

## A Very Important Doctor

Frances J Dunne

Once upon a time there lived a quite wealthy young man - in the sense that he was quite smug and comfortable, never really wanting for anything. 'Wealthy people don't have to concern themselves about others or indeed material matters, he used to say to himself, blissfully unaware of the dramatic irony in his statement. He had tons of clothes (which made it difficult to decide what to wear each day), lived on his own in a big house almost the size of a mansion, went on lots of holidays to exotic places, ate in the best restaurants, and by all accounts had no worries whatsoever. He was a man of modest intelligence, quite tall and stout with an arrogant (or should I say confident) manner. He could quite easily win an argument because he would literally wear his opponent down with the ferocity of his delivery, even though it bore little substance. 'I could be a politician because I am so good at debating sensitive issues which affect ordinary people, he would reflect when on his own, which was frequent.

His parents had so much money (from their banking business) to fritter away and therefore had no trouble finding him a suitably big house (almost as large as a mansion as stated) in a fashionable area of London. He also owned a house in Richleymanor, a wealthy, prosperous suburb of Richleyshire. 'Because I have no worries and am in perfect health', he said when he was only 16, 'I am going to become a doctor and heal people who are not rich enough to see me privately and who are a million times less fortunate than me.' Such was his altruistic spirit. And so he studied as hard as he could because he had to (he was not the brightest card in the pack). With the help of his parents' influential circle of friends in the whole of Richleyshire who knew people in high places, he managed to secure a place in an elite medical school where only top doctors were trained - even though he did not possess any outstanding qualifications on leaving school. But that sort of thing doesn't really matter if you possess an altruistic spirit. 'I mean', he reasoned, - 'Lots of famous people (including entrepreneurs) did not pass their final school year exams with Honours and I am just like them in that respect - really down-to-earth, a man of the people.'

On the first day of entry to the Royal Breedington University Medical School he was already planning his future career. Not

for him the humdrum life of a family doctor. No - he was aiming for prestige and acclaim. He did not need the money though extra money would help 'because you can never have enough, especially if you want to help others less fortunate than yourself', he would say to himself. Such was his determination. 'Should I become a great brain surgeon', he pondered one evening. Should I become an eminent cardiologist or a revered obstetrician? You see, for him it was not enough to be an ordinary doctor - one had to be special in some way. These careers and others (the field of Medicine is huge) he considered. Then one day he decided: 'I know now what to do'; I will get my basic qualifications out of the way and then embark on a career in Mentalology - a subject which was gaining great interest in the popular press. Even students at the University were talking about it. It was a higher degree than Neurodevelopmental Psychobabble (another much sought-after career, normally the reserve of doctors studying cerebrotherapy). So after lots and lots of postgraduate courses in Mentalology he finally passed the higher degree, becoming a member of the Royal College of Mentalologists (MRCM), spent 5 more years in training and became a Consultant Mentalologist at a very prestigious hospital, one which had links to a university, as it happened. His ultimate ambition was to become a Doctor in Medical Politics because he wanted to be in charge of doctors and patients but without the encumbrance of having to care for patients per se or to actually meet doctors. Not for him the drudgery of life in a hospital or general practice - no - one needs to earn as much as possible by doing the least work, rather like Business Executives, he would ruminate.

Initially he enjoyed seeing a few patients here and there as par for the course, but because he felt he was a very important doctor, he needed to move up the ladder to the higher echelons, managing other doctors who might in turn benefit from his great wisdom and enormous insight, accrued in just 8 years training! He decided that he was too important to be seen hanging around hospital wards or in the outpatient department and so spent nearly all his time in the library and at meetings, apart from breakfast and lunch. He always had breakfast in the hospital canteen to show he had the common touch, and sometimes he would make a point of staying on longer after lunch in order to mix with other not-so-important doctors, who

would laugh and grovel obsequiously at his every spoken word. Then suddenly he was off, and would be seen bustling and rushing through the canteen doors on his way to a very important event at the prestigious headquarters of the Organization, where he would sit three seats away from the Lord High Superexecutive Chief of the Organization (LHSCO), a very long title indeed but when one is important one usually has imposing if not long titles. Such was the circle the very important doctor was mixing, it explained why he was hardly ever seen in the hospital outside lunch hours or breakfast. Because, you see, in his estimation or rather esteemed opinion, if one is not around much then one must be a very important person indeed.

Sometimes he was seen rushing off to other very important meetings at a top-class hotel where there would be a special Conference Room; sometimes he was at meetings all day. However, often it was difficult to find out exactly what he was doing or where he was because many of the meetings were high level top-secret meetings; for example, a Superexecutive meeting lasting a whole hour might have on the agenda a motion to close down the hospital outpatient department because patients were costing the Organisation too much money. That superfluous-to-requirements money could be better spent on holidays and pay rises for other but not-so-important medical chums as well as serious-minded managers who in turn might do him a favour later on. 'You never know what's around the corner', he always used to say in one of his contemplative moments. The Organization often talked about very big issues such as Doctor Management Dncasting (how to keep those grasping medics in line) and Patient Empowerment, even though patients were never included in any discussions about where they would go when their hospital closed down. Sometimes meetings would extend until the early hours of the morning, which suited the very important doctor because he had no family to worry about or other personal commitments and could come and go as he pleased. Others had to stay on at the very important meetings regardless of their personal circumstances. Sometimes he was so exhausted attending meetings he would spend the following afternoon on the golf course relaxing before attending another evening conference. 'I don't know how he does it', his reverential colleagues would mutter, in hushed tones. 'He deserves another award for taking time off to recharge his batteries for the next meeting'. 'It is quite astonishing how much energy some people have', he would say contentedly to himself. 'What would the Organisation do without someone of my great leadership skills?', he asked himself many times in a semi-congratulatory tone.

Nothing would deter the very important doctor from achieving his goals and pleasing the Organisation. After all, this was the way to the top of the medical hierarchy – Doctor of Medical Politics (DMP) and Chief Scientist and Supervisor of the Faculty of Mentalology (CSSFM for short) was his goal. First

he set out some decrees or edicts. These would all come under the rubric 'Management Directives', or put in another way, informing his colleagues in a polite but firm manner how he would delegate them to do 'this and that', and therefore no one would blame the very important doctor for say, dismantling any part of the service; besides, his sheer tenacity and doggedness (character traits which he had cultivated from his seniors) gained him further admiration from the legions of subdoctors (doctors who were under his control) who had to yield to his commands. He would sometimes act very humble when questioned about his ruthless tactics and would feign innocence (or was it impotence) in the face of criticism. No, it was the Organization 'calling the shots', as he used to describe it, callously ignoring the plight of his colleagues and patients.

It was strange that he could never recall or at least did not seem to know any of the names of people in the Organization who were responsible for the targets to be achieved. 'Anyway, most patients are not really ill, they just complain and they can jolly well go back to their own general practitioner if they want to bother someone', he would argue in one of his rare insights into the human condition, particularly when colleagues challenged him. His doctor 'associates' (he could never really truthfully call them friends) were stupefied by his perspicacity and visionary zeal and were in no doubt that in order to achieve a change in their practice it was better they were paid less and worked more intensely between 9am and 5pm. They could come in earlier or stay later if they wanted to of course, but no extra money was available for overtime because it was costing the Organization thousands of pounds annually. Best to give the bonuses to those who really deserved them - those Manager Doctors who were extremely busy writing protocols about Best Practice and Risk Assessments - real life-and - death issues, and spending at least 4 hours every six months at very special high-powered meetings drafting 'outcome protocols'. So many emails to send out. This agenda was 'all in a day's work' for the very important doctor who needed to supervise this superhuman task in between meals.

But even the very important doctor himself needed resources and time to carry out all this work. 'I know what', he said to himself one bright sunny Sunday morning on the golf course, - 'I will reduce the amount of time doctors spend seeing patients and cut costs further in this way for all those dedicated doctors because dedication is costing too much'. One hospital in-patient could cost the Organization £1000 a week, even more. 'The doctors can still attend meetings in the hospital (no costs incurred) and do extra administrative work.' 'The bonuses will only go to those who have achieved a special distinction in doing the work of Managers and follow the party line'. 'Yes, that's the way forward', he thought to himself, in one of his rare flashes of brilliance. 'From now on doctors will only have to work 9-5pm'. 'The on-call commitments can be covered by NHS Indirect', the latter being a new company set up to replace doctors and nurses at night-time and weekends, usually manned

by staff from one of the local supermarkets. Surgeons would be then free to down tools at 5pm instead of wasting time (and the Organization's money) battling through endless hours of unnecessary exhaustive operations such as cardiac bypasses or hip replacements, which could easily be carried out in the patients' homes anyway. Psychobabble experts could use tick-box rating scales or instruments to assess new referrals (no need to see patients, too costly).

There is no way to describe the tumultuous reception these ideas received at the Managers Annual Conference in Bristol, and the very important doctor received even more accolades. In fact, he was considered for a Rhodium Medal, the highest award in the land given to any doctor. Before being conferred with this precious and prestigious medal (because it can only be worn around your neck, or else it lies on the mantelpiece where nobody really notices it) he was given two lots of pay rises - one for services to the Organisation, the other for keeping the common grasping subdoctors in line by forcing them to sign in and out of work every day and by reducing their salaries. After all, there were rumours that the grasping, greedy subdoctors were beginning to think that perhaps the very important doctor was becoming too very very important. But they kept quiet in any event.

His great achievement was the setting up of SCRAP (Strategic Commission for Rapid Abolition Programme) which set out a one-year plan of how to prevent any patient being seen by a doctor. The patient could be seen by any number of people, from the tea lady to the hospital porter, who were already working flat out on the minimum wage. At least they were not so expensive to keep on the pay roll. The next brilliant idea he concocted was to replace the word 'patient' with 'customer'. 'Patient', he did not like. It gave the impression that someone was ill and needed to see a doctor. But with the New Opinion About Hospital Patients (NOAHPS in short) charter, the word 'patient' did not fit the profile of an enterprising Organisation and so NOAHCS (New Opinion About Hospital Customers) sounded much better. All staff were thence ordered to use this terminology or face the consequences. It was rumoured that it was a sacking offence to use the word patient. He even sent an email to the same effect around the whole Organisation. No one spoke out for fear of reprisal and possible instant dismissal. He was applauded at every Organization meeting from that time on and was rewarded by being given Freedom of the Hospital. This meant he did not have to do anything really - just walk around shaking hands with everybody, telling them what a great job they were doing, and so forth. He used the phrase 'Congratulations on a job well done' as many as four times a day to different staff in the hospital. In private he would be irritated because he had to praise other people for what he truly believed were his achievements.

By the end of each week he was so exhausted from sitting on comfortable chairs (some were so comfortable it was a real effort to get out of them) at the many meetings he attended that he

would fly off to some far away country for a rest, though of course would endeavour to find out how that country dismantled its health service. Because of his enterprising attitude on behalf of the Organization these trips would be paid for and the very important doctor would not have to spend a penny. 'I deserve it because of all the hard work I am putting in', he used to say, to justify his huge salary and the enormous expenses paid for by the Organization. 'They obviously think very highly of me.' Besides, they know I would get a better salary elsewhere if they did not pay me such gigantic sums of money here', he would rationalise. But this suits me for the time. I have a big house in London near the University and an even bigger house in Richleyshire where I can play golf on the weekends and charge all my expenses to the Organization, even the Golf Club fees. 'Why not? Politicians were doing it', he would argue, in a rare utterance of cognitive dissonance (or pangs of conscience others might think) a term he had picked at one of the many important half-hour psychology conferences he attended (he was much too busy to stay to the end of any conference).

As time passed he was beginning to think he needed a higher salary because time off and holidays were costing him money (domestic shopping, clothes, food, heating bills) despite the freebies. During his days off he would spend lots of time going to museums, visiting the theatre, eating in expensive restaurants and staying in luxury hotels not too far from home, say 10 miles or less. However, for him a real holiday was travelling abroad in a first class seat on a prestigious airline to faraway places. This gave him an edge over his less wealthy colleagues and he would often spend hours on his return recounting his great adventures and experiences abroad in exotic lands. 'He is so broadminded and well-travelled', his managerial associates would say with a feeling of unrequited envy. It is quite remarkable how he manages to be in so many places at the same time - if only he could do the same at this hospital, we would be top of the League Tables for Hospital Risk (LTHR) and gain the recognition we deserve'. 'For all his hard work spent travelling abroad researching better ways of closing down wards and hospitals he now deserves a huge rise in salary'.

And so it came to be. The very important doctor was given an extra allowance (EA for short) worth half his salary and a Credit for Working Hard Allowance (CWWHA), both linked to his pension. He was also given a bonus allowance (BA) for sitting twice yearly on a Doctors Work Review Panel (DWRP) set up to deal with those doctors who were not pulling their weight or taking more than one day sick leave or 2 days annual leave at a time. Study leave had already been dropped because the very important doctor argued that if he did not need study leave then no one else did. Besides, 'Who needs study leave when you can look things up on the internet - even how to carry out open heart surgery'. He would argue. Commitment to the Organization was his *raison d'être*.

And so it continued. After 10 years nearly all the patients had been discharged from the hospital and family doctors were sending them elsewhere into more luxurious, expensive, private hospitals for 'reviews, assessments, and second, third, even fourth opinions'. The Organization would pay for all this from the money it saved closing down the local hospital. This was the very important doctor's finest hour and for his services to the Organization he was awarded the Rhodium Medal at the Annual Convention of Supermanagers Conference. This award was inevitable, given all the time both home and abroad he had invested in this venture. Now the entire hospital could be closed down thereby saving the Organization millions of pounds.

However, there was a problem with this way of operating, he began to think: 'If the hospital were to close down there would be no need for an Organization to run it. There would be no management posts and my post as MDP and CSSFM might be superfluous to requirements. 'I know what I will do' - he decided - 'When that happens I will apply for another post in a different Organisation and I am sure I will be successful given

all the accolades I have received, and when that Organisation closes down with my help I will get an even bigger salary and move on to the next post' - maybe Minister for Health?

To be continued

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**Competing Interests**

None declared

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