# Editorial

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## Patient-centred professionalism and population health: Negotiating the tension

This time it's my turn.

When I was first approached to be guest editor for this issue of the *New Zealand Family Physician* I was flattered, but fearful. I said no, justifying this response by the fact that I am not a general practitioner and could not therefore fill Tony Townsend's big shoes, nor those of his predecessors Rae West, David Cook, Tessa Turnbull, Campbell Murdoch, and Ian St George. Their names come alive in my memory because of the critical debate about New Zealand general practice they all fostered through this journal. It seemed a big jump for me to follow on behind them – even if only for one issue. From this you can see that I am a long-time reader and I have also been an occasional contributor for many years: the first paper I ever had published came out in the *New Zealand Family Physician* in 1989.[1]

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The clincher for me was the theme that Tony suggested I might like to use for this issue: patient-centred professionalism. Yes! I thought. I can do that. I'm a patient. And this is a rich topic to explore from a number of perspectives – as a patient, a GP, and for its implications on the primary health care workforce. Varying interpretations of values of 'professionalism' adopted by different sectors of the health workforce is something that I have observed and experienced quite forcefully on my perambulations through different countries.

I recall a conversation I had with a neighbour and good friend when I lived in the UK. She had been summoned to her local general practice for a screening cervical smear and had confided in me that she didn't want to go. She was a highly educated professional woman who had married later in life and had no children. From reading a literature that is inaccessible to most people (i.e. the scientific literature) she had reached the conclusion that she was at a fairly low risk of having cervical cancer – ever. There were no patient fees for visiting a general practice, but to go at the time allocated to her she would have had to take time away from her work, it was uncomfortable, and she had some reservations about the reliability of the laboratory processes. On balance, she decided that the costs of cervical screening, to her, far outweighed any personal benefit she might receive. Compounding her discomfit was the tone of the invitation letter, which was very 'sergeant-major-y', instructing her of the expectations of the writer, rather than soliciting her participation in a population screening programme from which benefits might accrue to women nationally. So I said *'Well, don't go.'* Easy for a New Zealander. *'But I have to,'* she replied. *'If I don't go, the nurse will tell my GP and he might drop me off his patient list, because I will have ruined his cervical screening statistics. He won't get the payment he needs to run the practice. And I like my GP,'* she said. *'I want to be able to keep going to him. All this is managed by a nurse in his practice. He won't know that she's written this letter. It's not his fault.'* I was completely stumped. This was 10 years ago, when the spotlight was just starting to go on general practice in the UK and notions of pay-for-performance were starting to be aired. It struck me as very coercive and, frankly, unethical, for a patient to be obliged to receive a health service she didn't want to receive, that would incur in her own mind only costs and no benefits, with the threat of being 'struck off' as a patient if she failed

to comply with orders. So she went. I found the episode very unsettling. In a health system containing much to admire, it seemed uncomfortably unprofessional to me for a practice to send out such a poorly worded, 'un-patient-centred' letter, for a nurse-led clinical function to have such direct implications for an ongoing patient–GP relationship, and to have a patient's 'compliance performance' so directly related to the finances of a practice. Ten years ago when I lived in the UK, I was grateful to be returning to a New Zealand where such things were unthinkable.

This time last year Dee Mangin and Les Toop published a stinging critique of the UK's Quality and Outcomes Framework (QOF) in the *British Journal of General Practice*.[2] Seen through the eyes of New Zealanders, and with pay-for-performance now being considered in New Zealand, they raised the possibility of the QOF causing more than occasional occurrences of situations such as the above with my neighbour. Their article attracted vehement responses ranging from assertions that the QOF is not 'so bad' (from a German writer)[3] to depressive responses from UK general practitioners, along the lines that this is what we have to do, we know it's not good, but we'll play along for now and hang out for the pendulum to swing back in favour of professionalism at some time in the future.[4] Twice in the last few months I have listened to Dee and Les talking about pay-for-performance in presentations at professional meetings. They propose a compelling and scary idea – that general practice consultations may become more about patients serving doctors' needs than doctors serving patients; patient-centredness honoured in its absence.

But here's the thing: 10 years ago, long before the QOF actually came to town, I saw QOF-like effects happening in UK general practice. Ten years ago patients had ceased being the central concern for the UK health system and counting tasks and measures were starting to dominate. Ten years ago patients were starting to notice and dislike new threats to their relationships with their GPs. They say that New Zealand is 10 years behind the UK. I don't think we are now where the UK was 10 years ago – but we're close. We have performance measures, screening programmes drawing patients into health care they would not otherwise choose for themselves, and a public health system driven by values that appear to denigrate a model of medicine based on individual patients and doctors reaching shared understanding of life, events, times, and illnesses.[5] Although it's not all bad, and our primary care delivery system works just fine for many patients, here's my vote as a patient: let's duck for maybe another 12 years or so – until 10 years after the British pendulum has swung in another direction. As a patient, I don't want my relationship with my GP to be premised on my compliance with screening programmes, clinical guidelines adherence (note 'guidelines', not 'instructions'), or any other public health device. Let's skip that stage.

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The papers in this edition of the journal all explore different dimensions of patient-centred professionalism. Wayne Cunningham writes of relationships being fundamental to medical professionalism, but he goes beyond patient–doctor relationships to consider broader society–medical profession relationships and he uses practical examples to model professionalism as a solution to workforce problems. Hamish Wilson takes a different tack. He explores the development of the concept, presenting the idea of continuing dynamism in 'patient-centredness' and our understanding of its dimensions. The original research papers in this edition showcase further issues related to patient-centred professionalism, from Margaret Horsburgh's stories of nurse clinics (let's hope their invitation letters were more inviting than my friend's in the UK!), to the implications of our general practice workforce transitions, discussed in Mel Pande and Andrew Stenson's report of the latest College workforce survey.

It has been a privilege and pleasure to guest-edit this edition of the *New Zealand Family Physician*. Andrew Stenson will perform this role for the next copy of the journal that you will receive, and following that the new permanent editor will pick up the reins. I am looking forward to a bright future for the journal.

## References


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2 Mangin D, Toop L. The Quality and Outcomes Framework: What have you done to yourselves? Br J Gen Pract 2007; 57(539): 435-7.
3 Van den Heuval H. Mangin on QOF. Br J Gen Pract 2007; 57(540): 580.
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5 Neighbour R. The inner consultation. Dordrecht: Kluwer Academic Press, 1987.