

## **B. Author's guiding notes and acknowledgements**

Many of this website's selection of *articles*, from 1976, were published in a variety of journals. I am grateful for each publisher's permission to reconvey them here. Acknowledgement of the original publication and date are to be found at the end of each article. They are found in **Section L**.

*Letters* from later years are found in **Section K**. These were sent to colleagues, politicians, managers, journals and newspapers. All share the mission of furthering reflection and debate about the human complexity of our healthcare, and the consequent hazards and losses that follow our excess proceduralism and industrialisation.

The culmination of *direct dispute with the NHS* and its representative CQC (Care Quality Commission) in 2016 is documented in **Section G**.

\*

The older articles were written for mainstream medical journals and readers, and have a more formal style and format than later writings, which generally adhere far less to traditional and academic convention.

In 2005 I became belatedly aware of the nature and threat posed by the industrialisation, marketisation and computerisation of NHS Healthcare. This is reflected in the articles and letters written since.

For those wanting a gentle trial introduction I suggest starting with the shorter letters, which present the skeleton of my ideas. The longer essays and articles 'flesh out' these basics with further exploration, documentary narrative and, sometimes, verbally tone-poemed descriptions that attempt to capture subtler aspects of humanity and experience – important strands in the art of Medicine, now largely imperilled.

Late in 2016 my small NHS GP practice was closed by official decree, with dramatic suddenness. The events were representative of much deeper and wider difficulties throughout welfare services. A description, articulated analysis and correspondence pertaining to this *contention with the NHS and its representative CQC* (Care Quality Commission) are clustered into **Section G**.

\*

I have not changed the old-fashioned, generic 'he' to the now politically-correct 'he/she', merely because it sounds and looks cumbersome (to me).

I decided on only minor editorial revisions, and only to the older articles. With these I have shaved, tightened, reshaped and sharpened some of the language, but have left the design of argument, analysis, examples and narrative as they were.

\*

Medical and social historians may enjoy finding anachronisms and (now) historic relics: doctors' white coats and Residents' Messes, dissection tables, Mental Hospitals, accessible family doctors, militaristic and bemedalled professional titles and patriarchies have all but disappeared. Likewise, the designation of 'Psychosomatic', though certainly not the problems, or the practitioners' now lesser-understood human predicaments. The older articles may thus seem quaintly dated. But their long motivating quest, for holistically caring systems and psychologies – of resonance, imagination and dialogue — is, I believe, now evermore relevant.

We have many warning signs: how will we heed them?

**David Zigmond**



After work