MEDICINE AND THE MEDIA

I was an election poster boy

As an unemployed junior doctor **Quentin Shaw** unknowingly became the star of Labour's election posters in 1983

In the spring of 1983 I was temporarily unemployed between junior doctor jobs. An acquaintance suggested that I meet some colleagues of her husband, who might pay me to work as a model. I was intrigued.

At the glamorous advertising agency they told me about a big public service trade union's plan to run a campaign about the evils of cutting public spending. One poster was to highlight unemployment among professionals, and they thought it prudent to use real people as photographic models. I would need only to be unemployed on the day of the photograph. They showed me a sketch of the poster, which showed four unemployed mugs, and told me that the photographer was to be Lord Snowdon. I laughed out loud at the thought of the Queen's brother in law working for the National Association of Local Government Officers (NALGO).

Snowdon's studio was at his home in Kensington. As requested, I took with me a white coat and a stripy tie. The art director and Lord Snowdon looked disappointed: their consensus view was that I didn't look much like a doctor, and my stripy tie was not smart enough. The solution was for me to borrow a fine-striped silk tie brought down from Lord Snowdon's wardrobe. He then photographed me in natural light, a long process on an overcast morning. After two hours the final portraits were shot on a large format camera. My life as a model was over, and I prepared to leave. As we shook hands Lord Snowdon murmured, "Aren't we forgetting something?" Flustered, I wondered what. He smiled thinly: "The tie."

After this surreal interlude my life returned to its marginal existence. The poster appeared, I presumed, on NALGO noticeboards, where I never saw it. But then Margaret Thatcher called the snap "Falklands factor" election for 9 June. The poster hurriedly became a full page newspaper advertisement. Beneath four professionals with the word "Unemployed" stamped across their chests the copy read, "When will politicians start using their brains? Unemployed: 2000 trained doctors, 8140 trained nurses, 38 400 trained teachers, and 28 900 skilled technicians."

It continued: "Look at this lot. Not the wasters and scroungers some people would have you believe. Far from it. They're the people who teach us, train us, look after us. And if there's no future for them there's no future. If you need an operation, despite empty beds in hospitals, you'll either have to wait for up to six months or get really ill. And why? Government cuts. If you wonder why your kid's classes are too crowded for them to learn anything, or why you're forever providing old clothes for jumble sales, for school books, the answer's the same. If you wonder if your teenager will ever get a job, or why some of the country's leading technical colleges are closed, or why there are no real training opportunities, or why so many skilled engineers are on the dole: you guessed it. It's a terrible waste of the money it costs to train people. It's a terrible waste of working lives. And the madness is this: a few educated political theorists think spending £15 000 million a year to keep 4 million people doing nothing is a good investment for the future. If this gets your vote make sure you use it."

No regrets (apart from the tie): Quentin Shaw looks out from the left of a billboard

Huge versions of the poster appeared on advertising hoardings. My girlfriend was unnerved by me constantly staring down at her like Lord Kitchener. Colleagues began to recognise me. Their general opinion was that it had been nice knowing me but that I had committed career suicide.

Finally 9 June came. With my help, Michael Foot led the Labour party to its worst ever election defeat, and Margaret Thatcher won by a landslide. In retrospect it may seem odd that skilful advertisers should ever have thought it was a good idea to appeal to the electorate with the prospect of medical unemployment. Doctors are now seen as well paid and not exactly public sector workers. Few people now challenge the market view that a low level of professional unemployment is a good thing, to encourage others and to suppress excessive wage demands. That acceptance itself shows how far we have come. In 1983 the medical workforce had been planned nationally a decade ahead, right from the moment when the medical schools were told how many students to admit each year. Our excellent education had been state funded. We had no student loans or debts. The government had trained us and owned us: we were as much fixed assets of the state as British Rail locomotives or Royal Navy battleships. The poster's message was more about avoidable government waste than the personal cost of unemployment.

I remain as proud as ever of the health service, and I'm less worried now about its future than I was in the 1980s. I take a longer view and see the current state of the NHS as a passing moment in a continuous crisis going on since 1948, a crisis that the NHS constantly survives, because, to quote the Lady herself, "there is no alternative."

I have few regrets about being the poster child for failing socialism. Young doctors of today may take reassurance from the fact that in this study (n=1) there was no such thing as career suicide. In fact I would say that I have only one regret: the tie.

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LIFE AND DEATH **Iona Heath**

Conflict between clinicians and politicians—and what to do about it

Both sides, clinicians and politicians, must not only accept but embrace the fact that they are bound to have different attitudes to healthcare challenges

As the general election approaches, it seems timely to ponder the apparently endemic state of conflict that exists between clinicians and politicians. Is such a situation inevitable and even necessary?

The most immediate explanation of the conflict concerns the relationship between demography and democracy. Politicians, reliant on re-election, must always put the needs of the population above those of the individual; clinicians, if they are to retain the trust of patients, must necessarily do the reverse. There is an irreconcilable and enduring tension between societal fairness and sensitivity to individual need. Democratic accountability mediated by the election process means that politicians are obliged to pay most attention to the demands of the well majority, whereas clinicians are inevitably most concerned by the sick minority. Politicians need to realise their objectives within the short term of the electoral cycle, whereas clinicians are often engaged in trying to provide continuity of care for patients over many years.

However, as always, the issue is more complex and more difficult than any of this. In his 1994 Demos booklet *Alone Again: Ethics After Uncertainty* (www.demos.co.uk/files/aloneagain.pdf?1240939425) the eminent sociologist Zygmunt Bauman reminded his readers that modernity had created two great institutions designed to maximise order and predictability in the ways of the world: the first was bureaucracy, the second business. Both have been used, in an increasingly bizarre and dysfunctional combination, to try to create these apparent virtues within the NHS. Politicians like order and predictability because they make the processes of government easier, but clinicians learn rapidly that health care is never predictable and that bureaucracy and business distort the transactions of care.

Bureaucracy relies on a clear chain of command, with each person allocated a role that is strictly defined. Bauman writes: "Everybody's action must be totally *impersonal*; indeed, it should not be oriented to persons at all, but to the *rules*, which specify the procedure." He continues: "One harmful effect is virtually unavoidable: people who come within the orbit of bureaucratic action cease to be responsible moral subjects, are deprived of their moral autonomy and are trained not to exercise (nor trust) their moral judgment." This is fundamentally incompatible with the care of those who are sick. "The most prominent among the exiled emotions are moral sentiments; that resilient and unruly 'voice of conscience' that may prompt one to help the sufferer and to abstain from causing suffering."

Business institutions, while different from bureaucracies in most respects, also marginalise the role of responsible moral subjects because goods must be allocated to the highest bidder, not to those most in need. Bauman again: "The short-term consequences for people exposed to one or the other of the two strategies may be starkly different, yet the long-term results are quite similar: taking moral issues off the agenda, sapping the moral autonomy of the acting subject, undermining the principle of moral responsibility for the effects, however distant and indirect, of one's deeds."

This seems to me the crux of the problem. As the US philosopher Stephen Toulmin has explained: "Medicine is the paradigmatic case of an *applied* art or science, and can be cited to demonstrate to us one important point about all applied arts and sciences. However much the pool of general knowledge on which medical practice draws may be ethically *neutral*, all specific applications of this knowledge in medical practice necessarily involve estimates about the individual patient's 'good.'" Medical care depends on moral subjects—both as patients and as clinicians, each capable of making moral judgments and assuming moral responsibility.

"Politicians like order and predictability because they make the processes of government easier, but clinicians learn rapidly that health care is never predictable and that bureaucracy and business distort the transactions of care"

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The essential conflict with the great institutions of bureaucracy and business, and with the politicians who advocate them, is immediately clear.

In this context Bauman is able to explain the waning of clinicians' morale that seems to follow when either bureaucratic or business models are in the ascendancy within the health service. "Neither modern organization nor modern business promotes morality; if anything, they make the life of a stubbornly moral person tough and unrewarding." The very best clinicians tend to be stubbornly moral, and it cannot be in the interests of patients to make their lives so tough and unrewarding.

Politicians tend to emphasise the uniformity of people. Despite the contemporary emphasis on choice, they cling to a normative view of patient aspiration, which is then reflected in the increasingly rigid guidelines that dictate clinical care. Clinicians, on the other hand, emphasise the diversity of patients and the challenge that this represents in providing the space needed to allow each individual patient to retain his or her moral stature—an aspiration that goes way beyond the meagre rhetoric of choice.

It is high time that clinicians and politicians not only accepted but embraced the fact that they are bound to have different attitudes to the challenges of health care and that they both have legitimate positions that need to be articulated as clearly as possible, within a context of mutual respect that has been almost entirely absent in recent years. A renewed commitment to genuine dialogue and to understanding that moves beyond caricature is urgently needed on both sides. Only if this can be achieved can politicians and clinicians collaborate to provide the best care for patients.

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