

Inspiring Doctors. Episode 3: Phil Hammond

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Martin

Welcome to *Inspiring doctors*, a podcast series brought to you by the British Medical Association. I'm Martin McKee, a professor of public health and the president of the BMA.

In this series, I'm joined by people who I see as role models. They've successfully taken their medical knowledge to a wider audience in creative ways. So what inspired their work? What lessons have they learned? And what advice do they have for young doctors who may want to follow in their footsteps?

There is something magical about the confluence of medicine and communication. My interviewees are only some of the role models who do this work, but they are all people who have inspired me. I hope that our conversations will in turn inspire you.

My guest today is Phil Hammond. Phil qualified in medicine from Cambridge and St Thomas's. He's worked as a general practitioner and a specialist in the management of chronic fatigue. He starred in the BBC television series *Trust Me, I'm a Doctor*, the Radio 4 series *Struck Off and Die*, and in *28 Minutes to Save the NHS*.

He's also appeared in a number of comedy programmes including the BBC's *Have I Got News for You* and *The News Quiz*, and is a frequent sight at the Edinburgh Fringe. He writes the *Medicine Balls* column in *Private Eye* under the pseudonym 'MD', and his columns written during the pandemic have been brought together in his latest book, *Dr Hammond's Covid Casebook*.

Welcome, Phil.

Phil

Thank you for interviewing me; it's very kind of you.

Martin

Well, Phil, I want to begin with your childhood. You were born in the UK, but you moved with your English mother and Australian father to Australia when you were two years old. But, tragically, your father died when you were seven. At the time, you believed he had a heart attack, but you later discovered that this wasn't true. Could you tell us about what happened, and how this has influenced your subsequent work?

Phil

Yeah, my dad, as you could probably guess, sadly took his life. He was a brilliant academic, came from a working family, turned out to be really good at chemistry,

captained Australian University's basketball team, and then got a Commonwealth scholarship to do a PhD at Cambridge, where he met my mum, who was doing teacher training.

And I was born in the UK, born in the NHS, born at home. But my mum was always thinking we'd move back to Australia because dad wanted to relocate. So my mum held on to me until the early hours of New Year's Day morning in 1962, because that's when the school year started in Australia and she knew that a boy who was oldest in the year did much better than a boy who was youngest.

So I left at two. We packed in with the '10-pound poms' on the Northern Star ship from Portsmouth to Perth. Got measles on the way. I got a bit of cerebral irritation. We arrived in Perth. Uncle Ron, dad's older brother, dunked me in the Indian Ocean and I floated. 'Thank the Lord,' he said, 'Look at Philip; he floats like a turd.' Famous quote.

And I had a really idyllic seven years. Always outdoors in Australia. And like most Australian boys, I was good at sport and good at cheating. And I remember because my dad was a basketball champion and my cousin Stan, he coached the Australian Olympic water polo team. So brilliant sportsmen. I wanted to be good at sport, and I wasn't that good, but I was very good at cheating. I used to dive in in swimming competitions on 'get set'. I decided if you dived in on 'take your marks' that was just ridiculous, but I found if I dived in on 'get set', I could *just* win.

And I remember winning at a swim in the state finals at the age of seven, at Beatty Park, which is a big Olympic pool in Perth, and being very excited, and desperate to rush back and tell my mum and dad. And dad wasn't watching because he was a workaholic – often worked in his lab on a Sunday – and I remember getting home and desperate to tell everyone. We got back and mum said, could you come into the bedroom? And Steve and I went into the bedroom – and Steve was two years older than me, so he was nine – and she laid us down on the bed and she said, I've got some very sad news. I'm afraid your dad has had a heart attack and he's died, at the age of 38.

Strange things I can remember; I can remember the pattern of the bedspread, which was like purple spirals, and I can remember crying slightly less than my brother. Interesting thing. And I remember feeling proud of the fact that I was crying slightly less than Steve, this sort of macho, Australian, 'toughen up, man up' type of thing.

But I didn't have any reason to doubt my mum. She actually thought he'd died from a heart attack when she'd found him, and only found out on the post-mortem that he'd taken cyanide. And the wisdom of the day was 'don't tell the kids until they're old enough; perhaps never'. That was the advice she was given, and we just got on with it.

He died on a Sunday. I can remember going to school on the Monday, and I remember walking in to class and standing next to Gary Brown, who was my best friend, and Gary said, 'What did you do at the weekend?' And I said, 'Well, my dad died, but I got into the state swimming finals,' and he said, 'Good on you, Philip.' And that was sort of the level of grieving. And then we relocated from Western Australia to Watford fairly quickly after that, which was also pretty traumatic.

I'm guessing the seeds of my medical career were sown in that. A lot of people who go into medicine have had some sort of family trauma. And I can remember thinking, gosh, my dad could leap off the ground in basketball as if gravity didn't apply, and he was the cleverest man in the world. To this day, I can't understand his chemistry PhD. And he didn't make it to 40; clearly, there's some problem with the Hammond heart. I worked out when I was a kid that if I was going to die at 38 too I'd die in the year 2000, which seemed like a very significant date.

But I also oscillated a bit between taking life very seriously and never seriously. When you think something as absurd as your super-fit, handsome, brilliant father dies of a heart attack... So it sort of swung a bit, and I think I probably came down on the side of medicine because of that.

But growing up, my heroes were all those brilliant, migrant Australian men, who came over in that period. So Clive James, the brilliant broadcaster and writer; John Pilger, the fearless journalist; and of course Barry Humphries, the absolutely disgraceful comedian. And I was lucky to meet all three of them actually. John Pilger's still alive, I think, but the other two sadly have died.

So I sort of slowly hatched a plan – probably to be a doctor, but also to be a comedian, journalist and broadcaster on the side, just in case I died at 38. I'd try and cram as much living as I could into half a life.

Martin

When did you find out the truth about your father's death, and how did that affect you at the time? You do have a particular interest in depression, and I'm just interested as to whether that pre-dated this discovery, or...?

Phil

Gosh, around about 1994, '95, I think. So I met my lovely wife, Jo, in '91. We've just been married for 30 years, which I'm very proud of.

Martin

Oh congratulations.

Phil

We'd had Will, and my brother had come over from Australia, and various things were happening. I was just about to audition for *Trust Me, I'm a Doctor* and we were doing something about men's mental health, and the Bristol heart scandal was just kicking off, and I was under a fair amount of stress, and I remember taking my blood pressure and it was about 220 over 160 or something. And I remember going to mum saying, look, I'm a bit worried about my heart. I'm pushing it a bit at the moment and I'm worried what happened to dad will happen to me.

And I remember her saying: there's something I want to tell you about your dad, and I probably should have told you sooner, but I couldn't find the words, so I'm going to tell you now. He, very sadly, he took his life. And one of the reasons she hadn't told me is that he wasn't the only death in our family. So two other dads, her grandfather and her uncle, had also taken their lives. And I think quite reasonably, she hadn't wanted to tell Steve and I when we were younger in case it suggested a way out for us when times were stressful.

Steve had a few mental health issues growing up. I was always tough – or pretended to be tough – so I was actually quite relieved by the news. Because I thought, if there's some rare cardiac dysrhythmia going on that takes down young fit men, there's probably nothing I can do about that. But despite all the stress I'd had in my life and all the whistleblowing and stuff that I'd done, I'd never wanted to self-harm, so I thought of it as a bit of a relief. I thought, well, gosh, maybe I'm off the hook. I'm not going to die in the year 2000.

Whereas Steve took it another way. He was two years older, and he can remember the police coming round after the post-mortem and remembered thinking something wasn't quite right, and he reacted quite differently. He went through a period of profound depression after that. But that helped him understand dad's actions, he said. When you're young, you don't understand why your dad would do that. Why would my dad leave me like that? And Steve, then having suffered depression, said: I actually absolutely understand how you can make that decision when you're clinically depressed.

So we're very different. And it has made me more compassionate in the long term. A lot of the stuff that I do, as you know, is very aggressive – exposing stuff about the medical profession in a fairly blame-y, aggressive, assertive style, writing for *Private Eye* in that very sneery, satirical way. And it definitely made me more compassionate. It made me start focusing not just on my mental health, but the mental health of my colleagues. It's not just about how you blow the whistle and how you raise concerns. It's how you do it. If you do it in an aggressive, unpleasant way, then people pull up the drawbridge and they don't engage. So it has changed me. But I can't change my life before that.

But it's interesting, having been this curious, fearless whistleblower, I'd been remarkably uninterested in my own family history. Partly because my mum didn't like to talk about it – mum was traumatised by it – and she was the only one who could really talk about it, and she chose her moment to tell us the truth. So bizarrely – I didn't do a psychiatry job as part of my GP training either – so I do feel, although I've got a lay doctor's interest in depression and mental illness, it should be much better because I should have done that psychiatric job, because just about all of general practice is mental health. If you don't have emotional health, you don't have anything.

I did quite a few things on men's health, and I remember my first academic job – I got a job teaching communication skills to medical students at Birmingham University, and was working at a practice close to the university, and I used to see quite a few depressed academics. And although I didn't know the truth about my dad then, I could understand it – as I'm sure you can – is that when you meet people who work at a very high intellectual level, so their brain is constantly '*boom, boom, boom*', they find it really, really hard to stop.

I have enormous respect for people who do proper science, like yourself. I mean, it takes an awful lot of effort to do a proper scientific paper, and to get out all the variables and the bias, etc, whereas I found stand-up comedy, journalism, broadcasting, etc... I mean, you know, I could whack off 800 words or tell a few gags, and you get an instant response. You either make people laugh or you don't. You make the readers happy or you don't.

So I went more down the instant gratification route, and only now am I slowing down a bit and thinking, actually, I should take my time over stuff and write something of worth, rather than something that just gets a few cheap laughs.

Martin

I think maybe the delayed gratification is more a consequence, I'd say, of the struggle to get funding and get all the approvals from the ethics committees and from others.

Now, you worked with Tony Gardner, another doctor who turned comic, in Bristol in the late 1980s, and together you launched a series called *Struck Off and Die*. What inspired you to do this?

Phil

Well, we were going through the traditional angry junior doctor phase. As you'll remember, the junior doctors in the '80s, gosh, it wasn't uncommon to work 120-hour weeks. Our average was 90-odd hours a week, because we were paid for our overtime at one third of our basic rate. And you'd say, 'This is ridiculous, we're only paid a third.' And they'd say, 'Well we never used to be paid anything for overtime. It's a vocation. Never did me any harm, *blah blah*.' And we started to see the harm that it did.

I had a friend of mine called Chris Johnson, who fell asleep at his wheel, nearly died, but was more concerned about the damage he was doing while doing 80-hour obstetric shifts. So he used a portable EEG monitor, a brainwave monitor, while he was on duty and was found to be technically asleep while he was repairing episiotomies.

So we would collect all these sorts of stories. And we tried to get a junior doctors' ballot at the BMA back then, but they weren't supportive then! So we decided on stand-up comedy. I think actually we were arrogant enough to think that comedy could be an agent of social change, and we could make progress on junior doctors' hours and conditions by telling the most outrageous stories of how dangerous it was. My first whistleblowing was to blow the whistle on myself.

So I talk about my own mistakes. I recently recorded a *Confessions* for Stephen Mangan on Radio 4, and I talked about some of my mistakes. But I think that's an important point – if you're going to raise concerns about other people, raise concerns about yourself first. And we sort of took a 360-degree suite. We were quite unhelpful in some ways – we took down the GMC, the BMA, patients, various conditions and things. It was mad, rather angry satire. But it was an absolute blast. I mean, we went up to the Edinburgh Fringe and we were Perrier Pick of the Fringe. So we didn't win the Perrier award, but we were nominated as one of the top shows a couple of times.

But by the same token, some people absolutely hated it. We got record numbers of complaints to the Broadcasting Standards Council and some absolutely stinking reviews, from people who didn't want doctors to tell the truth.

I think the overriding aim is to say: doctors are human. This nonsense that we're sort of superhuman caring machines or gods, and nurses are angels, is all nonsense. We're humans, and if you put us in dangerous working conditions, we will make mistakes. And here are some of them. So not only are these mistakes pretty grisly, but here are some of the jokes that we've told about our mistakes, which are even more grisly.

And I think a legitimate criticism is that we promoted the uncaring side of medicine, so that may have been counterproductive. People may have said, well, why pay doctors more when they're clearly uncaring dossers?

Martin

I'm not sure. I think you may have done rather more than I did. I should say that I somehow or other found myself in 'one in two' and 'one in three' rotas until I was a third year registrar, which was rather less than some other people.

And I actually did my doctoral thesis on out-of-hours work by junior doctors, partly as a result of my experience. So I was getting junior doctors to keep diaries and looking at

what they did. And then we did consensus panels to find out what needed to be done. But I think your approach probably was a little bit more appropriate for bringing about change in behaviour.

Phil

Yeah, you need the evidence. You see, there's the difference between us again – there am I, going for instant gratification at the Edinburgh Fringe, and there you are doing proper detailed research and collecting some evidence. You need both of them, basically: you need to do the science and you need to communicate the science.

And actually the best thing about our first Edinburgh show was the programme that we did. We did evidence-based points to show junior doctors using the CEPOD report, and various other bits of research about how they were harming patients. I think it's the first time they've had a referenced comedy programme at the Edinburgh Fringe.

Martin

And of course at that time there was a ruling in an American court, the Libby Zion case, where things had gone terribly wrong, which was quite influential.

Now, when I was preparing for this podcast, one of the things I listened to was some of your earlier programmes. If we take the one on surgeons, you were pretty scathing about surgeons, not least calling out their sexism, their racism and their nepotism very clearly. I'm just wondering how your surgical colleagues responded to that.

Phil

I would say a mixed response. I mean, you did your training in Belfast, didn't you? I don't know what it was like then, but I did Cambridge and Thomas's and I didn't have any doctors in my family, but my friend Hugh, who did, said, 'Oh, Cambridge, Tommy's, that's the dream ticket.'

And the London medical schools in the '80s were like an extension of a public school. The dean was head boy, the consultants were prefects. There was sort of bullying and fear, 'break 'em down to build 'em up' kind of stuff. And so it was probably an extreme example. There were sort of Sir Lancelot Spratt-type stereotypes, who would lift you up by the collar and abuse you.

But I found it quite funny – I mean, it's just my inner, Australian, anti-hierarchy... I just used to find it quite amusing, and would satirise that in Christmas shows. And I left St Thomas's with a reference that said, 'This student refuses to take medicine seriously. He does not deserve a St Thomas's house job.' Which is probably quite apt.

But I was also an awful medical student. I enjoyed myself, but I took lots of photos of people doing disgusting things, lots of games and things. And the one photo I didn't get

that I really wanted – this is apropos of nothing, but I wondered if you'd heard of it – there used to be a game called the Suxamethonium Dash. Have you heard of that?

Martin

Yes, I have.

Phil

It was famous at Whipps Cross Hospital, I think, which had the longest hospital corridor in Europe. And people give themselves suxamethonium, an anaesthetic muscle relaxant, and see how long they could run down the corridor before being resuscitated.

I mean, to me, that was hysterically funny at the time, but I don't have a photo to document it. Did they do that in Belfast or is it just an old wives' tale you've heard?

Martin

No, I've heard about it, but it was slightly different because, of course, when I was training and when I was a junior doctor, we were in the middle of the Troubles.

Phil

Gosh.

Martin

So that clearly shaped our lives, very much so. And I think I was quite fortunate – we had some amazing surgeons – but I totally get your point.

The version of that that we had, which was a bit different, was I worked for a while in the old Belfast City Hospital – it was an old workhouse, like a maze. I was in the cardiac arrest team, and I and my colleagues would actually race each other by going different routes to see who could get there quickly, because there was an almost infinite variety of routes that you could take. So we had a variation on that.

Phil

People say – I mean, the older surgeons, yes, I was rude about them in a fairly stereotypical way – but they still say... There's quite a famous heart surgeon called Stephen Westaby, who I'm hoping to interview – old-style heart surgeon who wrote a book called *Fragile Lives*, and he talks about being called in the '70s in the pub. Someone at the Royal Brompton calls him in because there's an aortic tear after a car accident, and will he come in from the pub and operate.

And he writes in his memoir that back then it was perfectly reasonable to be on call and drinking. That just happens – people accepted that. And what you weren't allowed to do was to leave the operating table with a full bladder. So he comes in and assists an aortic tear and catheterises himself with a piece of rubber tubing, feeds it down into his

surgical boots, squelches his way through the operation. And talks about the pride of never sleeping. You know, adrenaline stress puppies.

I think the big change for surgeons was that, you know, evidence accumulated that lack of sleep and alcohol and heart surgery probably didn't mix terribly well. In the old days, we had clinical freedom to do as we wanted to. There weren't enough doctors. You worked very long hours. The hospital was the trainees at night. The patients were unsupervised cannon fodder. Sink or swim. I think his nickname was 'Jaws' because of the speed with which he could amputate a leg.

I mean, there was all that sort of macho stuff, which I slightly admired because I'm really butter-fingered and could never be a surgeon myself. But I also thought the key to winning the argument about patient safety is to expose some of this. If we want to rebuild the NHS around quality and safety, safe hours, resting, working conditions, we've got to slightly nail this temperament that it's OK to work 120 hours a week and 'it never did me any harm'.

And I'd see these old surgeons, you look at them and they'd all be a bit jaundiced and they'd never seen their kids growing up, and they'd given their lives to the NHS. But I didn't think it was healthy in the longer term. So that's probably one of the reasons I blew the whistle on it – for their own good, although they won't thank me for it.

Martin

But on the other hand, they did give you plenty of material to work from.

Now, your humour was really quite edgy for the time, and I understand that you were the subject of a number of complaints to the Broadcasting Standards Council – I suppose that's a bit better than the General Medical Council, but we'll come on to that later. How did you respond to the criticism you received at that time, and did you ever have any doubts about what you were doing?

Phil

I did. The first one, I can hardly bear myself to talk about, I might disclose... One of the things you do when you're at the Edinburgh Fringe, and you're desperate to be noticed amongst all these other comedians – you sort of have this inner exhibitionist desire to shock, and obviously as doctors you have access to privileged information that should probably remain privileged. And one of the tricks that *Struck Off and Die* would do, which I am now slightly ashamed of, is we would make people laugh at things they probably shouldn't be laughing at.

So most famously, our first ever programme about surgeons on Radio 4, we talked about a surgical unit in the south of England that was known as the Killing Fields and the Departure Lounge. And you can hear the audience roar with laughter. And we know

we're referring to heart surgery at Bristol. Nobody else does. But, nine, 10 years later, when I'm summoned to give evidence at the public inquiry, they get their own back and pin me with that laser stare and say, 'When you referred to the Bristol used as the Killing Fields and the Departure Lounge, that's medical humour, is it?'

It really taught me a lesson about satirising stuff that's really serious. So that was one of the things that got us complaints. Another one: we told a true story which should have stayed where it was. And then I got a lovely letter from a woman saying, 'I find a lot of your humour funny, but I really didn't find that funny. I've recently suffered a stillbirth and the obstetricians were absolutely delightful. Even the men cried with me. And I know why you're making that joke. You're saying, look, doctors are young. We're not trained to deal with this emotional distress. Sometimes you laugh at the most inappropriate things, but in doing so, you're promoting an uncaring side of medicine that I don't think serves your profession well.'

And it really made me think, and I stopped doing it. So, yeah, I've matured with time. I look at people like Jimmy Carr or other comedians who've carried on being gratuitously offensive right throughout their careers. And I'm thinking, do you not get to a stage where you're 30 or 40 – I don't know where men mature these days – but do you get to the stage where you stop being unkind, and start thinking, ooh hang on, maybe I shouldn't be saying things like that, a bit like a version of Bernard Manning, or...?

Because that's sort of what happened to me. I became kinder marrying Jo, and I became kinder doing part-time medicine – you know, when I was stuck in that salmon trap of full-time junior doctor medicine, I was so angry. And you were so desperate to make a political point that you would say things that were quite shocking and cruel. And I have no desire to say that now at all. Now, whether that's just maturing or getting out of full-time medicine, I don't know.

But I don't deny... I mean, Tony won't even listen to old *Struck Off and Die* tapes. They put them out on Audible without me realising it; I'd signed some disclaimer years ago and the first ever thing we did 1991, so many complaints. William Rees-Mogg, who was Jacob's father, was head of the Broadcasting Standards Council and declared them inappropriate material for a comedy show. And it sounds awful and dated, and I sound like a young Lady Di as a junior doctor.

It's... yeah. But I don't think – given my history of exposing other people's failings – I don't think that you can hide from your own.

Martin

Now, you've been the medical correspondent at *Private Eye* for many years. I understand that you were recruited in a BBC bathroom. Is that right?

Phil

Sort of. It was at the BBC light entertainment Christmas party in 1991. So, we got all those complaints, the BBC back then were delighted to have so many complaints and we'd made such a big stir that they offered us a series, and part of that – before the series recorded – we were invited to the Christmas party.

I remember walking down the stairs in between Frank Muir and the Beverley Sisters, and I spotted Ian Hislop, the relatively recent new editor of *Private Eye*, and followed him into the toilet. And I said, 'Can I have a column in *Private Eye*?' And he said, 'Do you mind not standing so close to me?'

And the first column I wrote about junior doctors included Chris Johnson's story – falling asleep with the brainwave monitor on his head. And I started writing about junior doctors' stuff for a few months. And then Tony was working in the emergency department of the Bristol Royal Infirmary, and he said, there are lots of people here talking about how many babies are dying or being brain damaged after complex heart surgery. Maybe this is something you could write about.

It was a real change of tack for me because most of my stuff had been about defending doctors, defending junior doctors, saying we make mistakes, but we're basically decent people in unsafe working conditions. And this was more switching to protecting patients. It was saying, look, this unit is known to be an outlier for heart surgery for whatever reason. Everybody knows about it apart from the parents. Surely this should be in the public domain.

And I met various people, including Steve Bolsin, who was the anaesthetist who was collecting data. But I met other people too who had similar concerns, and people outside the unit, in other units, who knew sort of what was going on. And I ran it through Ian and the *Private Eye* lawyers and published it. In a fairly aggressive way – I called the unit the Killing Fields. I published confidential data from their own unit, which I think made them particularly angry, and I can understand now why they didn't respond – because they thought, gosh, somebody has been leaking our data and it's in a satirical magazine, etc.

I was thinking as soon as this was out, someone would go, gosh, they've got a problem. It's in the public domain. Someone at the Royal College of Surgeons or the Department of Health will organise an inquiry. But the reverse happened. They said, well, we could ignore something written under a pseudonym in *Private Eye* and tough it out. And so it didn't actually change much at the time. Operations went on for another three or four years before Steve Bolsin went public himself, and that's what stopped it.

But what was most interesting to me is that they had all this money spent on the public inquiry and they audited all the *Private Eye* column. So you saw where they ended up.

They went to Virginia Bottomley's office and a parent had written to Virginia Bottomley saying, 'I've read in *Private Eye* that Bristol has got far worse rates than others – what are you doing about it?' And she bounced it back to the hospital. It went to other eminent heart surgeons, who wrote supportive letters to the Bristol surgeon saying how much they hated the press.

It was fascinating to see. They didn't know how to deal with it. At that time, the GMC might take action if you were clearly alcoholic or advertising in large letters or adulterous with the professor's wife, but they had no way of stopping somebody who was doing their best but getting very poor results. Audit wasn't mandatory. There were no minimum safe standards.

It was just that Bristol was an unfortunate outlier compared to the other units in their audit. And they were hoping that with time and higher volumes it would get better. Steve Bolsin was very clear that this is a problem: babies are dying who wouldn't die if they went to Southampton or Birmingham. We need to act now. And there was a very clear divergence in what the right thing to do was.

Martin

So this must have been incredibly frustrating, because you could see what was happening – you were putting it out in the public domain, but nobody was responding. What was driving you at this time? Would it not have been easy to say, well, you know, I've done what I can. It's out there and it's up to somebody else to take it on.

Phil

I don't know. Again, I talk about the salmon trap. Once you've gone down the journalism, 'I'm going to wash my profession's dirty linen in public' route, and you've started writing for *Private Eye*... We knew, as everyone knows, that there were huge variations in all sorts of things in the NHS at that stage.

And I decided to go to the other extreme. I auditioned for a series called *Trust Me, I'm a Doctor*, which was then produced by Michael Mosley. He then took over presenting it and it became more of a lifestyle programme. But when we did it, it would have a political story. We called it a 'you bastard' story – every week, seeking out wide variations in care, often with surgeons, because they were the easy ones to get the audit on.

And we looked at breast cancer surgery, bowel cancer surgery, cleft lip and palate repair, penile surgery, other cancers. We found junior doctors doing electroconvulsive therapy for the first time unsupervised. We found people doing amniocentesis without ultrasound guidance and putting needles into the baby's head. We knew that there were these dark corners of the NHS all over the place, because we didn't have enough doctors and we couldn't do supervised training, etc.

So we just used our inside connections to expose all this, and then put it in a book called *Trust Me, I'm a Doctor* and sent it to the public inquiry, saying: don't just take this out on two heart surgeons in Bristol; there's a systemic problem with poor performance and variation across the NHS. Let's do something about that, rather than just say this is a local problem in Bristol.

I thought that was a reasonable cause. But along the way I discovered the truth about my dad's death, and then started having second thoughts about my aggressive approach, and what it was doing to the mental health of, I don't know, the Bristol surgeons. What if one of them took his life under all that stress, because the Killing Fields tag was picked up by the media, and they were widely vilified.

And I had made some good friendships with Bristol parents, particularly a woman called Maria Shortis, who'd lost her daughter, Jacinta. And she told me that several of the Bristol parents had taken their lives after the inquiry, because they were so horrified that they hadn't been able to protect their children. If only they'd read *Private Eye* and this stuff had been in the public domain.

So then you start thinking, gosh, I've turned this stone over. Has it done more harm than good? What good will come out of it? So you pin your hopes on these 195 recommendations and then, of course, time flies. And you see that most of the recommendations were repeated again at the Mid Staffordshire inquiry and the Oldham maternity inquiry, and everything else, because you can't have safe healthcare until you have safe staffing.

Yes, safe systems matter, but we haven't even got a costed workforce plan for the NHS yet, which is something I've been banging on about for 30-odd years. So you do it, and then you look back on your career and you think, well, what's the point of that then? You caused a huge amount of anguish.

If you talk to Steve Bolsin, the whistleblower who originally broke the story, he's very clear that Bristol has made a huge positive difference. He feels that it founded clinical governance and it's reduced avoidable deaths, and we wouldn't have had NICE or the Care Quality Commission, or the frameworks and things.

My issue is this: things would be far safer if we had safe staffing. The NHS has always spent 70% of its resources on people. We've never had a proper workforce plan. And although there have been huge advances in the way we manage certain diseases, I still think unless you've got the carers on the ground, the NHS and care system isn't going to be sustainable. And that's actually what all these inquiries should have pushed towards. Mid Staffs tried to do that. It tried to talk about safe staffing, as well as a

mandatory duty of candour for NHS and nursing staff to talk about failures in the system.

But you put great store in these public inquiries. It'll be like the COVID inquiry too – everyone's, you know, they're pinning their hopes on the COVID inquiry to come up with answers and make a difference. And generally the inquiries happen so long after the event actually took place, when people have moved on.

What's interesting is that the Bristol inquiry finished and then Labour came in and blamed all the Conservatives. And then of course the Mid Staffs inquiry finished and the Conservatives came in and blamed it all on Labour. Often these inquiries are used to settle political points, and in terms of Bristol, to control doctors. My contribution was to argue that doctors can't be trusted to regulate ourselves in secret. We do need fair comparative data, we do need proper scrutiny.

But then, of course, that's been used to politicise things in a way, to take away a lot of the fun and the freedom from medicine. And all the mandatory training, and all the other things we do now that aren't necessarily making us better doctors, are taking us away from things that, you know, we could be doing that are probably more important.

So it's a complex argument about whether I've done more good than harm, I think.

Martin

Well, I think you've certainly done plenty of good. But it is a complex issue about looking at the data. Nick Black, who's one of the other interviewees in this series, because he's now written a novel and he's written a book on medical walks. He and I worked together back in about 1990 on mortality league tables that were coming in at the time. And one of the things we found was, first of all, there were lots of problems with adjustment for severity. But the other thing was that where there were real concerns, people already knew them.

Phil

Yes.

Martin

There were hospitals where people knew there was an issue and they talked about it, but nothing was actually done. So the question was whether the data added to that.

I want to ask you about whistleblowers. You've been an incredible champion of medical whistleblowers, and you conducted a powerful investigation that you called *Shoot the Messenger*. What did you find?

Phil

Well, yeah, it's not a great career choice to be a whistleblower. It should be. We should be praising whistleblowers. I always argued that, you know, it's great having safe systems, etc, etc. But you always need, in every safety-critical industry, anyone who works in it needs to be able to put their hand up and say 'we have a problem here' or 'I think we have a problem here' and 'can you investigate it in a fair way?' Without taking me out the back and shooting me.

And there's an interesting thing about the culture of doctors. I don't particularly like criticism. I've got better with age. But there are a lot of doctors with three grade-A science A-levels but not great emotional skills, who don't like criticism. And the junior scrub nurse ought to be able to put their hand up and say 'you're about to take out the wrong kidney', or whatever.

So there are those issues. The trouble with the whistleblowing stories I've covered in *Private Eye*, they're the ones that have gone wrong. So I'm sure there are great stories of people speaking up within their organisation being listened to, and changes happening, without it going outside the organisation.

All the ones that come to my attention, for whatever reason there's been a breakdown of trust. People feel the problem isn't being sorted out, so they take it outside the organisation, and then they're nearly always vilified. And in *Shoot the Messenger* we gathered loads of tactics that trusts will often use to marginalise whistleblowers. It may just be simple stuff, like taking away their secretarial support or just little whispering campaigns about them.

The clever one that they do is they accelerate to an employment tribunal. They say 'this isn't a genuine whistleblowing concern, this is an employment concern'. The difficulty I've had over the years is that although as a journalist I say I will protect my sources, people who've raised concerns, have given us information, are then put on the witness stand in the employment tribunal, saying are you a source for *Private Eye*, and they then have to decide whether to say nothing – to perjure themselves – or tell the truth. And nearly always, if they tell the truth, their job ends.

So the sadness was that nearly always, in all the whistleblowing cases I've followed, the whistleblowers are most likely to leave their job and position of employment, rather than the people that they complained about. A lot of overseas doctors and non-white doctors are whistleblowers, and as we know, are more likely to be on the wrong side of GMC hearings.

But just occasionally you come across someone who's blown the whistle and managed to make a difference. My advice is always to do it in numbers. You know, if there's a serious issue, it's likely a number of colleagues in your department will have concerns

about it. If it's just one person, they will marginalise and isolate you. Try to go to your clinical director, etc, etc, and try and get a weight of public opinion.

In a sense, what are the junior doctor disputes? That's mass whistleblowing. That's lots of people getting together and saying: it's not just about pay. Yes, the pay has fallen behind, but look at these conditions, and we're doing it in numbers. And actually they can say the Mid Staffs inquiry, the duty of candour that came out of that, says that we're both duty bound and legally bound to tell the truth about our working conditions.

So I think whistleblowing has got easier. Social media has made it easier. Lots of brave, younger doctors are doing it very effectively. So I think it's got a bit easier, but I still get very dark and disappointing stories of people whose careers have been destroyed because of it, which, yeah, it's a sad thing.

Martin

Your investigation led to an Early Day Motion by the MP Peter Bottomley. What happened after that?

Phil

Well, because the Mid Staffs inquiry happened after that, I think there was this idea that the Public Interest Disclosure Act that had followed the Bristol inquiry wasn't protecting whistleblowers, and maybe something would come out of the Mid Staffs inquiry that would protect them more.

But you speak to whistleblowers now, they're still not happy that this has happened. Chris Day – who's the junior doctor whistleblower who blew the whistle on what was going on in his intensive care unit in Woolwich – he says that the Government and the trust and the lawyers have spent several million pounds silencing him, whereas it would have been much cheaper to spend that money on employing some more intensive care doctors.

I still don't think we're there yet. But I think there's quite a strong, assertive body of whistleblowers now who are calling it out and challenging. And the NHS always comes up with fanciful things like whistleblower guardians and freedom to speak up guardians and things. But I still don't think it's safe, which is why I still publish a lot of stuff in *Private Eye* that's unattributed. People write to me and I say, 'Well, I need to know if this is true. I'm going to take it back to the trust and get their response, but I won't identify you.'

There are still a lot of people who are afraid to put their name to their concerns. And that fear, I think, probably says it all. There hasn't been enough progress, although there has been some.

Martin

So we've had the Royal College of Emergency Medicine speaking out about the number of additional deaths as a result of the shortages in the NHS at present. But I'm just wondering what your view is of the royal colleges more generally, and whether they have been sufficiently courageous to speak truth to power.

Phil

I think they're getting better. I mean, as you know, I was really rude about all of them. And when I started the serious stuff, *Trust Me, I'm a Doctor*, I remember interviewing Barry Jackson, who was president of the Royal College of Surgeons, bless him, and he'd taught me at St Thomas's. And I said, 'What is there in place at the moment to stop an incompetent surgeon from operating if he feels that he's competent and nobody stops him?'

And he said, fairly honestly, the only thing that'll stop a surgeon is his conscience. Well, if you happen to be Ian Paterson or whatever extreme you want to name, that's not good enough. I think people have stepped up now. I've had surgeons who don't like me, but I've had presidents of the Royal College of Surgeons who've said nice things about me, saying 'we needed someone to blow everything out of the water, and then all the sensible people can pick up the pieces again'.

So I think they're doing better. I think the BMA stance on whistleblowing has got better. I think they were pretty poor to start with, but now they're supporting Chris Day. I think they're realising their point: they're there to be advocates for their members. And too often they protect – I don't know whether this is true – but you say they protected the status quo and looked up to their knighthoods.

That's possibly unfair. I can't imagine you asked for an honour. But you've got it. And I think it's well-deserved, so... I'm never going to get one, as *Private Eye's* medical correspondent.

But, you know, I want to work constructively with people now. A junior doctor even wrote to me saying, 'I'd like to nominate you to be the next president of the BMA.' I said, 'I've never been to a BMA meeting!' Well, I did as a junior doctor, and then I walked out, because they wouldn't have a strike ballot.

But I'm not anti-establishment. I have lots of friends, people invite me to establishment things. But I do think there's a strong role for the royal colleges to advocate, and that's what they should be doing. They should be explaining to the public what's happening in their NHS, and doing it as powerfully as they can. And there are lots of people who do that, to be fair.

Martin

Well, I would stress that not having a previous connection with the BMA, apart from being a member, is not actually a bar to becoming president, I can tell you from personal experience.

I want to look at politics a little bit more closely. Enoch Powell famously said that all political careers end in failure, but you've twice tried to get into parliament. Now, I think it's fair to say that your choice of political parties meant that your chance of victory was rather small. But what were you trying to achieve by that?

Phil

The first one was partly attention grabbing, but that was against William Waldegrave, who was my health secretary in 1992, just as the Bristol scandal was kicking off. I'd just started writing for *Private Eye*, and Tony and I had founded the *Struck Off and Die* Junior doctors Alliance, or SODJA, to take him on.

And of course, Labour got terribly upset. Labour said, 'oh, you're going to split the left-wing vote'. So we campaigned for people not to vote for us, but to understand junior doctors' conditions. But even if you only get 87 votes, as we did, you get to speak at the hustings, and I said very simply, if you want a better health service, you need to look after the people working in it.

I still think that's my prime view of all this. It's about the mental and physical health of the workforce. So that, I think, raised junior doctors' profile and yes, Virginia Bottomley did a new deal for junior doctors, and no, we still don't have enough doctors, but it did reduce our hours a bit, although the surgeons will say the European Working Time Directive ruined surgery. So that achieved something.

The other one, I had a slight ego rush and I thought that I could be the next Martin Bell, and I could stand as an independent against Jacob Rees-Mogg, who's my MP. I don't do hate, but I really can't abide him, to be honest.

And I had a little chat with Labour and Lib Dems, and I said, 'Would you be prepared, for one term only, to unite around an independent?' Because Jacob basically benefits, because Lib Dem and Labour almost split the vote 50:50 against him. And they said yes initially. So I now sit on Countdown, as you do, and then I got sacked as a presenter for the BBC local radio because they said I was, unfairly, could be broadcasting to potential voters, which I suppose is fair enough.

But in the end I couldn't get Labour and Lib Dems to agree. They absolutely hated each other. This was interesting. You'd think, you know, some sort of progressive alliance would emerge. But Labour hated the Lib Dems for getting into bed with the

Conservatives, and the Lib Dems hated Labour because Corbyn didn't speak out about Brexit, so they blamed him for that. And they really didn't like each other.

And I said, well, there's no point me standing because I'll split the vote even further. And almost 50:50, they split the vote against him again. And I... how these people are innumerate! You know, if they want to gain power, there has to be some sort of collaboration. And I think there might be, next time around, but it won't be me standing again.

I just don't like... and I imagine the same for you – you would be a brilliant politician, but it would do your head in and you'd give up the will to live because it's just such nonsense.

Martin

Yeah, I'm absolutely convinced I would give up the will to live and I'm definitely not going to do it, not at this stage in my career. But I think one of the key points that you're highlighting there, people have said, that the key to success in politics is being able to count.

Phil

Yes, I think that's probably pretty important. But I think collaboration is important, I think clearly democracy is important. Clearly politics is important. And if we don't stand up, we'll allow sleight of hands like Brexit, and all those other things that have been sneaked through with all sorts of underhand methods, to happen again and again. So we do need to call people to account.

But I'm saying it not so much in a hateful way. I don't like the attack ads that Labour have started to use against the Conservatives. I think that style of politics, that complete lack of compassion, will put people off, I would imagine. But maybe some people like it.

Martin

Well, here we're reminded of the words attributed to Edmund Burke: all that's required for evil to succeed is for good people to remain silent.

Phil

Yes. Yes, I think that's true.

Martin

So your BBC series *Polyoaks* tried to convey the challenges facing doctors as they struggled with the deeply flawed Lansley reforms. Now that's a different form of political analysis, and some have argued that faced with policies that are so misguided – and it's interesting reading David Cameron's autobiography, that he reflects on how

he didn't understand what was being proposed at the time – but some people have argued that in these circumstances, the only justifiable response is satire. And satire also features heavily in something else that you have done a lot, the TV programme *Have I Got News for You*. So, what role do you think that satire has in our medical political discourse?

Phil

Well, I think it's important. It's important to hold people in authority to account. But the trouble is that satire highlights problems often very effectively, in a nutshell, without offering any solutions. So, you're breaking windows without repairing them or blowing things out of the water without putting them back together. The satire at its best humiliates the person you're satirising, which perhaps makes them less likely to change rather than more likely. So I think there's a limit, but I think it's important.

The Lansley reforms were so ridiculous. My one and only appearance on *Question Time* was to have a go at him about that. And it's interesting, you saw it a little bit with Jeremy Hunt. I mean, he took time to learn his brief. He was in opposition for so long. He thought and thought and thought and over-thought, but without any evidence base, he just suddenly sprung these reforms on David Cameron, who wasn't that interested in the detail.

And anyone sensible could say, well, hang on, this is just going to splinter up the NHS, and we'll have all these little people competing for business, etc. Widen the market. It just hadn't been thought through. And yet in his head he'd gone through it for five or six years.

Jeremy Hunt is the other extreme. I went to see him. He invited me up, when he first got into office, invited me up because I'd written something about the use of technology. And I don't think he realised I wrote for *Private Eye*. And I got quite anxious when I got in the Department of Health. He scares me slightly, Jeremy Hunt, because he looks a bit like me without my glasses. I take my glasses off, and he looks... a slightly peculiar look.

And I needed to use the gents in the Department of Health. Took me a while to find it. And I'm squatting down, dropping the kids off at the pool – which is a medical term – and as I'm squatting down there, I look and at eye level it says: 'There are 2,000 people working in the Department of Health. At this precise moment, you're the only one who knows what he's doing.' And that to me sums up medical politics.

Frank Dobson, who was one of the health secretaries I liked, he said, 'You get really excited about getting into the corridors of power. I was really excited about being a health secretary, pulling on the levers of power. And when I pulled on the levers of power, I discovered they weren't connected to anything.'

And that's, in essence, the problem with the politicisation of health. They come up with very linear solutions, they throw a brick out of the Department of Health with a certain trajectory, thinking it will land over there. But we know that health is complex. Health is like a pigeon, and you feed bird seed around all the places to nurture health.

Politicians just don't have... well, they have far less power than we think they have. And so although we satirise them – whoever, you know, you could have Mr Blobby as health secretary, and it probably wouldn't make much difference. What do we have, well, we've had Matt Hancock...

I do feel slightly sorry for them because, you know, health is largely – as you know – is largely socially determined. And if they really wanted to address health, they'd be addressing inequality. We'd be building houses before we built hospitals. We know all that stuff. The reason we're so unhealthy now is we've got ridiculous inequalities made worse by Brexit and the pandemic. And as long as you've got rich people living 20 years longer than poor people, or having 20 more years of healthy living, then the NHS is not going to cope.

And everybody knows that, they just don't quite know how to redistribute the wealth, whether we just give poor people money, or whether there's something cleverer, I'm not sure.

Martin

And you picked up on another theme that's come up again and again in these podcasts: the way in which there's a gap between the development of policy and engagement with people on the front line, who know the lived reality of what's going on.

Phil

Yes. I mean, have you ever been a political adviser?

Martin

Nope. Not in this country. I am frequently in other European countries.

Phil

Yeah, well, you do a lot of European and EU stuff, so you must have been so horrified by the mere thought of Brexit. I mean, I would imagine, all that collaboration in the EU that you've been at the centre of, and it must have given you a stroke.

Martin

Yeah, and in fact I continue to be there, because I've got an Irish passport and I still work very closely with the European Commission and with a number of other European

governments. Anyway, this isn't about my views, but you can guess where I'm coming from.

So you've written and performed a number of stand-up comedy shows and appeared at the Edinburgh Fringe Festival many times over the past 20 years, also toured the UK. Can you tell us a bit about that experience and how you got into live comedy, as opposed to some of the other things that you've been doing, and how you find that communication with the audience?

Phil

Well, I got into it... I mean, I'd done awful medical revues, as lots of people have, and they all had terrible names like *Back Passage to India*, *On Her Majesty's Secret Cervix*, those awful medical school revues. They would nearly always win the Snakebite award. People would take them up to Edinburgh thinking what went down well at Tommy's bar at midnight will go down well amongst the Edinburgh public. And they invariably won the Worst Show on the Fringe award.

It changed phenomenally, because you have this confidence as a doctor – or some people do – to think that you can be a performer, but the really good comedians listen to their audience. So I started off and I would memorise the script, and just deliver it almost verbatim. And then as I got better, I'd pause, I'd look at the audience, I'd start interacting. And then people would tell you stuff afterwards.

It sounds a bit grandiose, but I would say the interactions I've had with my audience after shows – a bit like getting really good feedback from a patient – have probably changed me as a comedian but also changed me as a doctor. So I found it really useful. And actually some of my shows now are quite constructive. I do a whole thing about clangers and improving health, etc, and I've done lots of 'save the NHS' shows and things.

I don't know, when I think about my contribution, probably the thing I'm proudest of is, on a good night, making a room full of people laugh. I mean even that old joke about 'laughter is the best medicine, unless you have syphilis, in which case it's penicillin'. Jo Brand's version of that is 'laughter is the best medicine, but it doesn't work terribly well for erectile dysfunction'.

But I think it's a useful... I think laughter is important, but as a doctor, you have to remember that there's laughter that can unite, and laughter that can divide – there can be cruel laughter. Generally, the stuff that works best for health is laughter that unites.

Martin

Now, you've been a great advocate for patients, and the title of your book, *Staying Alive: How to Get the Best From the NHS*, is self-explanatory. What stimulated you to write that book?

Phil

Well, partly because of Bristol, I got asked to be a vice-president of the patients' association and lots of other patient advocacy groups asked me if I'd get involved. And then an editor from this particular publisher, who was American, wanted me to write a book about 'how awful the NHS is, and how we need to encourage patients to demand medical excellence'.

And I said, well, the danger of books like that is they widen inequalities because the healthy, assertive people just pick up the tips and widen the equalities even more. So, my basis was I interviewed lots of patients who'd somehow managed to navigate the NHS despite having really difficult and sometimes life-limiting illnesses. And it was really enlightening.

I mean, there were people who would take all their copies of their notes and their scans round from hospital to hospital, because they'd say, 'We go to five different hospitals because I've got this complex condition and they never have our scans or they never have the notes. So I had to take control of printing out all our notes and asking questions.' And time and time again, they would prevent harm happening because they were... not aggressive, but they were quietly assertive, saying, 'actually I've had that drug before and it gave me terrible side effects,' or whatever.

We know, there's really strong evidence that patients who are included in their consultations, in their treatment, do better. It's how we include them in a very stressed system where they're now waiting for treatment for 18 months, so they'll be desperate for anything. You know, to have that conversation with patients as equals, you need well-rested doctors who've got 15, 20, 30 minutes to discuss complicated stuff, rather than the sort of, the market of healthcare where people are just churned in and churned out in 10 minutes.

So I firmly believe in the importance of including patients. I just can't see it always happening in the current system because we're so overloaded.

Martin

And that's a huge challenge, isn't it? Because often it's just a matter of getting to the end of the clinic.

Now, any doctor that sticks their neck out always has the spectre of a referral to the GMC at the back of their mind. You've actually had that experience, when you wrote a

story about a prominent politician. Can you just remind us what happened then and what advice you have for others?

Phil

A few people, I'm sure, have referred me to the GMC. That didn't actually have any legs, although they did send me a letter.

William Hague, when he was Conservative minister, had gone off sick with a viral infection or something. And I wrote a slightly sneery, not very helpful thing, I think, for the *Daily Express* – awful, thinking about it – talking about how various people, you know, President Reagan had had bowel cancer and was back to work the next day, and Margaret Thatcher had had a cataract removed and she went back to work the next day. William Hague gets the sniffles and he's on his back for a fortnight; is William being a wimp?

And it was, again, a bad trap to fall into. Don't do this, if you're thinking of getting into journalism. Don't speculate on patients' health when a) you're not their doctor – and people always do that, 'what do you think about Prince Harry's health?' And you're not his doctor, and it's none of your business. And it's easy in the media to fall into that trap. Anyway, William Hague's press secretary complained to the GMC, who wrote me a lovely letter saying, 'We've received this complaint. But as you're not officially William Hague's doctor, you can say what you like about him, but we think it's rather ill-advised to speculate on his health.'

That taught me a lesson – something good the GMC has done! I've never done that since. So the media doctor who speculates on celebrities' health is... don't waste your time doing that.

Martin

Well, one of the books that I'm reading at the minute is your book *Dr Hammond's Covid Casebook*. That has a chronicle of what you wrote throughout the pandemic, and I'm just wondering if you've thought about submitting it to the Government's COVID inquiry.

Phil

Well, I could do, and I submitted *Trust Me, I'm a Doctor* to the Bristol inquiry. I might do.

The most useful thing that happened then is I made a terrible, hideous, overconfident error at the beginning. I don't know if you've heard this story. I tweeted – I've got the tweet here, actually, because I thought you might ask me this – 10am on January the 24th. So before there was a public health emergency declared. I'm, by nature, actually a bit of an optimist, I'd be a hopeless health secretary or adviser because I'd always be

thinking the good thing would happen. And I didn't think there'd be a pandemic, because there wasn't a pandemic with SARS in 2002 and 2003.

So I tweeted: 'More people died falling down the stairs than from SARS in 2003. The media never ignites a killer stairs scare, but it loves a killer virus. Currently, the new coronavirus has moderate transmissibility and relatively low pathogenicity. I predict, once again, more people will die falling down the stairs.'

And I got a lovely call, a few months later, from George Davey Smith, who's here in Bristol, professor of epidemiology. He's got one of the biggest brains I know. When he'd stopped laughing, he came up with this great phrase – he said, the more certain someone is about the pandemic, the less you should trust them, and the further you should stand from them.

He said, if you're going to cover this, listen to lots of different voices. There are lots of different expert voices here. Nobody's got absolutely the right answer, other than this virus is likely to be here for a long time. So the nature of my columns in *Private Eye* was to listen to lots of different people, and not just do one party line, and to acknowledge uncertainty, to say there were some things we didn't know.

Ian Hislop trebled my column size, which was good. So I'm reasonably proud of that, actually – in terms of writing, it's not particularly blame-y. It has a little pop at Matt Hancock and Boris Johnson here and there, but basically it's saying, we haven't seen this before. Nobody was quite sure how it was going to turn out. There was some good stuff, some excellent research done. The vaccine development was amazing.

But now, we're discovering that some of the politics at Downing Street reminded me a bit of medical school in the '80s, in that the jolly good chaps are doing their jolly best in difficult circumstances, but you could drink on duty in Downing Street and get absolutely plastered. You can't do that in the NHS anymore.

So yeah, I'm reasonably proud. It was briefly on the *Sunday Times* bestseller list, which was something to be proud of too.

Martin

Well, of course your reference to the 'good chaps' reminds us of Peter Hennessy's piece, *Good chaps no more?*, and he makes the point about his 'good chaps' theory of government, which was how we deal with a situation where we don't always have the rules, no written constitution, the limited power of the second chamber, and so on.

Now I just want to talk very briefly about your role as a lecturer in medical communication at Bristol and Birmingham. What key messages do you give to your students?

Phil

I think the simplest one is... people talk about very superficial skills, but actually what matters is the attitude, the compassion and the values behind that.

So, before I communicate, and before I'm going to explain a complex decision, I always think in my mind, is it intelligent and is it kind? I'm really into the notion of intelligent kindness. And so the argument with the students was that you can complain, you can involve patients in just about any conversation, but always have at the back of your mind: is it intelligent? Is it kind?

The power of acknowledgment. I've worked with chronic fatigue, ME/CFS, long COVID, for 11 years, and there's loads of stuff we don't understand about that, But what we do understand is that you have to acknowledge people's stories. You may not have the solution, but you acknowledge their stories and their suffering, and you legitimise it. And again, when I was talking to students, I'd always say, listen to the story, and acknowledge it and show that you're listening. And that in itself is therapeutic.

The other thing I'd say is that health is as much relational as it is medicinal. What keeps us happy throughout our life is the strength of our relationships. Patients, more than anything, want to feel that their doctor likes them. Isn't that bizarre? We want to have meaningful relationships at work and at home. And drugs are important too – sometimes a drug will save your life – but actually what gives you meaning and purpose in your life over a long period, I think, is the strength of your relationships.

So that's what I was always telling them. Build those relationships. And that's what would sort medicine out – if GPs had a chance to see the same patients. If psychiatrists had a chance to see the same patients, and build up relationships. That would have a profound effect on outcomes and job satisfaction. And that's why we need more doctors, so people can have their own doctor again.

Martin

Well, having read your previous books, a lot of your columns and watched your clips on YouTube, I was really delighted to see that you are now writing your memoir. You've talked about how you set out to fix the NHS, cure the nation's health, put compassion back into politics, and prevent a pandemic. And yet, from what I understand in this book, you're going to say that you failed spectacularly on all of those fronts.

So at this stage, I couldn't help but draw a comparison with the Habsburg emperor who declared that his epitaph should be, I quote, 'Here lies Joseph II, who failed in everything he undertook despite actually achieving a huge amount.'

So I just wonder, are you being too hard on yourself?

Phil

I don't know. I've always been quite self-critical, but in a comedy sort of way. So maybe that's how I'm different from my dad; I would imagine my dad was quite self-critical too.

I think you have to reflect and introspect on your own contribution. As I say, I think probably making people laugh has been a reasonably positive contribution. But, you know, I remember as a young kid growing up, because I was convinced I was going to die in the year 2000, I was absolutely amazed when I think in 1998, the World Health Organization and 134 countries got together and promised health for all by the year 2000.

I remember going down to the local library, and looking up the definition of health, according to the WHO. It was not just the absence of disease and disability, but a complete state of physical, mental and social wellbeing. And you get very excited, you think that's something out of *Tomorrow's World*. How is everyone on the planet in the year 2000 going to be in a complete state of physical, mental and social wellbeing without any diseases? How would they ever die?

It just didn't make sense. And then, as I got older, I looked at the guest list – the people who'd signed up for Health For All – which included Idi Amin as Uganda, Bokassa, various others. It was held in the USSR. Leonid Brezhnev was saying that the health of the people is never far from the Soviet states. You could see the classic over-promise, which is a political over-promise. If they'd said 'healthcare for all' as an aspiration, you would have understood it. And you get that again and again.

So I think all careers, and political careers, end in failure. And medical careers probably do as well. But when I look back on my career, the things that give me most pleasure are probably individual interactions with patients that have made a little bit of a difference.

I was at a concert the other day, a musical concert, and a girl came out, gave me a hug and said, 'You were really kind to me when I first saw you with chronic fatigue syndrome, ME, and I just made it through university. Thank you.' And I hadn't done much other than listen and legitimise and advocate for her at school, and make sure they didn't push her harder than she was able to go. And those little things actually make a big difference.

But the grander scheme of stuff, the saving the NHS stuff, I'll have to leave for others I think.

Martin

Now just going back to *Struck Off and Die*, in the episode on GPs, you and Tony said that in the three years you'd been doing it, I quote, 'We have achieved absolutely nothing, just like the British Medical Association really.' So, from my point of view, speaking as its president, do you think we're doing any better now?

Phil

I think you are. I think you are. And I'm really proud, actually, particularly of the junior doctors now. So we did another rude sketch about the BMA junior doctors committee in 1990-something: 'What do we want? We're not sure! When do we want it? Whenever you tell us!'

The new committee are great. They're really assertive, they know what they're doing, they're united, they've got a clear vision. And good for them. Consultants are just balloting. The GPs are just balloting. I'm getting more of a sense of a united profession. I'm really impressed that the vast majority of consultants are willingly supporting their juniors. The juniors will support the consultants.

We need to unite as a profession, and I think the BMA is doing better. I'm sure they've got other things, but I've rejoined, you'll be pleased to know – not just for the magazine – but I've rejoined. Not just because I've been asked to be president. Haha – a lovely junior doctor wrote to me and said, can I nominate you? And I said, no, I don't think I'm there yet. But I'm supporting the work you're doing. And, yeah, unite the profession.

My argument always on *Struck Off and Die* was that doctors are powerful people, and we have to use that power responsibly. We, together – if we got together and united rather than herding cats – could be a really strong, important political voice in health and healthcare for all. And we need to start doing that because the politicians aren't advocating for patients. We need to do it for them.

Martin

Well, I know that my amazing colleagues will be delighted to hear that.

We're almost at the end, and I've got two questions that I'm asking to everyone. So the first of them is that we're talking about doctors as role models. And the reason that I've invited you here is because I see you as a role model, as somebody who has communicated these key issues, and I think made a real difference, like in the case of the Bristol heart inquiry.

So, who are the doctors that have inspired you?

Phil

The first thing to say is I admire anyone who's done this job full-time. Most comedy doctors give up the day job completely. I managed to do it for 35 years, but part-time. I

am enormously in awe of people who put in a full shift over the course of a lifetime. And I've got lots of friends my age who did that, and they look absolutely exhausted now. I still look reasonably fresh as a daisy, having worked part-time. So anyone who's done full-time medicine, full-time research.

My hero is my GP trainer, who was a bloke called Brian Clarke. He came from a sink estate up in Yorkshire, and I did my GP training in Calne in Wiltshire. There's a lot of evidence you're quite affected by your GP trainer. And he always had a phrase, whenever I'd made a mistake, he'd put his arm around my shoulder and he'd go, 'Don't worry, Phil, a medical degree is no substitute for clairvoyance.' Which isn't so funny when it's read out in court, but it's a great phrase.

He used to describe the NHS, he used to go, 'Life is a bowl of shit, and our job is to direct people to the shallow end.' He retired shortly after he had me, and I went to his retirement party – it could have been cause and effect, but I don't think so – and I said, 'Sum up your 40 years as an NHS GP,' and he went, 'Saved two, killed one. No, actually, it was the other way round.'

But his favourite phrase, which is the one that sticks with me now, he always used to say, 'Do you know what the most powerful drug in the world is?' And I would always say 'methotrexate' just to annoy him. And he'd go, 'It's kindness. It works for absolutely everyone. Free at the point of delivery. Very hard to get the dose wrong.' And that actually is... I've been a bit unkind over the years in my career, but now as I get older and wiser and I think back on that, he was absolutely spot on.

I talk about intelligent kindness because I think we should try to make our kindness evidence-based or evidence-led. But actually, if you don't know what to do in any clinical situation, be kind. And that nearly always makes things better.

Martin

Well, I can see how his way with words would be inspiring, given your future career.

My very last question – hopefully some of the listeners to this podcast, junior doctors, will be inspired by hearing you. I'm sure they will be. But what advice would you give to any of them that are thinking of following in your footsteps?

Phil

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.

Martin

And one of the members of Instant Sunshine, Alan Maryon-Davis, even went on to be president of the Faculty of Public Health.

Phil

Well, there you are then.

Martin

Phil Hammond, thank you so much for what I think has been one of the most entertaining podcasts in this series. Thank you.

Phil

Excellent. Thanks, Martin.

This podcast is hosted by Martin McKee, produced and edited by Alex Cauvi. For more information visit bma.org.uk/inspiringdoctors