

VIEWS & REVIEWS

PERSONAL VIEW

The NHS could learn much from Gandhi's teaching

Look to India's preeminent leader, says **Narinder Kapur**, to inspire a compassionate NHS that treats its staff justly, without the dictatorial and secretive management culture that hampers excellence in patient care

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"A fundamental culture change is needed," concluded Francis's report into the Mid Staffs scandal.¹ "NHS urged to find its moral purpose," was how the *Times* newspaper responded.² But you need look no further than Mahatma Gandhi for ways to bring about a culture change and how to engender moral purpose.³⁻⁵

"The ideal doctor is one who acquires sufficient knowledge of medicine and makes that knowledge available to the public free of charge. He will obtain his livelihood by doing some common work or receiving what little the public give him," wrote Gandhi in his health guide.⁶

"There should be an increased focus on a culture of compassion and caring," noted Robert Francis in his report, and although he was referring to nursing his statement applies to all healthcare professionals. A sense of dedication, a motivation from within rather than as a response to external regulations or demands, need to be fostered and encouraged.

In human psychology, "response commitment" has a long history of being an effective tool to encourage the translation of words into actions.⁷ I propose that all NHS staff should be required to annually undertake a form of the Hippocratic oath that includes the principles of truth, compassion, and transparency. This oath could be along these lines: "During my work in the NHS I pledge to be compassionate to patients and colleagues, to be truthful and transparent in all that I say and do, and to put service before self."

Ever since he was thrown off a train for daring to travel in first class, which was reserved for white people, Gandhi relentlessly fought for justice and truth. Greater justice is needed in NHS disciplinary hearings, with respect for the key concepts of independence of the panel from management; relevant expertise in the panel; plurality (more than one key decision maker); and fair access to legal funds. Managers must be open, apologetic, and ready to learn from management's failings, just as most clinicians are open, apologetic, and ready to learn from failings in their medical practice.

Gandhi had a unique ability to reach out to the masses, to identify with them, and to enable them to identify with him, and

to foster in them a belief and hope that they were very much partners in his movement for freedom and justice.

Similarly, in healthcare, for Gandhi the patient was not an inert, passive object but a partner in the decision making process of the care that is being provided. Just as he empowered the masses in his freedom struggle, he similarly took the view that the patients needed to be empowered in the decisions they made about their own healthcare.

"The NHS is not a business, but it can be more business-like," said Margaret Thatcher when she heralded a new ethos to the NHS in the 1980s, on the back of the report prepared by the chief executive of Sainsbury's, Roy Griffiths.⁸ In subsequent months, many NHS chief executives parroted her mantra word for word. Where has this business ethos taken us? It has taken us into the world of the chief executive, the director of operations (not surgical operations), the director of organisational development, the divisional director, and so on.

"What has been lost during recent years is . . . the spirit of service most doctors felt towards the NHS . . . Many of us warned that this would be eroded by the introduction of managerialism," wrote Terence English, one of the most respected British surgeons, in a recent letter to the *Times*.⁹ So we now have a culture of business rather than a culture of service. A culture where counting matters, so much so that we have an army of accountants in every hospital, yet we lose sight of Einstein's truism, "Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted."

We cannot overnight get rid of the managers, accountants, and planners in the NHS, but we can make a start by changing the labels and the language of the NHS, because language and culture are intertwined.¹⁰ Labels can influence perception,¹¹ can give impressions of power, and power can corrupt the mind.^{12 13} We should get rid of business terminology in the NHS and replace it with more humble and egalitarian terminology. So, for example, instead of "chief executive" we might have

“hospital leader,” instead of “divisional director,” we might have “divisional chair.”

“Be the change that you want to see in the world,” was Gandhi’s simple but profound message. The more privileged the position a person holds in the NHS, the greater the responsibility to heed Gandhi’s message and to set a shining example to others, of courageous and principled leadership.

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See www.abetternhs.com.

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