Editorial

The Anger of Achilles

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Cover Image 'The Anger of Achilles' by Jacques-Louis David (1748-1825), Kimbell Art Museum, Fort Woth, Texas

Mηνιν – anger – the first word of Homer's Iliad,¹ the foundation work of Western literature, and also it seems the theme of a great deal of writing ever since. It certainly features heavily in newspapers, news websites and social media concerned with health care in Northern Ireland. Didn't every generation believe their health system was in crisis? Maybe so, but there can be no denying the deep trouble in which we find ourselves in 2023, and that many parts of our health service appear to be in existential difficulty.

Who is angry? Perhaps easier to consider who is not. Patients certainly appear angry, and express extreme dissatisfaction at the length of waiting lists to access secondary care, perceived difficulties in accessing GP services and the suspension of some acute services from local hospitals.²

Interestingly, doctors express anger at many of the same things, albeit from a different perspective. Both primary and secondary care medics are as deeply unhappy with waiting lists as patients. No-one wants to work in a failing system. Despite discussion of salaries doubled or tripled by moves to Australia (or even the Republic of Ireland), the main motivation for doctors to leave Northern Ireland and the NHS appears to be the demoralising effect of working punishing hours in a failing system, rather than for monetary gain.³ There is genuine anger from many GPs at the media portrayal of the closed surgery door. Primary Care colleagues are seeing more patients both face to face and virtually than ever before, and with ever-increasing list sizes due to other GP surgeries closing.⁴ The media may ask angrily why younger doctors do not choose to become general practitioners in rural areas, and yet immediately run hyperbolic stories of angry patients, managers and politicians declaiming those same services.

Those of us who teach students and supervise junior doctors continue to be impressed - astonished maybe - at the caring and intelligent young people who still choose medicine as a career regardless of the storm of negativity which surrounds every part of the system. There is no doubt early career medics nowadays are a lot more willing to voice their concerns about pay and conditions than previous generations, but they are no less deserving of nourishing and protection than those of us who trained in the 1980s and 90s. The opening of the new Medical School at Ulster University is welcome,⁵ and those of us involved with teaching the post-graduate students enrolled continue to be impressed with their maturity, focus and enthusiasm. It must be understood though, that despite breezy encomia from politicians and media, there is no guarantee these talented young people will stay to work in Northern Ireland any more

than undergraduates from Queen's University if the system is failing, working conditions are poor and the atmosphere in the public domain is sour and depressing.

To quote Tolstoy, what then must we do?⁶ The single greatest asset Northern Ireland medicine possesses is its staff - doctors, nurses, physiotherapists, radiographers, dieticians, porters, everyone who contributes to the care we deliver. The ease with which staff trained in Ulster can go around the world and excel is a testimony to their quality. Review after review emphasizes that the important thing in healthcare is to get the right person with the right support in front of the right patient at the right time.⁷ More important than buildings, more important than votes, more important than Trust boundaries. 'I wouldn't start from here' may be the motto for the Northern Ireland health service, with hospitals in the wrong places, asymmetrical Trusts constructed on geographical or political lines rather than according to practicalities or ability to deliver a service, crippling waiting lists and closing GP surgeries. We might add politicians who follow rather than lead when it comes to local health issues. But here we are, and start we must.

The next few issues of the Ulster Medical Journal will run articles on the Current Health Crisis, where voices of doctors from all parts of the health service and levels of experience will be heard, discussing their experiences, their hopes for the future and perhaps amongst the anger even some optimism. In this issue contributions from some local medical leaders start us off, but in subsequent issues diverse contributions from medical students to consultants, from GPs working West of the Bann to sub-specialty surgeons in Belfast and many others, will hopefully shine a light in the pervading gloom.

A big thank you to my predecessor as editor Dr Michael Trimble for his invaluable advice in passing on the baton, and for the work he has done in steering the ship through the extremely challenging seas of the COVID-19 pandemic. His voice has been clear, and his editorials have shone with integrity. Michael is the first contributor to another new section of the journal on Medical Ethics.

Controversy for my first edition of the journal as new editor? Perhaps, but we are in crisis, and I feel it is important for the pages of the Ulster Medical Journal to contain the opinions of doctors in the front line of the battle, even if only for the record and interest of someone writing a history of this period in fifty years' time. Let us hope that, like Achilles, we can eventually convert some of this anger into positive action on the battlefield.

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