

## **Inspiring Doctors. Bonus episode: Wise words**

Transcript generated by Adobe Premiere's AI and edited by Alex Cauvi

### **Martin**

Welcome to this bonus episode of Inspiring Doctors, a podcast series brought to you by the British Medical Association. I'm Martin McKee, a professor of public health, and I was the 2022-2023 president of the BMA.

### **Alex**

And I'm Alex Cauvi, the producer and editor of this podcast series.

### **Martin**

Over the past 15 episodes, I spoke with people who I see as role models. They've successfully taken their medical knowledge to a wider audience in creative ways. We talked about what inspired their work, the lessons they have learned and the advice they have for young doctors who may want to follow in their footsteps.

### **Alex**

In this bonus episode, we want to go back over those inspiring words of advice and Martin's own wise words to young doctors who may want to follow in his footsteps. Now, listeners, you don't have to have listened to all or any of the episodes to listen to this one, but we hope that if you haven't, this might pique your interest and you might go back and do so.

Now, before we have a listen to the advice from our first few guests, Martin was there anything that surprised you about the answers you were given when you asked your guests for their advice to young doctors?

### **Martin**

Not really, I suppose, although I was struck by the wisdom that I heard from so many of them. But of course, my interviews were heavily selected because of their values and because of what they had achieved. And to be honest, they're all very nice people. They're people who've inspired me that all followed unconventional careers - like I have, I guess - and they'd done interesting things, but they had a number of other things in common.

Now, I've written a lot about leadership, particularly in public health. I work with a colleague, Walter Ricciardi, a professor in Rome, who runs a leadership course every year, and I teach on it from time to time. And when we look at the characteristics of leaders in medicine and public health, there are a number of things that come out. They came out, I think, very strongly in the interviews. Courage was one, we'll hear more about that later. The willingness to take the initiative, to take a leap to do things that are a little bit different. The importance of having a broad vision. These are people who have drawn on the humanities, on different aspects of science. They've looked at the politics, they've looked at the big picture, and that's something that we often miss. And in that I'm also struck, I suppose, by my own public health training. When I did my master's degree many years ago, one of my teachers was the very famous Geoffrey Rose, one of the world's leading epidemiologists. And one of the questions that he would ask was, why is this patient in this bed at this time? Of course, we needed to know the diagnosis, but it was much more than that. And in fact there were other clinicians I'd worked

with – one was Dr. Logan in Belfast who was a respiratory physician who knew more about the flax industry probably than anybody working in it, and who could see that big picture. And these are people who are able to see the big picture, and there are people who are able to make connections.

### **Alex**

That makes a lot of sense. So one of the themes that came through in the final question you were asking people was the idea that doctors can find opportunities outside of their clinical work and that doing both of those things can really enhance rather than diminish their medical career. So first, let's have a listen to Ian Fussell, Saliha Mahmood-Ahmed and Jason Leitch.

### **Ian Fussell**

My advice would be, always look laterally. OK? Look at things that are going on. Look at other opportunities that might spring up. Take some risks. You know, look for some jobs which you think, 'I wonder... I just wonder about this.' Give it a go and see where it takes you. That's how I've built my career. I've had an amazing career; I've loved my career. So: look laterally, take risks, enjoy the ride.

### **Saliha Mahmood-Ahmed**

Oh, I would say, do not ever think that your NHS career is limited by doing just your NHS work. When you apply to medical school, you have so many things that you're doing on your CV – you know, people have done instruments and they've run marathons and they've done amazing voluntary work. And our careers are all-consuming sometimes.

However, we live in a very different day and age today, and there is so much room and space to be yourself and do things that bring you pleasure outside of medicine. And by doing those things, you will love your medical career even more. It doesn't take away from it – it adds to it. This old adage that by doing something different, you are less committed to your career is completely untrue.

Actually, the people who do things outside their core medical career will find that their medical career is further enhanced by it, and they're breaking boundaries which haven't previously been broken by other people. So go for it.

### **Jason Leitch**

If we want to do clinical public health, political communications, I think the first thing to do is get yourself a specialty. It doesn't have to be a true specialty. It can be general practice in dentistry or medicine, of course it can. They are specialisms. So, make sure you do your apprenticeship. So become a clinician, is my first piece of advice to relatively young people.

That doesn't mean you have to do that without any look at research or education. Of course you should be broad, and you should do those things. Don't worry about making a life choice in your 20s that's going to stay with you to your 60s, because that's not what happens anymore. You're choosing for the next little phase of your career. You're not choosing for life, but choose an area and become a clinician.

And then over time, spend time in all of the different elements that this offers to you. It might be publishing, it might be communication, it might be education, it might be research, and you'll find the thing that drives you. You'll find the thing that gets you up in the morning and gets you excited. And then that's what you should then balance your clinical career with.

And that's what most people do. They end up as clinical managers, clinical educators, clinical researchers. Increasingly in my world, clinical improvers. So that intensive care nurse who I was talking about a moment ago, she is a clinician pretty much full-time but is known in her piece of the puzzle as the improver. So, she has the quality improvement skills in order to make it better.

So that's what I would do. And that might be communications, it might be policy, or it might be inside your clinical environment in a hospital that you stay in for decades, but you become the improver, or the educator or the researcher inside that establishment.

### **Martin**

I was really struck by that advice, the advice that Jason would give a young doctor, or a dentist in his case, to get a speciality first is exactly the advice that I give other people because it's what I did. When I was at school, I was very interested in what was happening in the rest of the world. I was that generation in the 1960s, 1970s, where we were watching the process process of decolonisation in Portuguese colonies in Africa, the Vietnam War and so on. I had a particular interest in European affairs. I travelled on Interrail when I was 15, but partly because of my family of course, I went into medicine and then although I did some short periods abroad, I did an elective in India as a medical student. I spent a little bit of time in my training in the Caribbean Epidemiology Centre in Trinidad.

But essentially I did my specialist training in the UK. I did my doctoral thesis in the UK. It was only then, when I got my certificate of specialist training that I then went back to my real interest, which was international work. And since then I've been doing that and I've been doing that for a very long time. So totally with Jason on that.

I also think one of the points that Jason makes, which is very important, is that we need to recognise particularly as people are retiring later, their interests, their skills change. One of the really worrying things about retention, which is a huge problem for the NHS, is frankly that people get bored doing the same thing. They get into a consultant post in their thirties and then they've got another 30-35 years ahead of them. So they do, I think, increasingly need to look at other things. And you know, Jason has done that very well. Many other people who have been very successful have done that too.

I think if you can bring your clinical work into those other areas, as Saliha does, blending her knowledge of gastroenterology with her skills in cookery. But also her incredible expertise in food science, her books are really remarkable. And you know, I thought I knew something about this, but I learned so much from reading them. I think that's a real gift, and it was such a pleasure to interview her.

Ian's advice: take risks, take opportunities, because so often you regret not doing things. I look back on my life and I've taken quite a lot of opportunities. I've gone places that I could have

maybe turned down, but I took the opportunities. But the things that I do regret are the sins of omission, not the sins of commission.

### **Alex**

I'm actually surprised to hear you've turned down any opportunities Martin, given how many hats you seem to wear! In fact, as you've just mentioned, Ian talks about taking risks and that's something that some other guests touched on. That idea of not worrying about the long-term impact of your choices on your career, of not being afraid to try things.

So on that note, let's listen to Alice Roberts, Dom Pimenta and Richard Horton.

### **Alice Roberts**

I suppose I would say to them, don't follow in my footsteps, because that means that you haven't continued with your clinical career! And there are a whole range of amazing clinical careers out there.

But what I would say is, don't worry – you know, don't be overly anxious – if you don't know exactly where you're going to end up in 10 years' time, 20 years' time, because things will happen over the course of your career that will take you off in new and exciting directions. And to be open to those opportunities and those challenges along the way.

### **Dominic Pimenta**

You know, if I look back at my career now, it's pretty wild. I've done quite a few different things, things I never would have anticipated when I was graduating. I had a very clear plan of where I wanted to be, and I didn't end up anywhere near that, for lots of different reasons.

And I think what you would realise is, a) it is a great job. Fundamentally, you know, the ability to apply your brain to connect with humans and to make a difference, that is a very rare and wonderful privilege and that is something that you need to hold on to.

I'd say the second thing is, if you can hold onto that through the layers of, you know, some of the worst bureaucracy and administration and really, really hard stuff that you'll have to go through, then I applaud you. And I couldn't do that. So, if you can do that, then that is fantastic.

But I think more fundamentally is that you just don't know what life will bring you the next day. And that's the lesson I've learned, repeatedly over the last few years, professionally and personally. That, you know, the things that really will blindside you on a random Tuesday are completely unpredictable.

So you sort of have to just roll, essentially, with the punches. And always just be grateful for where you are and, you know, if something does happen that was unpredictable then just go with it, because your life will not be what you think of it. And it's what you make of it every single day that I think is what makes the measure of you, and what makes the measure of your happiness.

So just accept the unpredictable is going to be part of things. And, you know, you can make the most of it anyway.

### **Richard Horton**

Look, I love our profession. Medicine has been a wonderful discipline, career. I wouldn't change a minute of it.

But – but. Medicine can be very conservative and risk-averse, and the training of a doctor, you know, is very prescribed, isn't it? You can almost close your eyes and you know what the next step is going to be: FY1, FY2, and then all the steps afterwards, and you have to pass exams, and then get your higher degree and research.

It's very easy to get locked in a system and be afraid to take risks. And I would say, don't be afraid to take risks. You know, it's good sometimes to pause and to just look at yourself and around you and think, what do I really love doing? Am I doing it? And never be afraid of going for the thing that you really love doing.

I really believe that happiness is such an important virtue in life, not because I'm a hedonist, but because you do your best work when you're happy. So, the quest for a happy life is a quest for a meaningful life. And to get to that point of happiness sometimes means you need to take risks. So, in the immortal words of Fleetwood Mac: go your own way.

### **Martin**

Alice really exemplifies someone who has taken opportunities, who's been in the right place at the right time. But other people could have maybe rejected them, gone on the straight and narrow. She was pursuing a career in paediatric surgery and then moved into archaeology, forensic anthropology and so on, and has become a media star and an inspiration to many young people. But of course, you create your own opportunities as well to some extent, and I think throughout her career she has been able to do that very well.

Richard and Dom in different ways are extremely courageous. Richard, I think, is one of the most courageous people I have ever met. And I've met a lot of people who've shown a lot of courage in very difficult circumstances. And he's become, I think, probably the most influential doctor in the world today.

But let me go back to Dom, because Dom is somebody who was in a situation that clearly was intolerable when he was faced with, frankly, ministers who were lying. He was watching the COVID pandemic around him, and he could have just gone on with that. He could have got burnt out. He obviously was suffering at the time, but he actually made a stand. He did something about it. He set up a charity. He worked endlessly, tirelessly to get PPE for his colleagues, and he, in a way, sacrificed what would have been the conventional career path. Now, it's worked out well for him I'm delighted, but it was taking a risk.

But back to Richard. I think what I really appreciate about Richard is his willingness to call out the complacency that we see, particularly in the medical establishment in the United Kingdom. Now, I understand the difficulty that the Royal Colleges are in, because if they criticise the government publicly, they will be shut out and they have been shut out by ministers in the

past. But that sometimes means that you really do not come out on the right side of history. And too often they have signed up to things that they really should not have done. And you know, we look at the Lansley reforms for 2012, we look at Brexit when they were largely silent, and then of course they complain. They say, well, what are we going to do about Horizon Europe? Fortunately, now, we hope, settled. What are we going to do about all these other problems? And you have to say, well, where were you when the debates were taking place? But Richard, I think is an inspiration and willing to call out those things.

But I think more generally, we have an issue in medicine in the UK. And I'm looking at my own speciality in public health because I have some amazing trainees, people who are courageous, who have the initiative when they come in, and some of them managed to keep that when they leave the training programme. But no thanks to the training programme, which is essentially a tick box exercise where they have to show that they've achieved a whole series of skills, failing to recognise that the reality of it is that they will ultimately specialise anyway. And I am deeply saddened by the way that we really do suck the initiative out of them over their training and we don't actively encourage people to take risks and in fact we often discourage them from doing that. I'm very clear with my junior staff - I want them to do things and if something goes wrong, I take the responsibility. I'm paid more than they are. It's my responsibility for whatever happens. But by giving them those opportunities, hopefully it makes them better doctors.

### **Alex**

That's a perfect example Martin of using your position and your power for good. And in fact, we have had some wonderful pieces of advice during the series about using your position as a doctor, as a force for good when it comes to shaping our society. So next, we're going to listen to Hannah Barham-Brown, Nick Black and Guddi Singh.

### **Hannah Barham-Brown**

I suppose my first piece of advice would be don't try and follow in anyone's footsteps. Medicine is a fantastic, diverse, and exciting career, and I think if I'd tried to do it the way anyone else had, I probably wouldn't have had as much fun.

I've said yes to a lot of opportunities. I am learning to say no to others. But I think it's really important to find where you want to be, who you want to be, and what your actual priority is, as not only a doctor but as a member of society, as somebody who is kind of almost automatically thrust into a leadership role in society.

People still hold doctors in really high regard in society, whether or not it feels like that. And so, I think it's important to really take that seriously and consider your privilege. Consider the privilege that comes with having the word 'doctor' in front of your name, and yeah, treating that with the gravitas that it deserves, because it gets you into rooms that other people struggle to access.

So I think having an awareness of that, having an awareness of your privilege. But also grasping opportunities that come, and being aware of where each one is taking you. Don't try and have too much of a plan. I haven't, and it's gone quite well so far! But yeah, I think don't try and

mould yourself into the shape of any other doctor, any other clinician. There's space for all of us, and there needs to be if we're going to make progress going forwards.

### **Nick Black**

I think, have the courage of your convictions. But it does come with risks. So, you're in a very privileged position as a doctor. It may not feel like it, amongst a lot of the junior doctors today; they may not feel terribly privileged, but they are. That's not to say they haven't got a good case for improvements in their lot. But use that privileged position very judiciously. Think hard before acting, but once you're convinced of the rightness of what it is you want to do, then I'd encourage you to go for it and do it.

### **Guddi Singh**

Given how circuitous the route has been, I don't know if it is a good idea to follow in my footsteps, but... what I will say is that, having navigated lots of different fields – so I've been really lucky to do obviously clinical practice, broadcasting, but also public health and policy and advocacy – I think what we need to do are three things, and this is the thing I always teach students, which is that we need to feel, we need to connect and we need to power up.

Now, by 'feel' what I mean is that, yes, we need to be compassionate – but I'm saying, go one step further. So we talked, Martin, about the injustice in our system. We need to be outraged, and we need to act, and we need to express solidarity.

The second is connecting, and this comes back to what we talked about as well, which is that health is so complex and messy, and we need to allow the fact that doctors – or medicine – is just one small part of it. And if that's the case, we need to start partnering up with other people who can actually make this world better, and make sure that our children or adults are healthy too.

The last thing is this idea of powering up, which is what I've had to do. So I've had to teach myself a lot of stuff to be able to understand how health is actually configured in the world today. And I think we're not given that on a plate. Medical schools don't teach it to us easily; we have to go out and seek it. And what I'm encouraging people to do, if you're listening to this, is to do that – to go out and seek it.

WHAM is trying to help, but it's by no means all of the answer. It's just like a small gateway, I suppose, into thinking differently. But there are loads of inspiring people out there – like Martin McKee! – who you can follow and you can learn from, who can teach you that actually there are different ways to practise medicine or to think about health.

And the thing I really want to say is that if you're just graduating now, it doesn't matter what stage of training you are at, we all have power. And the fact is we have to recognise it – and especially as doctors, we have a lot of social power. And what's really sad is if we don't use it.

So whatever shape it takes, whether it's a dance project or whether it's taking action politically, whatever it is – or just hanging out with the BBC – use your power, because it can change the conversation and change our culture for the better.

## **Martin**

I really enjoyed meeting Hannah, and Alex thank you very much for introducing us. She is someone who has used her platform as a medic with a disability for good. She really has challenged many of the preconceived notions, the things that we take for granted.

Now, in contrast to Hannah, who I only met through the series, I've known Nick for many years, he was my doctoral supervisor and he's someone for whom I have huge admiration. He has achieved a remarkable amount for patient safety, with pioneering medical audit, health services research, the quality agenda in this country. But he's also been able to bring different perspectives, which you see that very clearly in his novel, which is about a doctor several hundred years ago challenging the medical establishment and looking at the difficulties of doing that in a way, echoing some of the ideas of Dr. Thomas Stockmann in Ibsen's *Enemy of the People*. He brought the humanities into his teaching, when I was initially attending his course back in the mid 1980s and subsequently working with him to teach it.

Guddi makes a number of really key points. Outrage. I'm often outraged and I often talk about writing the piece as I do in the BMJ, the opinion pieces, the editorials as my therapy. In fact I'd like to pay tribute to my therapist, Juliet Dobson, who's the managing editor of the BMJ, who is a fantastic editor, but also indulges my efforts to sound off about things that are going wrong.

But if you look at things like the pandemic, the PPE scandal, the corruption, Partygate, where people were bringing wine fridges into Downing Street, sending out for suitcases full of wine while other people were dying alone... Of course you have to be outraged.

But she also made another point, which was that she said 'I've had to teach myself a lot of stuff to be able to understand how health is actually configured.' I think that's a really important one because I spend a lot of time working with people who don't come from a traditional medical background. I wrote the evidence review for the report, chaired by Mario Monti, the former Italian prime minister and European commissioner for W.H.O. Europe, shining light on the lessons from the pandemic. And I spent a lot of my time reading political science and economics and history. And that, I think, gives me that ability to engage with people from the financial sector, from the economic community, from elsewhere in a way that we're speaking the same language. And so often I'm sitting in rooms where there are other doctors who are a bit covered by all of this. They don't understand the terminology, they don't understand what's going on, they sit back and when they say things, often, they're not particularly relevant to the discussion. So I think that there is an obligation on us to read around.

And there's a difficulty here because so often when it comes to politics and political science, we're told that we should stay in our lane. I think that's the wrong advice. I think that we have a perspective that can be brought to bear. One of the more satisfying things I've had has been supervising a number of PhD students who are economists, and the dialogue we have had as they explain the macro and micro economic theory, and I bring in the medical perspective, the biological plausibility that's been incredibly enriching. So I think Guddi's advice there is really important.

## **Alex**



Do you have any suggestions for what a doctor listening to this who thinks, 'Yeah, I'd like to educate myself on these topics' - do you have any sort of suggestions of how to get that missing knowledge?

### **Martin**

Well, there are some fantastic podcasts at the minute, and although I do read a lot, I'm reading Rory Stewart's book at the minute about the honestly horrifying experiences that he had as an MP and as a minister - a reminder of just how deeply dysfunctional this country is. And there are others I've read recently, Anthony Seldon's book about Boris Johnson in number ten...

So I think I find because of the nature of the work that I do, I do have to read a number of academic papers in political science and in economics, particularly macroeconomics. I've done a lot of work on macroeconomics and health. But that's because of the nature of my work and not everybody can do that. I find political biographies are really interesting. I think you learn a lot from them, even politicians you might not agree with. I mean, an example was that I really did wonder if anybody actually understood the 2012 Lansley reforms. And then you read David Cameron's autobiography and you realise that, no, they didn't. And I think that's very important to try to appreciate how things are going.

I think one of the things that we really lack in medicine in this country is we often fail to understand constitutional principles, what the Americans would call civics. We fail to understand the legislative process. In fact, without going into details, I had an example of that only yesterday in conversation with somebody. And I think that is problematic. We just don't understand how our system of government works in this country or more often doesn't work.

But on the other hand, I would say something Nick said, which I think is important, be judicious. There are a number of doctors, unfortunately, who will come out and be a sort of rent a quote. And during the COVID pandemic, there have been, I can think of one or two whose advice, frankly has been rather bizarre, but they feature very, very prominently in the media. I won't name them. I think do talk about things that you actually do know about. But by reading around, you can educate yourself. You can inform yourself on more than you might have thought possible.

### **Alex**

I think you and Trisha Greenhalgh were talking about that idea of being judicious about your media appearances in her podcast episode. This won't be in the te extract we're going to listen to a little bit later, but came across in her advice for handling media requests. So I'd encourage listeners to go and have a listen to that episode, if you would be interested in this.

They were also sent to our guest who gave some precious advice for their specific kinds of communication. We've obviously heard earlier from Jason Leitch talking about public health and political communications. But let's listen now to writer Ben Goldacre and cartoonist Ian Williams.

**Ben Goldacre**

I think the single best piece of advice I could give, if you're interested in writing, is don't approach it as a way of making money, because then you'll be much freer in what you do. Not that I think people are distorted by, you know, seeking a shilling to have a particular view. But rather, you won't be worrying about, oh, I've got to write some dreadful column for some dreadful newspaper and I've got to write the kind of stuff that they want rather than the kind of stuff I want to write, because I've got to pay the mortgage. I think you've got to find a way to detach your writing from the daily necessities of life.

And I think the other thing is you've got to find a way to corner yourself into doing it regularly. So having something that holds you accountable. Having a regular outlet, no matter where it is, whether it's a college newsletter or your organisational intranet or whatever it is, you know, anything where you're writing regularly and you have to write regularly, I think is the key.

So, find a way that you're forced to write regularly, but avoid being forced to write stuff you don't want to write.

**Ian Williams**

With regards to comics and cartoons, like if money is important to you, don't do it. Stick to full-time medicine. But if you do want to make comics, just do it. Start making comics about what you know, put them online, put them on social media, and you'll start getting feedback and encouragement from other people, or criticism or whatever.

But hang around, if you want to get into to making comics, you have to hang around with comics people, basically. So go to comics fairs, zine fairs, get to know your local comics makers because they're kind of all around the country and they're generally a great bunch. So, you have to kind of embed yourself in a scene, I think, to really get to know people, to get to know how to do it, how to distribute it and get it out there.

**Martin**

So a lot of what I heard during the series were things that I sort of knew before. But I have to say, Ian's comments about the community of comic producers was completely new to me, I suppose it's not surprising. But I'd never really thought about it, and I was absolutely delighted to hear that there was this community because I'm a great believer in social capital, in the power of groups to come together to support better health. There's a lot of empirical evidence for it. So this was social capital in action.

But both of those interviewees remind us that unless you really do think that you're going to win the Booker Prize, don't see writing as a way of making money. Stick with the day job. But in the other hand, it can be incredibly fulfilling. One of the regrets I have about the series was that we only had 15 because I think we've got a great team here Alex, you and I, in bringing, I think, different ideas to a wider audience. And if we had more time, people I would have loved to have had on were Helen Salisbury, David Oliver and Partha Kar who are regular contributors to the BMJ.

Ben makes a really good point about a degree of discipline. Now obviously like them, you may have deadlines that you have to write to each week, but there's another aspect to it, which is I

think that if you do see your writing as a way of changing the world for the better, then you have to remember what Churchill famously put in his stamp on documents that came over his desk: 'action this day'. You've got to do it then and there. And that again, I've mentioned Julia Dobson already at the BMJ, who is remarkably responsive and can get the things that I give her online very quickly. But it does mean that you do have to maybe work through weekends and in the evenings to get things out, because if you miss the moment, then it's gone completely.

And this actually, you know, this is about identifying opportunities and seizing them. And maybe one example I can give is many years ago there was a case of a Roma family from Eastern Europe that were detained at Dover by British immigration authorities. And it really was a scandal. And I have been working in Hungary, Romania in particular a lot since the early 1990s, including a lot of work with Roma communities. And I was appalled by this. So I very rapidly wrote something for the BMJ. And of course often people use the pejorative term 'gypsies'. I made the point that there was more in the literature about the gypsy variant of the *Drosophila* fruit fly than there was about the Roma population, and that was how this group were neglected. A colleague at the World Bank spotted it, commissioned us to write some larger papers and that contributed to the discourse with my colleagues from the region to getting it on the agenda. And we were able to feed into what was then the Decade of Roma inclusion - a ten year initiative to try to address the needs of this very, very disadvantaged population.

Now, it's just one very trivial example, but it shows how getting something into a journal like the BMJ or The Lancet can have a catalytic effect and can lead to much better, greater things. But you've got to do it there and then you can't just leave it till tomorrow.

### **Alex**

That makes a lot of sense. Now we've talked about writing, there is another type of writer in our final episode, which was bit of a *Call the Midwife* special with Heidi Thomas and Stephen McGann. So Heidi is the creator, executive producer and main writer of the BBC series *Call the Midwife*. And Stephen, who is her husband, is an accomplished science communicator and actor who plays fictional GP, Dr. Patrick Turner in the show.

### **Martin**

Doctor Turner is a character who reminds me of the qualities of my own parents, general practitioners who devoted their lives to a community on the sectarian interface in Belfast, and my brother, who took over from them. So for this question, I asked Steve and Heidi to put themselves in the character of Dr. Turner and share the advice they'd give to someone who was seeking to emulate him.

### **Heidi Thomas**

One of the interesting things is in the last couple of series, young Timothy Turner, who's Dr Turner's son, who's been with the show since he was nine, is now in Edinburgh at medical school, and he's starting to help out in the surgery, testing urine and weighing babies and that kind of thing.

And I do find it rather lovely for me to stand in Dr Turner's shoes and give advice to young Timothy. You're actually seeing that happen on screen. And I would say something I'm thinking

of perhaps putting in a future series, is Dr Turner telling his son that the patient will never forget this moment.

I think the thing for all of us is, it's very easy to underestimate the importance of a doctor at any given moment in our lives. But I myself – I'm a very healthy person, but I had a couple of medical crises in the past, and I've never forgotten the tone of voice doctors used to me. Never forgotten the way nurses touched me or reassured me. So often a doctor's manner is the thing that you will never forget. It's not just what he's saying, it's how he's saying it. I think I'd like to build something of that into a scene with Dr Turner and Timothy going forward.

### **Stephen McGann**

I think it's, very simply, don't be scared not to know the answer. Don't be scared about the idea that something might stump you. A vulnerability in a medic is actually a deep human quality. Vulnerability, shared discovery, trying to find out from a basis of humility. Never, ever be scared of not knowing. Turner's been in a situation a few times where some of the best things he's ultimately achieved have been based on something which has stumped him, something which has challenged him personally.

To a young medic coming now – don't be scared to be human. Don't be scared to be human. Putting on a white coat, it's not a zero-sum game. It doesn't negate you. Don't flush away all those immense parts of your humanity that you have, the minute before you put that coat on.

I am very privileged to, every year or so, give a workshop for medical humanities students at Imperial College London. These people are brilliant students, and obviously being med students, they're pretty bright at a lot of things. They've called me in because they would like, as an actor, they would like me to give them the ability to talk easily or communicate easily.

What I end up saying to them more often than not is, 'How many of you were at the top of your class in drama?' and a few hands will go up at the back, and I'll say, 'How many of you were top English literature students?' and even more hands will go up.

And I say, 'Do you know what? What I'm asking you to do is remember those parts of you. They never went away. The parts that studied great books, the parts that looked into the morality of religion, or human personality within the context of drama. You were good at all those things at school. You are great people. Harness those other sides. Don't forget them when you become your chief thing, a physician, which is all of those things.'

And I'm always very pleased and a bit jealous when they then get up and are absolutely 10 times better than me at performing, because usually they are.

### **Martin**

I was so pleased to get Heidi and Steve to join the podcast. I think *Call the Midwife* is an amazing programme. It really captures the life of the poverty, the deprivation, but also the enterprise and the initiative of people who've lived in the East end of London. It brings in many contemporary issues of racism, social class, so on.

Dr. Turner is someone who really knows his community. But I think what Heidi is reminding us is the importance of compassion. It's so easy, and I've often said that we in public health, working with numbers and epidemiology, must never forget that those numbers are real people. Now for me, working in Eastern Europe in the early 1990s, looking at graphs of deaths from road traffic accidents for example, I always remember my very good friend Ferenc Bojan a fantastic professor of public health in Debrecen in eastern Hungary who was tragically killed in a car crash. So you know, it puts a face to the statistics. We must never, ever forget that, although sometimes I fear that we do.

And it's so easy to do that because we are seeing maybe 30 patients in a clinic. It's just one after the other. But for each of those patients that's their one encounter with a health professional in many months, it's a really big event. And Heidi reminded us of the importance of remembering that.

I think Steve has got it absolutely right about the vulnerability, and doctors are vulnerable. I'm writing about trust at the minute for a W.H.O. ministerial conference later this year where trust will be a very big theme. And as I read in the literature in the social sciences, I was struck by this description of the vulnerability of the patient, which we know, but also the vulnerability of the doctor because of the threat to their reputation. I hadn't thought of it that way before, but that does come out in some of the research.

We also know what happens when people have too much confidence and we've all been there. We thought that we knew more than we did as a reminder that always seek advice because no matter how much you know, there will always be something else and it is not exchange of ideas.

That's one of the things that does worry me a little bit about modern medicine, the breakdown of the team structure. I think a lot of our junior doctors are being isolated, being left alone, not getting the support that they might need. I really like Steve's comments about the importance of literature because that's where we understand about the nature of humanity, the nature of relationships and this point about trust as well, which is absolutely crucial to the clinical interaction.

### **Alex**

One of the interesting things I thought about that vulnerability aspect is something we've seen in the last few years, is that narrative of doctors as superheroes, how toxic it is, and that need to be seen as humans. I think that's actually something that Hannah was touching on in her episode and something that Ian Williams in his graphic novels talks about - The Bad Doctor is really around being a doctor and being a human.

### **Martin**

One of the things that really troubles me at the minute, obviously junior doctors and consultants pay has fallen far behind and the BMA is rightly campaigning on that. But it is also the way in which modern hospitals are so different. I've written quite a lot on hospitals over the years. I sometimes said that there should be a special place in hell reserved for those who design hospitals because they are so dysfunctional in the UK. There are some very good

examples in countries like Germany, Finland and the Netherlands that we could learn from but don't.

But when I was a junior doctor, we had a doctor's mess, we had accommodation, we had food, hot food available around the clock, we had support, we had people who were looking after us and above all, the sense that somebody actually cared. Whereas now we have posters being put up telling doctors what they can't do and ridiculous petty restrictions. The inability to plan your schedule ahead so that you can get married or go to somebody else's wedding or something like that. I think we've really lost the plot on that.

### **Alex**

It's quite sad. It's something that's actually touched on in the following comments. So, last but certainly not least, we've got some precious advice from Trish Greenhalgh, Phil Hammond and Rachel Clarke.

### **Trisha Greenhalgh**

Family comes first. I've got a husband and two kids and my family's always come first. I've mostly worked full-time because my kids were healthy, they were very happy at day nursery. You know, I obviously had a few months off when I had them. I've got colleagues whose kids in their early years needed a little bit more parental attention and so they've gone part-time.

But if someone is telling you that your clinical role or your academic role is so important that you have to compromise and neglect your family, then they're off-message. They're off-message. Nobody is going to be lying on their deathbed saying, 'Gee, I really wish I'd spent more time at work and less time with my family.' It's always the other way around. So that's the one tip I would give.

### **Phil Hammond**

I'll give the advice that Instant Sunshine gave to me. So Instant Sunshine were a St Thomas's musical troupe who are all doctors apart from Miles Kington, who became a great friend of mine. But when I first went to Edinburgh, they came up to me and they said, 'Phil, you're really successful now; this is the first Edinburgh you've done; whatever you do, don't give up the day job.'

They said, medicine is ever fascinating, and lots of people do, and they – you know, medical comedians – run away and give up the day job. But actually, over the course of a lifetime, stick with medicine. You don't have to do it full-time. I know lots of people are looking for a side hustle or part-time. But it still is, of all the jobs you can do, a really rewarding job.

And I could have run away and joined the circus, and given up medicine, or just written sneery books. But one of the reasons I think I became more compassionate as I got older is I carried on doing frontline stuff and consultations. And I think, particularly as a man, doing a job that forces you to be compassionate, and forces you to listen and to be kind, is really good for your soul.

So, yeah, experiment and do stuff, but keep your registration ticking over and don't give up that day job. And for me, it's provided me endless material. So as well as enjoying being a

doctor, all my comedy gags have come from other frontline workers. People are a bit wary of talking to me, but yeah, all my material comes from the NHS, so another reason to stick with it.

### **Rachel Clarke**

Don't be put off by the people who tell you how awful medicine is these days, what a state the NHS is in, it's not like it used to be, blah blah blah. You'll always get people who say that.

Medicine is an absolute joy and a privilege despite everything. It is so astonishingly wonderful to walk into a consultation room and meet someone who may be going through the most frightening, distressing, anguish-filled day of their life and entrust their life to you as a doctor. It is an absolute privilege and an inspiration to be in that role with people.

And you can do so much good, even in an understaffed, overstretched NHS, simply by holding on to your humanity and trying to reach out – human being to human being – with that frightened individual. It is a wonderful thing to spend your life doing. It's the most interesting, inspiring, thrilling ride of your life, being a doctor. It is magnificent, so look forward to it.

### **Martin**

I really want to underline what Trish said. I could not have achieved what I have without the support of my extremely long-suffering wife, Dorothy, and my amazing daughters, Rebecca and Charlotte. I've seen too many of my colleagues who have sacrificed their families to their careers. My family have given me the stability I needed, but above all, they've kept my feet on the ground. It's very easy when you're getting accolades from others, and I've received a few to get an inflated sense of your own importance. And I hope that I've avoided this. And if I have, I have them to thank for it.

Rachel and Phil's comments also resonated with me because I stopped seeing patients a long time ago, but I still miss it. I learned so much from my patients. I still remember many of them as individuals, even though we're talking about the mid 1980s, the old man with scurvy, the mother with beriberi - and this was in Belfast in the 1980s. It was the way that the social determinants of health, even if I didn't know the words at the time, were appearing in my outpatient clinic that led me to move into public health.

### **Alex**

Martin we've heard all these wonderful words of wisdom and your reflections on many of them, but let's turn the tables on you. You've achieved a lot in your career, as you said you've had 'a few' accolades, and you're, of course, an influential voice in public health at the international level. And in fact, we've heard Guddi mentioned you as one of the people who inspired her, a few of our guests actually have.

Are there any reflections or words of advice that you'd like to give a young doctor who may have just graduated medicine and would like to follow in *your* footsteps?

### **Martin**

Well, I've got to a stage in my life where I'm increasingly being asked to reflect on what I've done. I would join with what many of the others have said: don't follow my steps because I

think all of us have a degree of serendipity in all of that. But, you know, as you say, judged by the conventional metrics of publication and awards, I suppose I've not done so bad.

But when I do reflect on my life, I do tend to concentrate on the failures. I've taken as my role model. Cassandra, the Trojan priestess who received the gift of prophecy but was cursed by Apollo, never to be believed. I warned about austerity in the 2010s. I warned about Brexit in 2016 and I warned about the failures of policy here in the UK during COVID, many of which we are now seeing set out in detail in the evidence to the COVID inquiry. Indeed now that we have sight of Patrick Vallance's diary on some of Boris Johnson'sWhatsapps we see that the situation was far worse than we imagined at the time.

But there is one area where I think I have succeeded and that was in supporting junior staff. I'm incredibly proud that nine of my PhD students are now professors at the University of London, with others in senior positions elsewhere. I was actually at a reception only last night talking about this to two colleagues who I admire, and they told me about how I had supported them at critical periods in their career. Until then, I've never really thought of them as being individuals that I'd particularly supported, but apparently just spending some time, a couple of hours, talking about their career choices, where they wanted to be giving some advice had apparently helped in ways that I'd never realised. And these are both people who have been extremely successful.

My concern is that there are too many academics who see things differently, people who see junior colleagues as ripe for exploitation. Now, obviously I didn't invite any of them to be in the podcast. So my advice is simple: do what you can to support those who will come after you. It may just be somebody a year or two below you. I was very fortunate in having one of my colleagues who was one year ahead of me, Wallace Dinsmore, a consultant in Belfast and we followed each other through and we remained friends. I learnt a lot from him. He was just that little bit ahead of me.

But there are others who will be further behind where you are in your career, so do what you can to support them. Try to open doors for them. Maybe that's where I am very fortunate. I can open a lot of doors to people. Each year I go to the European Health Forum in Gastein. We have a fantastic programme for what we call Young Gasteiner's. This is a village in the in the Austrian Alps. One of my public health registrars was there this year. Another one had been there last year. And these are the future, these are people who I find inspirational and who are really going places. Make sure that they get the limelight, because in the end it's from their success that you'll get the most satisfaction.

So we've come to the end of this final podcast, and I do hope that some of our listeners will find inspiration from this series of podcasts, to get started on their own path towards communicating about medicine and becoming the next generation of inspiring doctors.

**Alex**

Wise words, indeed. Martin McKee, thank you very much.

**Martin**

Alex, thank you very much indeed too.



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