History shows that doctors' professional identity shapes healthcare discourse—and we must not ignore it

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Doctor's professional identity and personal autonomy have been at the heart of medico-political debates for more than a century, say Freya Bowker-Howell and colleagues

At the heart of recent debates in the UK about medical associate professions and doctors' strikes is an intense disquiet about medical professional identity and its future. Articulating what it means to be a doctor—and what separates doctors from other healthcare professionals—has become a pressing issue.

Although this incarnation of the debate on professional identity may be novel, the importance of identity to the medical profession is far from new. The central lines of argument in current debates—revolving around clinician autonomy and responsibility—have driven medico-political discourse since before the NHS's conception. A historical sense of why this debate has been so charged for so long is vital for any intervention that aspires to lasting resolution. Without it we risk missing the longstanding, repeated issues that underpin current disputes.

Sacrificed independence

Remarkably familiar themes recur at key points of 20th century healthcare reform. In 1911, for example, the introduction of National Health Insurance represented a major step towards state healthcare. Contemporary doctors expressed strong reservations about the effect of this state-provided care on medical practice, reflecting the same anxiety over clinical autonomy voiced by many clinicians today.[1]

Although pay under the new insurance system was a key worry for doctors in 1911, many doctors' objections were underpinned by the fear that it would "do away with that freedom of the medical profession which is essential to the proper carrying out of [its] duties."[2] One doctor's stark warning read "We shall find, when too late, that we have sacrificed our independence to become a body of degraded and underpaid State servants."[3] Published over a century ago, this bleak prediction captures some of the current mood among NHS staff. It's no great stretch to imagine a 2024 picket line placard describing "degraded and underpaid state servants."

The introduction of the NHS, three decades on from those predications, was met with similar opposition from doctors. The profession's initial reticence about the rollout of the NHS is often framed as being motivated purely by financial self-interest—perhaps because of the inordinately large shadow cast by Aneurin Bevan's much-quoted claim that he "stuffed [doctors'] mouths with gold." Closer analysis shows that profound ideological concerns drove much of the resistance. The NHS represented radical change to the medical status quo, and many contemporary clinicians feared that this meant the end of medical autonomy and identity as they knew it.

Doctors populated journal correspondence columns with emotive warnings against the "shackles, dictates, and direction"[4] of the proposed NHS, alleging that it represented "bureaucratic tyranny"[5] under which "variety must be sacrificed to uniformity."[6] The campaign against the NHS was cast as a

battle for professional freedom, which was argued to be central to truly good practice. As one doctor wrote, “Many of us believe that good doctoring requires freedom as its catalyst; and if this be withheld, then humanity which with science comprises the therapeutics of our art will wane.”[7]

These polemical arguments against state service largely dissipated after the introduction of the NHS, which itself became conceptually wedded to doctors’ understanding of UK medical practice and identity. Yet fears about losing their professional prerogative and becoming a cog in an impersonal machine continue to be key themes in discussions about NHS reform.

Responsibility without authority

Throughout the 1980s, doctors’ firm opposition to the extension of managerialism reflected the value that NHS clinicians still placed on their autonomy. Successive reforms had shifted administrative power away from doctors. New performance indicators and accountability measures formalised external scrutiny of medical activity, and 1983 saw the widespread introduction of general managers to the NHS.

These new government targets decoupled the responsibility held by doctors from the decision-making autonomy that traditionally accompanied it. One letter from a group of GPs protested that “it is unfair to impose responsibility without authority,”[8] underlining an enduring message: a system that only selectively supports features of doctors’ deeply established professional identity will likely foster distress, dissatisfaction, and even moral injury.

Understanding this history, and the way that professional identity has continually shaped how doctors engage with healthcare systems, can help us make sense of current debates. Professional remit and identity are at the heart of discussions about physicians associates, for example, and many of the complex arguments trace recognisable lines. Some doctors’ disquiet over the supervision of physicians associates seems rooted in their perceived lack of influence over the expansion of PAs’ scope of practice, echoing the objections of “responsibility without authority” voiced by clinicians in the 1980s.

These current tensions have underscored the importance of being able to define doctors’ distinct identity and that of any associated roles. This is no easy task: the commitment to public service at the core of medicine is common to all healthcare professions, and identity can be a deeply personal concept.

It can be difficult to reconcile the traditional understanding of doctors as independent, expert practitioners with their experiences of delivering care as NHS employees in multidisciplinary teams in 2024. But retreating into uncritical professional nostalgia is not the answer. The practice of medicine and wider society have changed considerably in the past century, and medical freedom of old often came at the expense of patients’ agency or the cohesion of the system. We must articulate a positive, forwards-looking vision of what it means to be a doctor in 2024.

History shows that discord between ideals of professional identity and the realities of practice consistently drives discontent among doctors as they seek to provide the best possible care. Unless policy makers engage doctors in meaningful dialogue about the core principles that define their professional identity—and how they’re being met or compromised by the healthcare system they work in—then the same tensions will recur indefinitely. Adequate pay and conditions will

undoubtedly be part of solving the workforce crisis, but if we want to retain staff within a healthcare system, we must recognise the deep-rooted values that shape how they view it.

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