing him that he is summonsed to appear at Camberwell Green Magistrates' Court the following Monday morning, 11th July 2016. The Care Quality Commission had applied to “urgently cancel the provider’s registration under section 30 of The Health and Social Care Act 2008 on the basis that there were several breaches of the 2014 Regulations which presented serious risks to people’s life, health or well-being.” (Link: <http://www.cqc.org.uk/location/1-495556335/reports>). All of the accusations against his surgery concerned processes and procedures. His popularity and respect amongst patients and staff were not disputed. David’s request for an adjournment to seek legal representation was declined and after an eight hour hearing the surgery was ordered to be closed immediately. Patients arriving for their appointments on Tuesday morning were confronted with a ‘Surgery Closed’ notice on the door.

On 18th September an article by journalist, Angela Neustatter, (Link: <https://www.theguardian.com/society/2016/sep/18/the-ousted-doctor-my-patients-souls-matter-most>) in The Observer colour supplement was prompted by the very much delayed publication (on the CQC website) of the formal report of the inspection. The subsequent public response in The Guardian website was dominated by astonishment and incredulity that a much loved surgery would be closed down for reasons of documentation (though some confusion was caused by the journalist mistakenly claiming that David did not use a computer in the surgery – he does, or rather did!). A few comments were supportive of the need for data. Of course, this is correct. Like all of us, David Zigmond could learn to value with sensible discernment the number people and compilers of reports.

He has a priceless message we should all hear and strive to understand; whilst Professor Steve Field and his team have made costly and tragic errors. It is difficult to avoid the suspicion that the CQC’s role is not to protect the public, but to protect the system. By that is meant both the system of regulation and the increasingly automated and uniform system of healthcare. Zigmond’s energy and fertile mind is not self-promotion but is aimed at serving society’s needs for improved human, whole-patient care everywhere.

William House 15 October 2016
Chair, British Holistic Medical Association