**The individual and the system**

This final essay explores the tensions between the needs of the individual and the demands of the system. In it I ask whether the idea of bespoke is just a dream within the world of healthcare, or whether its principles can be applied to looking after patients within a busy service which continually strives to reconcile competing demands.

Dimitri stands at the door of the Fat Duck in Bray, one of the UK’s very few restaurants with three Michelin stars. He is greeting a group of friends as they arrive for a meal they booked months before. Dimitri’s welcome marks the beginning of a five hour experience for the diners, a complex performance where sixteen courses from the kitchen are presented with a showman’s flair. Expectations are high, and for both diners and staff the stakes could not be greater.

For this group of diners, as for all the others at their different tables, it is as if the restaurant is there for them alone. Ensuring that every guest feels equally special is part of Dimitri’s job. Each person must believe themselves to be the centre of attention, their every need anticipated before they even realise it. Yet the restaurant is always full and Dimitri must balance the needs and wishes of each individual with the demands of the system he works in (Damrosch 2007).

There is no choosing from a menu at the Fat Duck. Instead, a suite of dishes has been carefully designed in advance, creating a collective ensemble which is presented and ‘performed’ by the front of house team, coordinated by the restaurant manager. As each dish emerges from the kitchen it is introduced, explained and unveiled by members of this team, often with great ceremony - the polar opposite of a self-service canteen. Waiters and sommeliers move soundlessly between the tables to integrate food and wine in another close-up live performance with a very small audience. The occasion’s contours rise and fall, each element part of a broader whole where a multi-sensory experience is deliberately created at every stage.

The part most diners think they come for is the food and of course that is crucially important. The Fat Duck has a reputation for experimental dishes of the highest quality, combining originality and flair with technical precision. Yet the team all know that excellent food on its own does not ensure success. What guests experience in the restaurant is what makes or breaks their evening. Here again is the interplay of design and execution, architect and builder, cutting tailor and making tailor. Here is an inevitable uncertainty - the unpredictability of every meal, its contingency and its dependence on human variation. Here once again is Pye’s workmanship of risk.

So how do the Fat Duck team do it? Once more this is about the placing of attention, about making the audience’s perspective prime, about the magicians’ dictum that ‘it’s not about you, it’s about them’. As with Richard and his magic or Fleur and her lace-making, the key is close noticing [Bleakley]. From the moment a guest comes through the door, Dimitri says, his radar is on full alert. His priority is to ‘read’ the diners at every table and respond to what he sees, putting himself in each diner’s position. ’The restaurant staff have to be highly observant’, he says. ‘They have to respond to what the customer perceives, rather than what is actually happening’. This resonates with the literature on the crucial opening moments of a clinical consultation (Launer 2009). Of course there is a limit to the control which Dmitri and his team can exercise over his guests’ experience. Though some will be relaxed and receptive, others will be frazzled from their journey or arguing amongst themselves. That too is like medicine, where patients are usually anxious, often fearful, sometimes angry or confused.

Though a very different world from tailoring, the Fat Duck is also aiming at bespoke. In one sense, of course, fine dining is not really bespoke at all. Unlike Joshua’s ‘pure’ form, where a suit is made from scratch for each person on each occasion and where time is no object, at the restaurant much has to be decided in advance. The time frame is hours, not weeks or months. Yet here too something is newly made on each occasion. At its centre is a commitment to placing the experience of the ‘diner as audience’ at centre stage. The unknown quantity is the chemistry, what happens in the engagement space between professional and customer, guest or patient. Though that can be recognised and responded to, it can never by wholly predicted.

Like any system, a restaurant has to resolve multiple tensions. These include holding the ring between individual tables and the front of house as a whole; making each diner feel special when in fact they are part of a wider system; and making a standardised menu seem individual. Creating a personal experience within such constraints is a serious challenge. Yet despite their differences there is much the clinical world can learn from fine dining. Returning to the separation between operating theatre and ward or clinic, the distinction between kitchen and table highlights key points. Even if an operation is technically faultless and its long term results excellent, each patient’s experience of the system profoundly colours how they perceive the service they receive. Patients’ perceptions of their care are often at odds with the perceptions of staff or managers. As recent cancer surveys show, even excellent care in terms of survival may be experienced by patients as unacceptable.

As with magic and medicine, fine dining is a two way process. Diners, like patients, need support in learning to to make the most of the experience. Getting the best out of a system cuts both ways. The major responsibility is on the provider, who has most control over the environment and what happens, but there is much that audiences can do.

How then can audience and performer come to understand one another’s point of view? In medicine it is almost impossible to experience the healthcare system from a patient’s point of view without actually being a patient. The Fat Duck, however, are aware of how important it is for their staff to understand what a meal is like from the diners’ perspective. After a few months working in the restaurant, each new permanent member of staff is invited to experience a complete meal as a guest. This cuts across the silos in which people inevitably work, showing them how all the elements of the meal come together. Instead of moving around the restaurant from table to table or standing in one part of the kitchen preparing a single dish, staff savour the meal as an integrated whole. They experience its courses, its wines, its presentation and its interplay between diners (sitting in one place) and the restaurant staff (constantly on the move, dividing their attention between multiple tables). According to Dimitri, this has a profound effect.

No parallel is exact, and all analogies break down sooner or later. Hospitals are not restaurants, and nobody goes to the operating theatre expecting an enjoyable experience. Yet an approach from outside medicine can bring into view things which to insiders have become invisible, helping to shape a model of clinical practice which places the patient at the centre.

This brings me back to where I started, to the notion of bespoke as a metaphor for clinical practice, a reciprocal process which requires commitment from all concerned (Kneebone 2015). In bespoke, expertise in the physicality of making (whether a suit, an operation, a performance of close-up magic or a meal) is grounded in a human relationship. It is a relationship where expert knowledge and exceptional skill are mediated through a complex multimodal array, a synthesis of speech, gesture, actions and touch.

This relationship comes with responsibilities and expectations for all concerned. Different participants pull in different directions and it isn’t always easy. But most of all this is a relationship built on integrity, honesty and trust - a relationship of care. Perhaps for medicine, as for other kinds of bespoke, this remains the still point of the turning world.

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