I have recently had the pleasure of using the UK’s National Health Service (NHS)—for both myself and for my increasingly frail and elderly mother. Each time it has worked. It has delivered care in a timely, compassionate, and safe way. Available for both of us, and more than 1 million people each day, free at the point of use, and provided according to our needs.

The NHS is more than a health service. It was once described famously by a Conservative Party politician as being as close to a national religion as we can get. But this national love affair with the NHS at times impedes advancement. People organise marches and petitions as soon as a hospital is threatened with closure, or a ward merged or moved. Questions are asked in Parliament about the smallest aspect of NHS care. Such actions arise because of what the NHS represents—social inclusiveness and community. Donald Berwick has described the NHS as “one of the astounding human endeavours of modern times”, and John Ballatt and Penelope Campling have called it the embodiment of kinship and one of the last expressions of community togetherness.

About one in five families in the UK have a member who works in, or is closely aligned to, the NHS. About 90% of UK citizens use its services at least once a year (some many dozen times). As with my late father, many of those who work in the NHS are not born in the UK but come from all corners of the world to work in it. There are many differences within the NHS—different religious and sexual beliefs, different value systems, behaviours, and more. The health service contains disagreements, diversity, and distress and in so doing helps to bring people, groups, and cultures together. But it is now under great threat, as Margaret McCartney argues in her book, The State of Medicine: Keeping the Promise of the NHS. McCartney echoes the sentiments of many of us when she writes “I am furious sad, and scared for the NHS.”

McCartney explains why the NHS is so important, particularly how it frees all of us in the UK from the fear of funding our ill health and is there when we need it most. This book, a tour de force, provides what is McCartney’s calling card, evidence—and she gives us plenty. She cites the academic evidence for why a publicly funded system—paid through taxation, accessed according to needs, free at the point of use—works. But McCartney also gives us a powerful oral history from those who work in or rely on the NHS. Among these personal views is that of John, a patient who uses the NHS when he develops cancer, and describes his excellent care during his illness. His story is one of hope—that the NHS can continue to provide this level of personalised, accessible care.

But there are also poignant stories drawn from academia, clinical practice, and patients of how the extraordinary gift given to us by Aneurin Bevan is being betrayed. McCartney examines the destruction of a system of health care that was once the envy of the world. The financial constraints disguised as “efficiency savings”; the constant reorganisation (none more than the Health and Social Care Act 2012) described as necessary to meet the needs of changing demographics; the political failings as successive Secretaries of State use the NHS as their own Lego model, dismantling its delicate ecostructure; and, finally, the failure to adhere to evidence-based medicine and the proliferation of unnecessary testing. McCartney also describes the policy directive to screen for dementia. This requirement was brought in with the expectation that early diagnosis would lead to better outcomes and allow families and patients to plan for their futures. General practitioners (GPs) argued that the policy would overload existing services with individuals with minor memory disturbances leaving little space to offer care to those with dementia. For example, GPs screening patients who attend an asthma review are often blamed for the failings of the NHS, and most recently for the queues and trolley waits being seen in accident and emergency departments. Last month, GPs were told by the UK Government that they should work a 7-day week from 8 am to 8 pm or risk losing funding. The 2016 new junior doctors’ contract was largely driven by the requirement to extend NHS services to 7 days and the need to do this within (or more or less) the same financial envelope. At the time, the absence of 7-day routine care was being blamed for increased death rates among patients admitted to hospital at weekends. 7-day routine care is a major political policy of the UK Government that is expected to have popular appeal. But it has insufficient evidence to underpin it. In a chapter about such politically driven policies, McCartney unpicks and presents the evidence and debunks the assumptions made by politicians as they argued in favour of this major change. She concludes that “the cost of this political oneness was to anger doctors and confuse the public”.

This book is accessible to all, whether a health professional, politician, policy
We all fall down

On Sept 1, 2004, a group of armed terrorists occupied School Number One in the town of Beslan, North Ossetia, and held over 1100 people hostage, including 777 children. The attack led to 3 days of siege, intervention by Russian special forces, and the deaths of 385 people, of whom 186 were children. This terrible event is the inspiration for director Carly Wijs’ play Us/Them, currently on stage at London’s National Theatre.

The play was created by the Belgian theatre company BRONKS for family and young audiences. But how can such an incomprehensible attack be presented on stage? After seeing documentaries showing direct testimony from survivors, Wijs decided to adopt a child’s perspective, leaving behind all the political questions and letting the facts speak by themselves. This original approach allows Wijs to rely on imagination—they expect to outdo each other in telling the story as accurately as possible, and make unguarded comments that reveal an unfiltered prejudice about the Chechen neighbours.

Wijs skilfully blends fact and imagination. When the children describe the terrorist attack at the school, they present the situation in a matter-of-fact way. They describe how the terrorists managed the detonators and show how they used their maths lessons to calculate the ratio between the progressively dwindling number of hostages and the terrorists. But the children also rely on imagination—they expect groups of fathers to heroically come to their rescue on tractors. It’s poignant watching them try to make sense of something that is so hard to comprehend.

The children do not really make a distinction between the terrorists and the hostages in their re-enactment of the tragedy, blurring the distinction between “us” and “them”. This response provokes questions and also reveals just how different the children’s vision of reality is from adult perceptions. This aspect is further highlighted when, at the end of the show, the children tell how media manipulated their experience and used overdramatic tones that would pull the heartstrings of television audiences. Heartbreaking, imaginative, and funny, Us/Them succeeds in depicting the experience of a terrorist attack in an original way and makes audiences reflect on the complex ways children can react to such traumatic events.

Marco De Ambrogi