

## Inspiring Doctors. Episode 7: Richard Horton

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### Martin McKee

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 Richard Horton. Richard trained in medicine at the University of Birmingham and worked in liver disease at the Royal Free Hospital. He then joined *The Lancet*, moving to New York as its North American editor. In 1995, he returned to London as its editor-in-chief. At the age of 33, he was one of the youngest editors ever of a major medical journal.

But Richard is much more than a journal editor. He's a powerful advocate for global health. *The Lancet* commissions bring together the world's leading experts to analyse problems and propose solutions. Richard's audience goes far beyond the traditional readers of *The Lancet*. They include at least one head of state of a major European country, whose ministers know that they are likely to be quizzed on *The Lancet's* content. Consequently, he's been invited to serve on many high-level bodies, working with heads of government to address some of the most pressing challenges facing our world today.

Welcome, Richard.

### Richard Horton

Thank you, Martin.

### Martin

Let me begin by asking you why you decided to move into editing. In your chosen specialty, liver disease, you had one of the most prestigious training posts in the country. You had every reason to expect that you would progress, in time, to a senior academic post. But then you gave it all up. Why? And how did you make your way from medicine to editing?

### **Richard**

Yes, I did give it up, and my father was absolutely furious with me for doing so. He thought I was betraying him, and my professor at the time at the Royal Free – he too thought I was betraying him and was furious. But I think I had this – well, I know I had this – itch to write. And the second itch was to be involved, somehow, politically.

And so, what I wanted was... you know, my perfect world was a world of academic medicine – which I always loved and still love – but with elements of politics and writing attached to it. And I went to *The Lancet*, honestly, with the intention of just being there for six months to get this itch out of my body and then go back into medicine.

But I can remember turning up to the offices in Bedford Square on my first day, and it was like I knew I'd come home. And as you say, I haven't left since.

### **Martin**

Well, it is the 200th anniversary of *The Lancet* this year. I suspect some of our listeners may not be familiar with its origins – it was founded by a surgeon, Thomas Wakley, and Thomas was no stranger to controversy. In fact, later in this series I'll be talking to Nick Black, and Thomas features in the novel that he has just written.

Now, nor are you a stranger to controversy. Could you tell us a little bit about Thomas Wakley and how his influence lives on in *The Lancet* today?

### **Richard**

Well, the first thing to say, Martin, is there's a lot of controversy about how to say his name – so we have been brought up at *The Lancet* to call him Thomas Wakley [*whack-lee*].

He was a young surgeon. He actually came from the West Country and made his way to London and signed up to go to lectures in the London hospitals and at medical school, and was struck as an outsider to the system by the... frankly, the

corruption, that was endemic in medicine in London at the time – that these surgeons and physicians, who demanded that students pay to attend their lectures, were raking in huge fortunes at the expense of impoverished students. And he just thought that this was completely wrong.

That, combined with the general incompetence of so much of medicine at the time. He got mixed up in a very interesting array of literary talents. Remember, this was the early part of the 19th century, the Romantic movement, the life and times of Shelley and Byron and Cobbett and the likes. And, the political atmosphere was one of rebellion, it was one of holding the powerful accountable.

And so Wakley was encouraged to start his own journal, and he did so. And it was partly to take down the medical establishment at the time, which meant two things. One was to make sure that information, the latest medical knowledge, was made available in the widest possible way. In its own right, it was the 19th-century equivalent of the Open Access movement. And secondly, he wanted to curtail the power, the unaccountable power of the London hospital consultants

And that was the twin goals of *The Lancet*: to inform and to reform the profession.

### **Martin**

Now, you're one of the very few doctors to have been invited to have lunch with the *Financial Times*. Although I note that you had to make do with mezze on Zoom rather than the more usual upmarket culinary experiences that usually feature in that column.

Now, one of the things that you said then was, quote: 'The idea that you can strip out politics from medicine or health is historically ignorant. The medical establishment should be much more politicised, not less, in attacking issues like health inequalities and poor access to care.' I'm sure you know, this is a highly contested view. What did you mean by this?

### **Richard**

Well, it's only highly contested when people disagree with whatever your political view is. When they're in agreement with it then they're absolutely delighted that you're standing up for whatever the political perspective might be.

I mean, two things, Martin. First of all, we as a profession have a set of values, and these values are core to what we do every day in our practice, whatever practice that might be. We believe that people in our society have the right to health and to healthcare. We believe in a fairer society such that there is such a thing as health equity, that we should not have inequalities and inequities in access to healthcare.

Now, those fundamental values are inherently political, and we as professionals campaign for those. We believe in them. We stand for them. We campaign for them.

Secondly, we're also scientists. We're trained in the scientific tradition. And that means that we base our decisions and our judgments on the most reliable scientific evidence. If we have scientific evidence available to us, it is our duty to use that evidence as a platform to hold those with power accountable, to address whatever the evidence is telling us.

So, I think on those two grounds – our values and then secondly, the science – we are inevitably engaged in a struggle. And it's a political struggle, and we shouldn't stand away from that. All the gains in the history of modern medicine, whether you're talking about the 19th-century sanitary movements or the birth of the National Health Service in the 20th century, these were political struggles. And physicians, and all health workers, should be on the front lines of those political struggles.

### **Martin**

Readers of *The Lancet* will probably be most familiar with your views from your weekly column, *Offline*, in which you look critically at contemporary issues you've come across in your reading, at lectures and elsewhere.

But you've long had an audience that goes far beyond medicine. For example, you've written extensively for *The New York Review of Books*, and you've said that medicine is not taken seriously enough as a cultural issue. If I can quote, 'Health and disease are deeply personal issues that go to the heart of who we are as human beings, and yet we are often fearful of an open and critical debate about the meanings of illness, what doctors do and why, and how diseases are presently evolving.'

Could you elaborate a little on these thoughts? Have things improved since you wrote those words 20 years ago? What still needs to change, Richard?

**Richard**

Well, Martin, I think medicine is part of our culture. We're, extraordinarily, the only species that has created this elaborate idea of a health system. We fundamentally – although we argue and we fight and we have wars and we compete – fundamentally, we are a species which cares deeply about the welfare of one another. Otherwise, we wouldn't be investing in health, and training physicians, and building health systems and so on.

So, there is something inherent in us which is deeply compassionate. I think it's important for us to recognise that, because it's sometimes easy to forget that we do have that concern for one another, that actually we cooperate with one another more than we compete with one another.

Our society today is founded on these Darwinian principles of competition, but it's a mistake in our understanding of Darwinism. Darwin didn't just talk about variation and natural selection. He also talked about the importance of cooperation, and species survived if they cooperated well together. And that's what medicine reflects. It reflects our desire to work together to alleviate suffering amongst our families – which is our societies, our communities.

So medicine is a core part of our culture, but we don't think of it as such. We tend to package medicine up and put it into hospitals or GP surgeries or clinics. It's as if we're embarrassed by it, we're frightened of it, we don't embrace it. It's something rather unpleasant and we put it out of our minds. But that seems to me a mistake. Actually, medicine and medical science are absolutely central to who we are as a species, and I think one of our roles should be to demystify medicine, and to communicate the values of medicine and the power of medical science in being transformative elements to improve the lives of people in our communities.

I am – I'm sure, like you, Martin – very proud to be part of this world of medicine. And I think we have an enormous amount that we can give. But it's not just what we give in clinics and hospitals, or universities. It's what we can give as members of society, engaged members of society.

**Martin**

You also said at that time that disease is a vitally important foreign policy issue today, one that remains largely neglected. Now this is 20 years ago. Is that

neglect still the case today, after we've been through the pandemic, or how have things changed?

**Richard**

Oh, Martin, I wish I could say that things had changed. You know, you would have thought that the pandemic would have been the perfect moment for us to recognise that medicine, public health, these issues are foreign policy issues, that they are issues of security – national security, global security. But how quickly our presidents and prime ministers seem to have forgotten the lessons of the pandemic. Indeed, how quickly our presidents and prime ministers seem delighted not to even try to learn the lessons of the pandemic.

So, I fear that we're moving in a very bad direction. We're nowhere near prepared for another pandemic. We haven't learned the lessons of COVID-19. We haven't recognised that it's actually a syndemic, not a pandemic – a synthesis of epidemics, multiple epidemics, biological and social. We're in a really frightening position where the world is distracted, where our institutions are weakened, and where we are most definitely unprepared for whatever the next emerging infection is.

And until we scale up the commitments we have to the head of state level, then we're going to make repeated failures. You made this point in the Monti Commission, that we needed to have the engagement of heads of state in issues of global health security if we're going to learn the lessons of COVID-19. That was one of the core messages of your Monti Commission. We've not learned that lesson. Helen Clark recommended the Global Health Threats Council, again involving heads of state in her pandemic preparedness report. That is not making progress.

So, I'm afraid that I remain extremely despondent and pessimistic about the future. And this is why it's our role, Martin, to be political and to create some trouble and a little bit of turbulence, because that's the only way you get change.

**Martin**

Obviously, I agree with you. And we were fortunate to have three former presidents and two former prime ministers, as well as people from central banks and elsewhere, on our commission, chaired by Mario Monti. And there was widespread agreement among them. But of course, the challenge is getting others to take it up.

I'm actually going to ask you a question that I asked Mario Monti in Copenhagen a couple of weeks ago. I was saying to him, in his position as a former prime minister, former finance minister, former European commissioner, how we as doctors often complain that politicians don't listen to us. And I was asking him, do we have anything to say that is actually worth listening to? Is that the issue?

But they do listen to you, and *The Lancet* is read by heads of government, as we know. And you've worked with many senior politicians on some of the most difficult issues that we face. So how did you get your voice heard? What tips do you have for other medical professionals who would like to be listened to, and who feel they have something to say? And have you got some examples of some of the politicians you've found it easiest to work with and where you've been most effective?

### **Richard**

Well, Mario Monti is interesting. He's part of a commission we're doing on global health threats; I was asking him just a couple of weeks ago in Berlin about how he got interested in public health and medicine. You know, he spent most of his career as an economist and wasn't interested in the slightest in public health, and now he's a great champion – one of our greatest champions – of public health, and is completely engaged in this issue.

And I think that tells you several things. First of all, it's difficult for us to simply, in a very linear way, persuade people with political power to take health seriously. And the reason for that is that a head of state has many competing interests – education, housing, transport, the economy, trade, industry, and then also health. So why should we... you know, we're seen as just another lobby, in the great panoply of lobbies. So they would rightly be sceptical of us.

I think that means that we need to not just be advocates and activists for health, but we have to be quite clever about the way we go about this. And one group that we don't do enough with – we need to ally ourselves much more with economists.

This was, I think, one of your comparative advantages in the Monti Commission. And it's one that we learned some years ago when we worked with Larry Summers and Dean Jamison in a commission called *Global health 2035*. When you have economists around the table with health experts, that has a multiplier effect, because economists are seen as rather hard-headed and sometimes hard-

hearted. And if economists working with health people endorse a particular plan, that has more credibility than if it comes from health people.

So, in my experience, I think if we create partnerships with other domains in government – particularly finance – then that’s an important lesson. Now, I know that among some of my more purist health colleagues that will be seen as heresy, but I’m just being ruthlessly practical here.

In my experience – and you asked for examples – when I chaired the scientific technical expert group for a commission to WHO a few years ago on health, employment and economic growth. And that was working with President François Hollande and Jacob Zuma at the time. That was a very interesting experience because, again, we worked side by side with economists and got the endorsements of the French and South African governments, as well as WHO, OECD and the ILO, because this was not a purely health project. We attracted political interest because we were willing to work with other organisations.

Helen Clark is a former prime minister of New Zealand. Again, she understands the importance of health, but she does that from the head of state level. Even in the good old days of the British Government – when we had a British Government we could be proud of – the British Government used to convene meetings in London when we had the DFID on nutrition, on family planning, on vaccines, because they understood the soft power, foreign policy, importance of global health issues.

So, there are there are multiple examples I can think of where we have attracted political interest. But the general lesson is: build alliances with others.

### **Martin**

Yes, we were very fortunate. We had Jim O’Neill, formerly of Goldman Sachs, who’s been a tremendous advocate for action on antimicrobial resistance, and Sylvie Goulard from the Banque de France, who has been leading work on greening the financial sector. I think two very important sets of contributions. So that certainly helped us a lot in what we were doing.

And I’ve often pointed to Mark Carney, former governor of the Bank of England and the Bank of Canada. His book *Values*, which is in effect a public health textbook, as is Gordon Brown’s book on ways to change the world.



We've talked about the politicians you can work with and you have worked very effectively with. But you've also been quite critical of some politicians. You convened a *Lancet* commission on the Trump administration in which you very kindly invited me as, I think, the only non-North American to serve on. I suspect that Donald Trump doesn't read *The Lancet*, unlike some other heads of government, heads of state. So, what did you hope to achieve with contributions like that?

**Richard**

Well, you're right. And it was perhaps a bit hubristic of us to think that we could have a commission on the Trump administration and that it might make any effect, especially since he seems like he's bouncing back and may be a candidate for 2024.

I think, Martin, you know, there's a moment in history where you have to put out a statement of resistance. It's important that people know which side you are on. And even though you may not be able to change your government, change your policy, you can still be clear about where you stand. Sometimes you have to do that. Sometimes you just have to tell the truth as you see it. And it's important for people to see that that's what you're doing.

So it was a small act of resistance, I would say, but it's an important one, coming from our profession.

**Martin**

And perhaps important to put things on the record, so that no one can say, well, you know, nobody actually challenged it at the time.

**Richard**

Exactly.

**Martin**

Now, you've been pretty upset with the British Government's response to the COVID pandemic, and so upset that you actually decided to write a book about it. How does writing a book differ from your usual writing in *Offline* and so on?

**Richard**

Well, the purpose of writing the book was that we found ourselves caught on the front line of the early evidence about the pandemic. We received the initial papers from China. We published six papers actually, within a week or so of one

another, in the last few weeks of January 2020, before the public health emergency of international concern was signalled.

So we saw the growing evidence for something that was really quite extraordinary, that this wasn't influenza – this was a new virus that was tipping people into intensive care with multi-organ disease, and they were dying at a frequency that was extremely alarming.

So, the reason for writing the book was my anger, to be honest – which still is in me – at the totally lacklustre response of many governments, including our own, Martin, despite the fact that evidence had been published in scientific journals showing that this was a very, very dangerous virus. And the fact that it took us until March the 23rd to have the first lockdown... From those six papers in *The Lancet*, plus the public health emergency of international concern at the end of January, that was an outrageous political failure.

And unfortunately, I have to say, it was also a public health failure, because our friends and colleagues who were sitting on important government committees were aiding and abetting politicians in not responding fast enough.

I still to this day don't understand it, because in black and white you can read in *The Lancet*, in those six papers, everything that was coming – issues around human-to-human spread, issues around asymptomatic transmission, issues around aerosol transmission, were all described in those papers. The importance of PPE, the importance of social distancing. All in January. All in January! And yet we wasted February, and we wasted the first three weeks of March, while we were dithering and not making our minds up.

I mean, I don't understand how that cannot be seen as a tragic, catastrophic failure. So, watching that unfold, that's why I wrote the book.

### **Martin**

And certainly we – and, I know, others using different models – estimate that perhaps 50% of the lives that were lost in that first wave could have been saved simply by closing down a week earlier. So what was the reaction to the book? Because you were pretty critical.

### **Richard**

I can only tell you what the reaction was amongst probably a non-professional public. I did countless podcasts and Zoom interviews around that.

I think the messages in that book remain salient to this day. I'm preparing evidence at the moment to the COVID inquiry that's taking place under Baroness Hallett in the United Kingdom, and a lot of these messages have been lost. They've been buried. They've been pushed to one side because people still don't want to confront them. So, I think that we're still in this fight to get to the truth of what actually happened in those early days.

I think there was also a very quick wish amongst politicians – because they didn't want to accept responsibility themselves – to blame China for the pandemic. I'm not talking about a lab leak here, I'm just talking about a failure by the Chinese Government to communicate quickly. A failure by Chinese public health scientists to share information widely. And my experience, again, is that that's just not true. The record, again, needs to be set straight – these six papers we published in January were by Chinese scientists.

You've got to think about what they were doing. These Chinese scientists were writing in the English language, not their language, publishing in an international journal, telling the story of the pandemic, a few weeks after it had started. And that was extraordinary. If that's not reaching out for constructive international collaboration, what is? They could have just published this work in Chinese, in Chinese journals, but they didn't. They didn't. They published it in English in *The Lancet*.

I mean, that tells you what the Chinese public health and scientific community was trying to do. It was trying to warn the world early on about what was taking place in Wuhan and elsewhere. And that story, again, has not been told.

If I say that, people accuse me of being an apologist for the Chinese Communist Party. I'm not. I'm not an apologist for the Chinese Communist Party. The Chinese Communist Party is responsible for some terrible atrocities. But in the case of COVID-19, we should actually be thanking our Chinese medical and scientific colleagues for speaking out to the world and reaching out to the world. It was *our* mistake. It was our failure not to act on the evidence that they published.

### **Martin**

And maybe that is actually one of the most important roles of a book like this, because at the present time, we're seeing a great deal of rewriting of history, of revisionism. And having a contemporary record of what happened, as you did in

your book, is going to be incredibly important so that people cannot rewrite what happened in the past.

**Richard**

I hope so.

**Martin**

I want to come on to a more personal issue, and you've written about the illness that you've lived with for the past five years. I wonder how the experience of being a patient with quite intensive treatment has changed the way in which you look at modern medicine?

**Richard**

Well, yes. I mean, it has been a little bit of a journey, the last five, six years or so. But I tell you, Martin, I've reached a point of contentment, actually, with the situation that I'm in. And I have nothing but enormous gratitude. How lucky we are to have been trained in, grown up with, and now been able to use the National Health Service. What an amazing institution it is.

You know, our right-wing newspapers like to beat up the NHS. The current Government isn't a particular friend of the NHS. But I tell you, I wouldn't be alive today if it wasn't for the NHS. The surgeons, the physicians, the nurses in the middle of the night. When you wake up at 3 o'clock in the morning and you've got a drain sticking out the side of your head, and you're in pain and you don't want to live any more because the pain is too much, and everything seems awful, and a nurse comes along and she holds your hand, and she fixes what needs to be fixed. And then the next day, a doctor comes along and spends time sitting talking with you.

This only [occurs] in a health system which is free at the point of demand. So I am immensely grateful for that.

But there is one very important lesson I take, and it's not just the NHS, which I absolutely thank – it's the importance of integrating science with health. I have been the beneficiary – touch wood – I have been the beneficiary of a set of new medicines, immunotherapies, which weren't available a decade ago. And if it wasn't for some brilliant laboratory scientists and then some brilliant translational scientists, and then clinical triallists, dedicating their time to devising these new treatments in the healthcare setting, then literally tens of thousands of people like me wouldn't be alive today.

The only way you get those innovations in medicine is by integrating science with healthcare. And too often, I'm afraid, we see the National Health Service as just a national health service. It needs to be a national health and science service, a national research service, a national innovation service. Honestly, the pace of change in saving lives and alleviating suffering will only come if we integrate research into routine healthcare. I think that's a very, very important lesson that we haven't embraced as much as we need to.

**Martin**

A very, very powerful message for the political establishment.

Now, this podcast is all about role models, and you are a role model for many, many people. But I'd like to know who are the people that have been your role models? Who has inspired you or is still inspiring you, and why?

**Richard**

Oh, so many people, Martin. Yourself, for a start.

**Martin**

Thank you very much.

**Richard**

You're a great role model and a great inspiration. I would say, I think everybody can trace back role models to school actually. But in terms of the job I have now, I would name a few.

Eldryd Parry, who sadly passed away last year. A wonderful, wonderful man, dedicated his life to healthcare in Africa. He took me to Africa on several occasions. I'd never been before, and he opened my eyes to a world of health, which definitely has transformed *The Lancet*.

Jennifer Bryce, an American woman who used to work at UNICEF, who showed me the power of evidence as an instrument for political change.

Rita Giacaman, who is a professor at the Birzeit University in the occupied Palestinian territory. Rita showed me not just that science can be a tool for political activism, but that science is an act of resistance. The fact of doing science is an act of resistance in itself. Resistance to – in her case – occupation, but in every case that we do, to injustice.

So those three people... I mean, there are so many. I could mention Julio Frenk, an amazing man who showed me, when he was minister of health in a right-wing government in Mexico, that actually it doesn't matter whether you're on the left or the right. What matters is the programme of work you're implementing. It doesn't have to be bound by ideology.

Joy Phumaphi, former minister of health in Botswana, who I worked with on women's and children's health in the 2000s, who showed me the power of science as a tool for accountability. There are so many to say 'thank you' to.

**Martin**

That's a very impressive list. Of course, being at Eldryd Parry's memorial service a few weeks ago, it was incredibly impressive to see hundreds of people packing the church and to hear those testimonies from so many people whose lives he had touched in so many different ways.

**Richard**

It was very moving.

**Martin**

All of the people you have mentioned are truly inspirational. So, just to come to the end of this podcast, what advice would you give to someone who has just graduated in medicine who would like to follow in your footsteps?

And I'm thinking in particular of, you know, we've been discussing a lot about having meetings with world leaders, and for them that will look to be very far away. Although I should say, some of my trainees have had that opportunity to engage particularly in the Monti Commission, and I was grateful to some of the senior politicians for their generosity in sharing with the younger generation. But it does seem a bit distant for many of them.

So, how do you get your first step on the ladder towards becoming the future you?

**Richard**

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

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

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

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

**Martin**

Richard Horton, thank you very much indeed for joining us in this podcast.

**Richard**

Thank you, Martin. It's been a pleasure.

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This podcast is hosted by Martin McKee, produced and edited by Alex Cauvi. For more information visit [bma.org.uk/inspiringdoctors](http://bma.org.uk/inspiringdoctors)