Good medicine needs good personal relationships

Your report *Seeing the same GP really is a matter of life and death* (29.6.18) adds scientific heft to truths thoughtful veteran practitioners (and patients) have always known, but which successive healthcare reforms have expediently steered us to neglect and forget: in any complex or chronic health condition the quality of relationships matters greatly. And one of the best assurances of this lies in personal continuity of care, whenever this is preferred and possible.

But for more than two decades our reforms have, generally, deracinated the possibilities of such personal care. Examples? The replacement of GP personal lists, substituting a contracted practice for a named practitioner. The abolition of hospital consultant ‘firms’ in favour of generic specialty ‘teams’. The near-imperative expedient of *gigantism*, leading to ever-larger healthcare units (hospitals and GP surgeries) where personal bonds and understandings become ever-more difficult…

All this is amplified by the inevitable destabilisation and fragmentation of marketised management.

The result? Few patients now can tell me the name of a doctor who cares for them: there may be transactions, but little relationship.

And what does this do for the professionals? Well, look at the morale of the profession.