

A. Professional Profile

David Zigmond initially trained in Medicine in the 1960s. From this he developed a lifetime interest in the often dislocated but creative tension between art and science in understanding ourselves, one another and any effort to be 'helpful'. His explorations led to a crystallisation of humanistic and person-centred approaches to understanding (medically, 'diagnosis'), and influence (medically, 'treatment').

In the decades following his qualification he trained in General Medical Practice, Psychiatry and Psychotherapy (both psychoanalytic and humanistic) – an amalgam initially not uncommon, but later almost impossible, so now extinct. His professional involvement continued in all of these activities throughout his career – both as a frontline practitioner in the National Health Service and in postgraduate education of psychotherapists, doctors and other healthcare professionals.

His numerous articles, since the 1970s, investigate often-overlooked social and psychological aspects of care. His perspectives combine, particularly, the pragmatically humanistic with the accessibly philosophical. The resulting appeal, for disciplined and imaginative eclecticism, is more compatible with traditions of liberal education than with the current march towards regulation and hegemonised training.

He pioneered the distinction between *dis-ease* and *disease*, and the use of the terms *psychoecology*, *pastoral healthcare*, *headspace*, *heartspace* and

technototalitarianism: the developed themes are evident throughout his many writings.

Such sustained effort has needed kindred colleagueial guidance and support. He is a founder member of the *Family Doctor Association* and the *British Holistic Medical Association*. Political and organisational concerns are shared in his contributions to *Doctors For The NHS* and the *Centre for Welfare Reform*.

Growing trends to the industrialisation of healthcare have increasingly (if unwittingly) displaced quality and continuity of personal contact. Later articles and letters sought to raise awareness and debate about the seriousness and complexity of this loss.

Such problematic loss has derived from a convergence of developments in technological expedience and the subsequent culture change. Key to these are the 4Cs (*competition, commissioning, commodification and computerisation*) and the bolstering *REMIC culture (remote management, inspection and compliance)*. These become recurrent themes.

Clearly, we can only offer our best healthcare when we manage thoughtful choreography between art and science: his writing reflects this with language composed to be both poetic and precise.

