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Healthcare's moral emergency: reconnecting healthcare with its mission and purpose

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Something is wrong that the metrics do not fully capture. Healthcare systems across the world have never possessed greater diagnostic precision, therapeutic capability, or computational power. And yet patients increasingly report feeling processed rather than cared for; clinicians speak of moral distress and hollowed out meaning; and the workforce is haemorrhaging people at a rate it cannot sustain. The paradox of healthcare today is that we have accumulated extraordinary technical power while quietly losing the human, moral, and relational foundations on which its effectiveness ultimately depends.

There are powerful structural forces at work. In the United States and increasingly globally, what has been called *salve lucrum*, the glorification of profit, has become a stranglehold on healthcare's moral purpose.[1] No sector is immune, from pharmaceutical companies to insurers to physician practices. But the distortion runs deeper than finance. Montori and colleagues identified a complementary pathology almost two decades ago: industrial healthcare has become a system that offers care for people like you rather than cares for you, processing patients through standardised protocols that disregard the unique texture of individual lives.[2]

The BMJ's long running Too Much Medicine series has documented the downstream harm of overdiagnosis, overtreatment, and the growing burden placed on patients simply by asking them to be patients.[3] Meanwhile, clinicians across every system report spending the majority of their time not with patients but grappling with the administrative apparatus surrounding them, their attention and their energy drained before the clinical encounter even begins.[4]

Julia Unwin, past chief executive of the Joseph Rowntree Foundation, wrote about kindness and public policy for Carnegie UK. She offers a precise diagnosis of how this has happened. There are, she argues, two lexicons in public policy: the rational—focused on measurement, efficiency, and resource—and the relational—concerned with feelings, narrative, and human connection. The rational lexicon has not been wrong, but it has crowded out the relational, and the consequences of that imbalance are now seen and felt everywhere.[5] Healthcare across the globe has lived almost entirely inside the rational lexicon for 30 years—there is an urgent need to re-establish the relational balance.

The case for doing so is not sentimental, or "soft" and unmeasurable as it is so often incorrectly described. It is empirical. Michael West, professor of work and organisational psychology at Lancaster University, led a landmark research programme, the largest ever study of NHS culture and behaviour. This found that organisations in which staff felt supported, valued, and engaged had consistently lower patient mortality rates. "Looking after patients requires looking after staff," he concluded.[6]

The mechanism is not mysterious: clinicians who have joy in their work give more of themselves—"You cannot give what you do not have."[7] The Institute for Healthcare Improvement (IHI) Framework for Improving Joy in Work operationalised this insight, demonstrating that the conditions for joyful practice—clarity of purpose, psychological safety, feeling that what matters to you is actually valued—are both achievable and measurable.[8] Kindness, linked empirically to better staff retention, higher teamworking scores, and improved patient outcomes, should be repositioned from soft adjunct to being at the business end of delivering high quality care.[9]

This reframing is intuitive and practical, and the most powerful demonstration may be the simplest. The "What matters to you?" movement, introduced in the *New England Journal of Medicine* by Barry and Edgman-Levitan and then spread across more than 50 countries with the support of the IHI uses four simple words to define a complete philosophy of care.[10] To ask what matters to a person is to see them as a person. It shifts the encounter from the clinician's diagnostic frame to the patient's lived reality. It changes the balance of power from "I am taking care of you" to "let us work together." West's evidence on high performing teams confirms what every experienced clinician knows: psychological safety, deep listening, inclusive leadership, and the courage to show compassion are not incidental to quality—they are quality.[6]

The framework we already possess points the same way. The evolution from Triple Aim[11] (improving the experience of care, improving the health of populations, and reducing per capita costs of healthcare) to Quadruple and then to Quintuple Aim has been a progressive moral recognition: that population health, patient experience, and reduced cost cannot be achieved with a demoralised workforce, and cannot be achieved equitably without confronting structural disadvantage.[12]

The currents pulling healthcare away from its human dimension are structural, powerful, and, in some parts of the world, accelerating. But they are not irreversible. Every ward round, every clinical consultation, every leadership conversation is a small but powerful opportunity for all of us to balance relational practice with the rational systems and processes that surround us. The evidence is clear: when healthcare systems invest in joy, kindness,

compassionate leadership, and asking four simple words “what matters to you?” patients do better and staff thrive. We do not need to wait for system reform. We can begin now on our collective leadership challenge to reconnect healthcare with its mission and purpose.

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