

Between Partnerships and Protocols

Dr Edward Reynolds (retired neurologist) and Dr Matt Morgan (not yet retired Intensive care consultant)

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AI was used to find the references for the medical interventions.

Edward Reynolds, a Cardiff graduate (1959), was consultant neurologist to the Maudsley and Kings College hospitals, London; founding neurologist of the British Neuropsychiatry Association; director of the Institute of Epileptology, Kings College London and president of the International League against Epilepsy. He served for 54 years in the NHS at all levels.

Matt Morgan is honorary professor for the public understanding of medicine, University of Surrey, UK; honorary professor at Cardiff and Curtin universities, consultant in intensive care medicine in Cardiff and an editor of BMJ OnExamination. Twitter: @dr_mattmorgan

This is a reflective dialogue scene in which two NHS consultants sit facing one another: one a current doctor working within today's health service, the other a ninety-year-old retired consultant who witnessed the NHS from its earliest days. As they talk, their memories and observations move between past and present, contrasting the atmosphere, language, and practice of medicine across decades. The piece uses their conversation to explore how the NHS has evolved from a hopeful new public service built on trust and partnership to a modern system shaped by technology, business, pressure, and bureaucracy, while suggesting a thread of continuity between the two experiences.

He types between patients. I used to pause between ink dips.

He writes with a fountain pen. I type between ward rounds.

He tells me about alarms that never quite stop sounding, about electronic records that demand more attention than the person sitting in front of him. I tell him about coal fires and ration books and the morning people first walked into the surgery without fear of a bill arriving afterwards. We are speaking about the same institution, though sometimes it feels as though we are describing different worlds.

He remembers the smell of disinfectant and the quiet banter in the waiting room - hope and respect sitting side by side on the wooden chairs. He was thirteen when the NHS was born, the son of a single-handed GP whose surgery was in the front room of their house. I remember the smell of alcohol gel and the thin, metallic scent of oxygen during the pandemic. I am a doctor as it creaks into older age.

When the health service began, I was still a schoolboy. I did not understand policy, only the change in atmosphere. Illness no longer carried the same undertone of financial dread. Patients could walk into the surgery knowing the consultation would not be followed by an envelope

demanding payment. The doctor was still brisk, still authoritative, but there was a sense that something collective had been built - that we all owned a small, invisible share.

His NHS arrived like a promise. Care without a coin purse. A doctor who did not ask what you earned before asking what hurt. I tell him my patients cry too though now it is often from delay, or confusion, or the weary choreography of navigating services that do not join up. Yet sometimes they cry when they are reassured. That, at least, has not changed. He describes a system that accepted medicine for what it is: complicated, biological, psychological, social. Deeply rewarding. There was time: time to listen, to consult, to reflect, and to make difficult decisions. Commitment and continuity mattered. Communication, camaraderie and compassion were not slogans but habits.

He speaks of Bevan's bargain as if it were folklore. Consultants brought in, not conquered. General practice left with its independence intact.

"It was a partnership," he says, tapping the table for emphasis. "Not perfect. But shared."

Partnership with colleagues. Partnership with administrators. Partnership even with government, usually local and known. Consultants were respected, like admirals at sea, not because of title, but experience. Misjudgements were discussed, audited, learned from collectively, imperfectly. The system was human,, but anchored in trust and reassurance.

He worries that clinicians are becoming cogs. I worry that patients are becoming consumers. Somewhere along the way, the language shifted. Pressure. Frustration. Haste. Anxiety. The vocabulary of medicine slowly borrowed the vocabulary of business: pathways, productivity, targets. Employees, contracts, budgets, bureaucracy. Patients became customers. Trusts multiplied while trust itself sometimes thinned.

I look up from my screen and wonder when it was that the language changed so completely. We talk now of performance metrics, throughput, optimisation. Words that belong to factories, not families. And alongside them has come something quieter but heavier: mitigation, defensive medicine, the protection of institutional reputation. Partnership has morphed into consultation. Listening exercises instead of listening. Yet when I sit across from him, I do not hear cynicism. I hear fatigue, and stubborn belief.

What would partnership mean now, from where I sit in older age? It would mean remembering that this service is not an inheritance to be guarded sentimentally, nor a machine to be tuned relentlessly, but a covenant. It asks something of all of us. Of politicians: restraint and honesty. Of doctors: leadership as well as care. Of patients like me: patience, perspective, and participation.

He looks forward and sees strain.

I look back and see fragility survived.

Between us, there is not disagreement but continuity.

The NHS was never finished. It was begun.

He remembers doctors as respected professionals in the community.

I worry that they are becoming functionaries within it.

