

Inspiring Doctors. Episode 4: Ian Williams

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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 Ian Williams. Ian qualified from Cardiff and trained as a general practitioner. After his medical degrees, he studied fine arts and became involved in the medical humanities movement. He's best known as a cartoonist who established the field of graphic medicine. His graphic novel, *The Bad Doctor*, was published in 2014, followed in 2019 by *The Lady Doctor*. And he's now working on a third, *The Sick Doctor*.

Ian is a founding member of the Graphic Medicine International Collective and an author of the *Graphic Medicine Manifesto*. He also drew a weekly comic strip, *Sick Notes*, for *The Guardian* in the mid-2010s. Welcome Ian.

Ian

Thank you.

Martin

So, it's not unusual for doctors to undertake degrees in other subjects during or after they have graduated in medicine. But a degree in fine arts is among the less usual ones. What was it that stimulated you to do this?

Ian

Well, I guess that I was a kid that was 'good at art' at school and art was what I won prizes for. But at around about 15, you have to decide which way you're going. And I was an idealist and I saw medicine as a useful and noble thing. I wanted to do good and help people.

So, I decided to study medicine, but I continued to make art. I'm somebody that has to create or be creative. I guess I found being creative within medicine is obviously slightly difficult. It's a very kind of protocol-driven profession, for good reason. So, I continued to make art. And then I developed a parallel career as a painter.

I started to exhibit my work and sell it, and I felt like I wanted to professionalise that, if you like, and get some feedback. So, I went part-time, and I took what was called a Certificate of Advanced Studies in Fine Art at Chester, and that was meant to lead on to an MA in Fine Art.

And it really changed a lot of my practice, but I was keen on finding a link, if you like, between my art and my medical work.

So, I took another swerve and I did an MA in Medical Humanities at Swansea, and that really blew my mind and set me off on a kind of weird career pathway that has led me here, I guess.

Martin

So, at what stage in your career did you do the fine art?

Ian

So that was after I did my GP training. So, after I did my VTS, I was doing the art all the way through and when I was a young doctor, I guess I built up this side career. I was painting as much as I could, and then that had kind of taken off a bit. I was represented by a gallery in Cardiff, and I wanted to give that some serious time I suppose.

And I was into exploring the connections between art and medicine. The paintings that I was doing then were very kind of landscape-based. I was living in North Wales, I was very into climbing and mountaineering, and the paintings came from a kind of landscape tradition, if you like.

Martin

It sounds like you were packing an awful lot in.

Ian

Yeah, well, I didn't have kids then.

Martin

That makes all the difference.

Ian

Yeah, I was young.

Martin

So, let's explore the links between art and medicine a little bit more. Now, obviously, there's the representation of medicine in art. You think of something like Rembrandt's 'The Anatomy Lesson of Dr Nicolaes Tulp', for example.

And then there's the physician as an artist. Vesalius, with his anatomical drawings, was maybe one of the earliest examples. And later in the series, I'll be speaking to Alice Roberts, who combines exquisite artistry with anatomy. And then there are many doctors who have been skilled artists in their spare time. Charles Bell, who gave his name to Bell's Palsy. Or in our own time, Sir Roy Cowan.

And then there are those who have sought to diagnose artists from their characteristic styles. And in researching this podcast, I came across a fascinating paper from Professor Marmor from Stanford that examined the science of visualising art on the many claims made about the eyesight of famous painters like El Greco, Monet and of course, Turner.

So, he cautioned about making such a diagnosis at a distance. So we could all of these different ways in which art and medicine can intersect. And I'm interested to know how you see the link. Do you recognise all of these, some more important than others?

Ian

Well, I think there are a multitude of links, and it depends really on what discipline or theoretical base you're coming from. I often think that artists and humanities scholars are maybe better at seeing the links than doctors are. You know, maybe because they're working, they're thinking outside the biomedical model. And the medical humanities movement, this is an interdisciplinary field of study, and is about taking a look at medicine using the conceptual tools of the arts and humanities.

When I did an MA in Medical Humanities I was really trying to find a link between the two sides of my career, because I couldn't see one. I felt like I was split, and it seemed to be partly to do with language; the language of art is very different from the language of medicine, which is technical and diagnostic.

Anyway, I did this MA and I found that the link for me was comics. I was reading a lot of the new graphic novels, a lot of autobiographical work in comics, and I found a book by Brian Fies called *Mom's Cancer*. I came across this in the Tate Modern Bookshop, actually, and I thought, this is interesting, somebody has done a comic book about cancer.

And I kind of looked to find more, and the more I looked, the more I found. And in fact, over the last 25, 30 years, there's been a bit of a publishing revolution to do with autobiographical comics about human experience. So, I wrote a dissertation about this. And as a procrastination method, if you like, a procrastination measure, I set up a website and I called it 'Graphic Medicine', and that really changed my life, without any exaggeration.

People started getting in touch with me and graphic medicine has become a thing. I've been invited all over the world to talk about things, talk about comics and healthcare and we're on our 13th, I think, international conference. So, it's been a very exciting last 15 years.

Martin

I suppose when we look at this style of presenting information, one might think particularly of East Asia, Japan, and other countries where this has really developed very much. How do you see the European scene developing?

Ian

Well, I think in terms of the standing of comics as an art form, well it's called 'the ninth art' in France. I think the UK lags behind. You know, comics are taken seriously in France and Belgium and Italy, and there's been a bit of a lag in the UK. They're sort of often still associated with children as a kind of throwaway medium.

But graphic novels have become a recognised art form if you like, because through a series of broadsheet reviews by serious critics and yeah, I think the UK is kind of catching up. Comics always goes through peaks and troughs really, in terms of standing and funding and whether

they're in or out. So, I'm hoping that, you know, more and more people are reading graphic novels.

Martin

Well, I think you're very well-known through your *Guardian* series, *Sick Notes*. Do you want to tell us something about that? How did it come about?

Ian

Well, yeah, that was a great gig. I don't feel it's my finest work, but it was a great gig to have. And it was obviously sort of prestigious and I did my best with it, and it was hard. So, it came about because *The Guardian* reviewed *The Bad Doctor* and the editor from the G2 section of *The Guardian* got in touch with my publishers and said, 'Do you think Ian would consider doing a two-page strip for us?'

And of course, I said yes. I'd gone from, you know, no sort of real public profile to suddenly being asked to produce a double-page spread for *The Guardian*. So I did that, and then it came on through seeing the opportunity and being persistent, because after I did that one, I had the editor's email address.

So I said, 'Do you want me to do some more?' And he said, 'OK, we'll pay you to do two more double-page spreads.' So I did those, and then I said to him, 'I think I should do a weekly strip.' It was at the time of the junior doctors' strikes. It was, you know, a very political time for medicine. I thought maybe I could do something about that, the state of the NHS.

So they said, 'All right, we'll give you a month.' And then after that month, I just thought, I'm just going to keep sending them in until they tell me to stop. I carried on for two years. And it was hard work, coming up with a topical story each week from the news, and trying to kind of wring some humour or wry observation or irony out of it. It was a tall order.

Martin

So obviously there's the issue of trying to identify the message you want to convey, but then you've got to put it down on paper. And how long does it take to produce a cartoon like that?

Ian

Well, so for the *Guardian* strip, *Sick Notes*, the drawing would take a day. But it was the thinking that took much longer. And the way it worked would be, I'd have a conversation with the editor, we'd try to identify some topical story and choose one. And then I had literally 48 hours to get the strip back to them.

And yeah, sometimes it was straightforward, sometimes it was very difficult to work out what to say. Once we were kind of scraping the barrel a bit, and there was a story about meningitis, and he said, 'Could you do something about that?' And I said, 'Mate, there is absolutely nothing funny about meningitis. I'm not doing that.' So we had to find some other minor sort of story in the press.

Martin

Yeah, well, it's really impressive looking at your work because you do combine health and politics, as you have said. You had some fantastic images. The infamous Brexit bus with its wheels coming off. But then you go to the diagnostic ability of Google's DeepMind or the importance of good air quality.

So, you're covering an enormous range here, and I know that recently you were commissioned by the Wellcome Collection to draw 12 comic strips about healthcare, giving human insight into an NHS under pressure. So, you've already said why you didn't do a cartoon on meningitis, but how do you decide what you will do?

Ian

Well, with the *Guardian* strips, it was kind of prescribed, but with the Wellcome strips that I did, I was really given carte blanche to do anything that took my fancy. So, I called the series 'Sorry to keep you waiting' because I felt that in my career as a GP, that's the phrase I've used most. And I wanted to show the human side of doctors, the human side of particularly general practice – that doctors have their own lives, their, you know, their own failings. They are humans.

So I think I drew up a list of things that I wanted to address, things that just irked me. I mean, I did one comic about Read coding and copped a load of flak from kind of coding nerds.

Martin

That seems to be rather ambitious to try to turn that into something that's humorous.

Ian

Yeah, well, I don't know if it was humorous. It was kind of an observation, I think, about Read codes, which are diagnostic codes that are used within medicine to label conditions and kind of set off various digital protocols surrounding that condition.

You know, I completely understand why they're used; it's important to collect data. But my point in the comic was that I think people have to be really careful in how they handle Read codes and that they are open to kind of misuse and can lead to serious consequences for that person down the line when they, say, apply for life insurance or apply for certain jobs.

Martin

So, it's a really nice example of an opportunity to use art to convey a serious clinical message.

Ian

Yeah, yeah.

Martin

So, you have to portray individuals in your cartoons, all cartoonists do, particularly if they're political cartoonists. And you've got to accentuate some of their features. When you portrayed Jeremy Hunt during his stint as health secretary, for example, you drew his NHS lapel badge upside down. So how does a cartoonist decide what features to emphasise when they draw public figures?

Ian

Well, I can only answer for myself, I suppose. I don't feel that I'm a great caricaturist. So, with Jeremy Hunt, I mean, I saw his wearing of the NHS lapel badge as deeply hypocritical because he had a history of promoting, you know, like an American-style, insurance-driven healthcare system for the UK, which would have destroyed the NHS.

So I just got fed up with him posing as the champion of the NHS, and so I drew the badge upside down. But I also drew him with a spring for his neck, because I looked at him on TV trying to figure out how I would draw him. And I mean, he's got kind of slightly Vulcanoid features and a slight divergent squint and sort of starey eyes. But the thing that struck me most about him is that he moved his head around all the time when he's speaking.

So, I suppose I sort of took inspiration from Steve Bell, who often gives politicians a very striking feature, like drawing George Osborne in a gimp mask, for example. So, I kind of gave Jeremy Hunt a spring for his neck, like a nodding dog.

Um, so that's how I decided. I mean, I thought that if I'm going to draw him repeatedly and I give him these features, then I don't always have to get his facial features exactly right, because he's quite difficult to draw.

Martin

And I suppose as a physician, you have to be an astute observer of people. So, does that help when you're trying to identify those features to emphasise?

Ian

Well, yes, hopefully, maybe. But I don't know, looking at him anatomically or whatever... I'm a visual person and I learn by drawing people, I suppose. If you draw somebody, or you do life drawing, or landscape drawing for that matter, when you are looking, you are looking really closely, you learn a lot about that object or person or landscape – it's a way of learning.

And, you know, when we were in medical school, that was kind of how we learnt. I don't know if that is still the case; I suspect that drawing is much less common. But we learnt anatomy through drawing. We learnt, you know, cytology through drawing. Or at least I did.

Martin

I did, too.

Ian

I'm pretty sure we were told that we had to.

Martin

Well, I'm sure that you did it much better than I did. So, your two most ambitious projects were your graphic novels, *The Bad Doctor* and *The Lady Doctor*, and the amount of work that you must have put into them is enormous. With maybe eight or nine cartoons on every page. Did you realise how much work it would be when you started out and this, and now that you've had the experience of doing two of these books, do you find that you still work in the same way, or has it changed with time and experience?

Ian

Well, no, I didn't realise how much work it was, and it is a crazy amount of work. I mean, it's an insane undertaking, drawing a graphic novel. And the amount of work compared to the remuneration that you get, I guess is kind of off the scale. Yes, I've altered my workflow if you like. I mean, it's streamlined now, but I didn't realise how much work it was.

Each book has taken me about three years. Probably about 18 months of that is kind of faffing around and trying to figure out what I'm going to say and how I'm going to say it. And then 18 months of panicking and getting down to sort of proper drawing, and it all speeds up towards the deadline.

But it's an immense privilege too. It's hard to get a publishing contract, especially in these days. The print publishing industry is, you know, going through hard times. And once I chased a contract, I was given a contract, then I had to deliver on a contract.

And I mean, I feel that the graphic novels are my best work, because this is how I work out what I think about the world, and about medicine and about, you know, life.

I think this is one of the benefits of making comic strips, that it forces you to sit down and think about and figure out what you think about an issue, if you like, and then condense that into a reasonably concise series of drawings.

Martin

And you draw in pen and ink?

Ian

No. Well, I did. So, initially I started using pen and ink, then sort of halfway through *The Bad Doctor*, I converted to digital, which has many advantages. So I've used various platforms, I suppose. I now use Clip Paint Studio, formerly known as Manga Studio, which is an amazing drawing app. I draw with an Apple pencil on an iPad Pro, and it's like drawing in pencil and then overdrawing in ink.

So, it's the same process. You pencil it, you draw it, then you make the speech balloons. But the advantage is you don't have to use Tippex or, you know, if you spill ink on it, you can just use control+Z or right click and you erase your last stroke. So, it's much better. And then you don't have to scan it.

Martin

Sounds a great idea. So, in *The Bad Doctor*, the star, if that's the right word, is Dr Iwan James. And Dr James is a complex character who struggles with his own problems and those of his patients. Where did you get the idea from; is he based on a real person?

Ian

Yeah, he's based on a very real person. He's based on me. So, this is a fictional work with autobiographical elements. He's not me, and his story is not exactly mine, but he shares my experience of mental health problems. So, you know, from late adolescence onwards and

throughout medical school, I had really severe OCD, and that's what he has. The themes of the book are general practice, obsessive compulsive disorder, cycling and heavy metal. That's the elevator pitch if you like.

Martin

So, it was quite courageous to expose yourself in this way. Did you ever have second thoughts about doing that?

Ian

Oh, yeah, yeah, yeah. I mean, I thought no medical colleagues would speak to me again. I thought they'd think I was sort of insane. And just before the book came out, in the period after I'd finished writing it, but before it was published, I moved down to Brighton, and I was applying for a kind of long-term locum job.

And in the interview, the doctor that was interviewing me said, 'Looking at your CV, you've not done a lot for the last couple of years. What have you been doing?' And I didn't want to tell them that I had been writing a book called *The Bad Doctor* because I thought, I'm not going to get the job. But I did get the job and then I stayed in that job for several years.

And to my surprise, you know, *The Bad Doctor* was highly commended in the BMA book awards. I kind of thought I'd just be an outcast from the medical fraternity.

Martin

So you got the recognition, and now you're being interviewed as an inspirational doctor for this podcast series, so it's worked out rather well from that point of view.

Ian

Yes, I'm pleased.

Martin

The stories are quite dark and there's more than a little swearing in them. We do tend to think of comics as being for children. You've already said, of course, that we need to move away from that. But who did you have in mind as your audience for this particular style?

Ian

Um, well, grown-ups, I guess, not children. The swearing... I mean, that's how lots of people I know speak, I guess, so I'm aiming for realism. And yes, it is quite dark. Having OCD was pretty dark. And the themes of my OCD, I guess, were... It was based around luck and magic and religion, so therefore fairly dark themes.

But I'm a realist, I guess, so I kind of want to show both sides. I want to show the difficult side of medicine, the dark sides of life. And also, I guess, you want to make a graphic novel dramatic as well.

So, life has its ups and downs, and it has its light side and dark side, and you need both of them in there to make a compelling work.

Martin

Well, on the dark side, there is a certain amount of philosophy in your books, and there's some pretty profound statements. One of your characters says, 'Doctors, like artists, need to be on nodding terms with the devil. Otherwise, we'd be ignoring a large part of the reality of existence.' So, are you a pessimist?

Ian

No, I'm not a pessimist. I am a realist, I think. That quote is based on something that Terry Eagleton said, that artists must be on nodding terms with evil as all experience is, irrespective of conventional morality, is grist to the mill of their art.

So, I took that idea and kind of extended it to doctors. I think what that character is saying is that most doctors have to deal with some really dark stuff. We are in the business of dealing with human suffering. And you know, some of it is self-induced, or trauma. And good people can do bad things, bad people can do good things. You know, we have to deal with some very bad, scary people occasionally, and obviously many of us would rather avoid that, but it's part of the job.

And to really deal with these people with humanity – or deal with this subject matter, with, you know, understanding and humanity – we have to kind of acknowledge our own dark side and dig deep and try and listen and understand, in order to hope to help these people find some redemption, if you like. So, I guess that's my idea of what that character is saying.

Martin

So, we're looking at the pressures that doctors face and you've been involved with a project called 'Care Under Pressure' at Exeter. Can you tell us about it? How did you become involved in it?

Ian

Well, again, this came through *The Bad Doctor*. Daniele Carrieri, who was running that project right at the beginning, he invited me to take part in a workshop to come up with ideas of what this kind of project might involve.

So, it's a project from Exeter University that's still ongoing. And it looks at mental health in healthcare workers. And the first part of the project looked at what provisions certain trusts or hospitals were putting in place to try and help people's mental health.

And it was great. So I was invited down to take part in this workshop. And then Daniele asked if I would do some drawing to document the workshop process and then they commissioned me to do some cartoons and an animation as well.

Martin

It sounds like it was a very rewarding experience.

Ian

Yeah, it was great, it was good.

Martin

One of the cartoons that was from that project really struck me. It was where two junior doctors say that they're going to mindfulness training and the consultant says to them that they should be 'mindful' of who will cover them, and reminds them that he will be writing their references. I was wondering where you got that idea from. Was it based on real life?

Ian

Yeah, it's probably based on experience from being a junior doctor. I mean, talking about presenteeism, when I was a junior doctor – and probably the same now – if you take time off, your colleagues have to cover your work as well as their own. And when I was a junior doctor, you couldn't really go off sick unless you couldn't physically get out of bed.

So we worked with colds, we worked with flu, we worked with broken limbs. You sort of dragged yourself into the ward, and you did your work and therefore you were supporting your colleagues. So, I guess in this particular cartoon, the consultant is somebody of my generation talking to junior doctors who were going to go to a mindfulness session.

Self-care was an anathema, really, to my generation of doctors, and mental illness or stress or physical illness for that matter, was seen as a weakness. So, you had no excuse but to be there doing the work. So, it comes from that experience.

Martin

It is remarkable, isn't it? How as a profession we are meant to be looking after the health of the population and yet so often we seem unable to look after the health of ourselves.

Ian

Yeah, yeah. Notoriously.

Martin

Much of your work has been based on drawing cartoons, but now you're moving into animation. Can you tell us what the difference is between them in terms of how you approach them?

Ian

Well, the main difference is if comics is a lot of work, animation is several levels above that, if you're doing it in a traditional way.

So yeah, I kind of jumped at the chance of making animation. I'm a big animation fan if you like. I grew up with children's animation, stop motion animation. And Daniele from 'Care Under Pressure' said, 'I know you haven't made animation, but I think you should, and I've got a bit of money, would you like to do it?' So, I said, 'All right then.' And this was another project where it seemed at the time like quite a lot of money to do this, to make an animation. And then I realised how much time it took to make it.

I recruited a friend of mine, Matilda Tristram, who teaches animation at Kingston, to kind of help me, and do it with me. She also writes Peppa Pig, by the way, which is amazing. And so we did it. I did the drawing, I did all the drawings, and then she scanned all those drawings and

animated them. I did the soundtrack music, and Matilda did the Foley effects. It's a five-minute animation about a GP who is suffering burnout, I guess, and it was great fun to do. That's online as well.

I would love to do more animation. It's literally having the time to do it because I mean, this was a very basic five frames per second as opposed to 25 frames per second, which you know, Disney would use. But it took me months and thousands and thousands of drawings. So, I kind of sent this sort of huge stack of A4 drawings on paper to Matilda, and then she kind of photographed each one.

But it's brilliant. I love animation, and I am also interested in animations that have any kind of healthcare content as well.

Martin

I look forward to looking at them.

So, we're getting towards the end of this podcast and there are two questions that I ask everyone. First one is that we're talking about doctors as role models. And of course, you are here because I and others see you as a role model, somebody who inspires us. But who are the people that have inspired you and why?

Ian

Well, the two guys – sorry, my examples are both men – but, you know, there have been a number of people that have been personally very important to me and I've been inspired by.

So, these are living people, or at least they were last time I WhatsApped them. So, Martin Winckler is an Algerian French doctor and novelist and TV critic and essayist who is currently living in Montreal. He was living in France but he moved to Canada.

I met him early on. I met him probably about ten or 15 years ago, and he was very encouraging in my career, and I found great inspiration in his career, and he gave me great advice. At the time, I was sort of thinking about leaving clinical practice and going down an academic route, if you like, doing a PhD.

And he sort of dissuaded me from doing that and said, stick to your own creative work. I think that is more important. And you know, being a doctor is brilliant material for that.

Martin

And you've been able to combine the two very effectively as you've told us.

Ian

Yes.

And my other medical hero is somebody who comes from the same body of land that you do, but south of the border. So, he's Dr Ronan Kavanagh. I don't know if you've come across him at all, he works in Galway. He's a rheumatologist and he runs, with Dr Alan Coss and Dr Muiris

Houston, the amazing dotMD Festival of Medical Curiosity. And before Ronan became a rheumatologist, he was a keyboard player for the Irish rock group, The Stunning.

He's an amazingly rounded, energetic and brilliant person, and dotMD festival is, you know, one of the best things that I have ever attended. One of your guests, Ian Fussell, would know this very well because I think that was the last time I saw Ian was at the dotMD festival.

And Ronan is just such a force of nature and such a brilliant kind of organiser while combining, you know, a full-time medical career. I don't know how he does it. And so, I take inspiration from his energy and positivity as well.

Martin

Fantastic. And my very last question, people listening to this podcast, many of them junior doctors, will hopefully be inspired to follow in your footsteps. What advice would you give them?

Ian

Well, 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 there's a community of comic producers? This is social capital in action, something I've never actually thought about.

Ian

Yeah, yeah.

Martin

Well, that's great to hear. So, Ian Williams, thank you very much indeed.

Ian

Thank you very much, Martin. It's a privilege to be here.

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