Tim Lyttle gave the Rendle Short Lecture at the CMF National Conference. Catherine Butcher reports

COMPASSION: AN ANTIDOTE TO NHS DEBT AND DISTRESS

key points

Tim Lyttle's lecture highlighted the lack of compassion in the NHS using the story of Kieran Sweeney.

An avalanche of compassion is needed rather than more funding or reforms he suggested.

Servant leadership in the face of pressures in healthcare, would promote and model self-care

A call to compassion in healthcare was at the heart of the annual Rendle Short Lecture at the CMF National Conference. Tim Lyttle gave the lecture entitled: 'The NHS in debt and distress: an opportunity for Christian leadership'.

'Medicine is not solely a technical activity and pursuit. Medicine is about understanding and being with people at the edge of the human predicament,' he said, quoting from a video of Kieran Sweeney, former Honorary Professor of General Practice at Peninsular College of Medicine and Dentistry. A GP, Sweeney was diagnosed with malignant mesothelioma at the age of 57 and died at home on Christmas Eve 2009. Shortly before his death, he was filmed [1] talking about his experiences during his final illness.

He had left hospital and was at home before he read the discharge summary: 'likely malignant mesothelioma, patient aware of diagnosis'.

'There was a point when everyone in the team including my wife knew that I had mesothelioma and I didn't,' he said. 'That can't be right... most of the consultants were in their late 50s and our kids would be the same age... They just weren't brave enough to say "this is really bad news for you". Maybe they hid behind the science of their biopsy and pathology to avoid confronting the metaphysics of my predicament: I am a man devoid of hope.

'I just don't think that's good enough... Caring for somebody is more than a transactional activity where they do things to me. Everything that I've had done to me in our local hospital has been excellent. It's the relational care where I've felt that the experience has been less than satisfactory.'

A prescription for the NHS

Tim Lyttle took his cue from Sweeney in offering a prescription for the NHS. An avalanche of compassion, rather than more funding or reforms, was the key to transforming the health of the nation, he said. Kieran Sweeney's story played a part in provoking this insight, but Tim's own experiences in recently years were also a key factor in shaping his suggested solutions for the NHS.

Ten years ago Lyttle was a GP in rural North Wales. Following three years as Medical Director of a Welsh Local Health Board, he moved to get involved in the set-up of four new urban GP practices. At times he was working 70-80 hours a week.

An opportunity to get involved in a leadership course gave him the chance to step back from that frantic activity and look at his world more reflectively. He began to consider his own state of health and concluded 'you're not living pretty healthily yourself'. His father's death after renal failure also had an impact. Quoting a poem by Stevie Smith –'not waving but drowning' [2] Lyttle said: 'I wasn't enjoying all the frantic activity in being an activist in the NHS.'

Leadership needed

Servant leadership, rather than specifically Christian leadership was what is needed, he said. 'I don't want to draw distinction between what is Christian leadership and what is leadership. The NHS needs great leadership in this time, strong leadership, Christ-like leadership, and if people who are providing this leadership are Christian, then fantastic.'

He did not ignore the issues of finance and reform in the NHS. He reminded his audience that NHS finance has increased considerably in the past 60 years [3] but the era of increased spending was now finished. Quoting a *Health Service Journal* headline about Malcolm Grant, chair of the National Commissioning Board, he said: 'Expect years of fundamental change and austerity in the NHS.' [4]

An ageing population, obesity and diabetes were just three of the factors producing some of the pressures and, although the Department of Health was trying to portray a sense of optimism, the issues were complex.

'I genuinely believe that health secretary Andrew Lansley felt that simplifications could be made, and that bringing clinicians round the table to talk about the significant burdens of illness that their practices

were facing was very valid. But he didn't present a coherent reason for the changes he was bringing in. Then he got the wrath of everyone who did not like the changes.'

Turning from financial shortages and the need for reform, Lyttle gave an example from his own experience in hospital where the senior sister came onto the ward at 7.30am, spoke to the nurses, looked at the patients' notes at the end of their beds, but didn't say 'Hello' to any of them.

'The NHS is in debt, the NHS is in distress. Will we get out of it by reform?' he asked. 'If it's run better, maybe. Will we get out of it by finding more money? Well, there isn't more to find. What I want to suggest is that we're going to get out of the debt and distress by rediscovering humanity.'

Self-care healthcare

Lyttle pointed to three areas in which Christian leaders and others could make a difference by taking stock of the NHS.

'My prescription for the NHS in debt and distress is to say let's pause, and let's take stock. Of course the NHS does need attention, and I want to examine three areas in which we can, as Christians, respond.'

First, he considered what 'health' is, as opposed to 'healthcare'. 'Are we more interested in what we can do to patients than in the health they have and the health they can improve?' he asked.

Quoting the World Health Organisation's Ottawa Charter for Health Promotion,[5] he said: 'Health is… a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.'

'If we believe that, what would it mean for us? What would we challenge? What would we pursue in healthcare in our practice?' he asked, suggesting that a focus on self-care would be key. 'Are we focused on patients, in terms of the innate God-given resources that they have to improve their health: to eat well, to exercise, to live well; to look after themselves emotionally; to not work 70 or 80 hours a week? Are we interested in that aspect of patients?

'If we really promote self-care, we may get patients to take more responsibility for their medications and save us money.

'I want to suggest "health capital" can be used as a term to describe the resources, the assets, the abilities that we have to live well. Surely we, as doctors, should be trying to increase health capital in terms of emotional wellbeing, physical, relational and spiritual wellbeing.'

Priorities

Secondly he looked at look at funding priorities. 'Where should we put our priorities? This is a really significant area for Christian leadership, and for people getting involved in commissioning. This is going to be both a challenge and an enormous responsibility as we guide the NHS into how it spends its money. Is the NHS equitable? People living in poor areas not only die sooner but they spend more of their lives with disability. An average total difference in life-expectancy is 17 years.[6] Deprived individuals or families use the health service less. That was one of the drivers that led a number of us to establish new GP practices in a deprived area to try to do something about the balance of provision. As Christian leaders we can take on that challenge.'

He recognised that yet another reform was not the answer and called on Christian doctors and healthcare professionals to model positive behaviour in GPs practices and hospital departments paying attention to the biggest needs in society.

'If we as Christian do something good, it'd be recognised and what's recognised does get repeated.'

He also challenged leaders to consider sustainability – not in terms of 'being green… switching lights off' but asking 'Is that treatment, this medication, this investigation, in the best interest of patients? Or is it that we like to be in the forefront of medical treatment? I do believe we can find areas where the money is not being well spent. Are we pushing people into treatments, expensive treatments, when the benefit is not clearly there?'

Person-to-person

Thirdly, he pointed to the human factor: 'that emotional connection with people; that person-to-person relationship'.

'As Christians we need to be saying strongly that we can't reduce medicine down to technical, transactional processes. No, we have to make that emotional connection with patients...what we need is an avalanche of compassion. Not an avalanche of technically improved processes, but an avalanche of compassion in the NHS.'

Lyttle added a challenge for CMF: 'Are we as an organisation, as a network, as a movement, putting enough focus on compassion and creating that avalanche? Are we putting enough focus on how the NHS responds to debt deprivation and poverty? Are we giving Christian doctors support in making those difficult funding decisions?

'I believe we can make significant advances. We're going to have to step out with new ventures, with new social enterprises, new organisations, new initiatives; I'm asking CMF to support its members in doing that.'

Using a rugby analogy he added: 'Yes, we have to defend against secularism and humanism, but there are so many areas where we can be on the attack with this avalanche of compassion. But it's not about doing as I say, it has to be doing as I do. And for me, I've needed to have a time to step back and focus and take "me" time.'

He concluded by saying: 'It's not about activism; it's not just about getting out and doing things. It's about start with "me" and about what I do, setting role models as Christian leaders, because if we can't be healthy, then we're probably not the best people to bring transformation into the lives of others as we treat them, and into the organisations that we work with.'

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