

Inspiring Doctors. Episode 10: Dom Pimenta

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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 Dom Pimenta. Dom qualified from University College London in 2012 and he undertook his initial training in cardiology. He then worked in an intensive care unit during the COVID pandemic. But when news broke of Dominic Cummings' visit to Durham contrary to the prevailing rules, he threatened to resign if Cummings did not. Reluctantly, he kept his word.

Some years earlier, he established juniordoctorblog.com, which combined a diary of his experiences on the wards with incisive opinion about the broader political context within which the NHS was situated.

After he resigned, he put his experiences during the pandemic down on paper in the book *Duty of Care*, which captures the fear and apprehension, the tears and exhaustion, but also the generosity and kindness that characterised life on the front line. He donated the royalty to the charity the Healthcare Workers' Foundation, which he had established to support health workers during the pandemic.

Welcome, Dom.

Dom

Thanks so much for having me.

Martin

Many people were working hard during the pandemic, but you really stand out among them. You were a junior doctor working long and stressful hours in hot and uncomfortable PPE. But then you set up a charity that raised over £1m to source equipment for the NHS. And you wrote a book. What motivates you?

Dom

Yeah, I think actually, in retrospect, I diagnosed myself with high-functioning anxiety. So, I don't know if you remember, very early on – sort of February or March – there was this sort of... I think I described it in the book, actually, as like a collective indrawn breath of all medical professionals. Everyone was holding their breath going, 'What's going to happen? How bad is this going to be?'

And for me, and I think for a lot of people, we stopped sleeping. I've never really experienced such a tide of anxiety amongst a single group. It was very, very obvious. And Twitter, I think, amplified that quite significantly. So for me, doing things was my – and actually in retrospect has always been – my way of dealing with anxiety. And that's why, you know, there's this concept of high-functioning anxiety, where people tend to do a lot of different things.

So during the lead up to the pandemic, we were very, very concerned that this was going to be, you know, a sort of disaster in the making. And it seemed in retrospect quite obvious, and at the time wasn't obvious at all. I became very vocal on social media and eventually very vocal on the actual media, to try to do something. And I think the doing something was sort of my way of dealing with that anxiety.

So I wouldn't say 'motivation' as much as, you know, sort of self treatment, I guess. But yeah, that's probably why I ended up doing probably way too much, burning myself out a bit as well.

Martin

Well, we'll come back to the role of writing as therapy later, but your book, *Duty of Care*, wasn't your first experience in writing for a wider audience. How did you start writing?

Dom

Yeah, that's a really interesting question. I was trying to think back to when I first started writing. What was the first thing I wrote? So, writing for me began before I could really remember, at school. The first thing I really wrote and was really proud of – and it's really funny this came into my mind – was when I was in year five, I wrote a book about ants. And I remember it really specifically, because I spent hours drawing these ants in different outfits, and doing different things.

I remember thinking, wow, I really like creating things and showing people. I wish I still had that. And then all through primary school, secondary school, I did loads of writing. We used to have a... it was called *Nightlife*, and it was literally like, you know, you would submit your poems and your stories. I used to write prolifically just for that.

And then actually I did English lit as one of my A-levels. And again, that was quite controversial because I was going into medicine, so I had chemistry and biology, and they were like 'obviously you should do physics and maths' and I was like 'no, thank you, I want to do English literature and media studies'.

I think narratives and language has always been something that... it sort of spoke to me in how I understood everything. And that included lots of the science and lots of the biology as well. And I think medicine is a really good example where, actually, it's a science on paper but in practice it's a language. And I think that's been something that I've gravitated towards.

Martin

And we often do talk about the science and art of medicine. I've really been struck by the people that I am interviewing in this series, the amount of creativity that I'm finding. It's absolutely incredible and very inspiring, which of course is the theme of this series.

You describe really graphically the horror of being on the front line during the pandemic, the stress that everybody was under, the challenges that you all faced. In the light of all of that, what policies would you like to see implemented to support the wellbeing and the mental health of doctors? What does the Government need to do in the light of your experience?

Dom

Well, obviously that's something that I've dedicated a long part of my last couple of years to, obviously founding the charity as well – you know, the fundamental mission of the Healthcare Workers' Foundation is to support the mental and physical wellbeing of doctors.

I suppose the difficulty the Government has, and everybody has really, is it's really hard to acknowledge how inhumane a job it can be. And what I mean by that is, you know, you're inundated with a lot of paperwork, a lot of administrative burden, which is a big part of what I do now, trying to alleviate. And right mixed alongside that are what I call life events with a capital L, like constantly – life-changing illnesses, cardiac arrests, deaths. Exposed all the time.

And we don't really do enough to acknowledge that that makes it very, very toxic. Like on the one hand, you have a lot of meaningless work which you are still required to do, and you often get into ridiculous bureaucratic fights with managers and consultants and, you know, your ARCP – and mixed right inside that is genuine moral injury. You have events... I can still count off the top of my head moments in time which have scarred into my, you know, emotional retina, shall we say. And there were a few times when I thought, wow, I was never prepared to do something like this.

I'll give you a really good example. I was a paediatric SHO in Oxford, I was an F2, and for the most part the job was very algorithmic. Even the cardiac arrests – we had quite a few because it was a specialist tertiary centre – were, you know, algorithmic. You do the algorithm, you follow what you need to follow, and you just deal with it. And like we all do as doctors, you get used to that mentality of just getting on with the job.

But I attended the cardiac arrest of a child, a baby. And it's actually hard for me to talk about this now I've got three kids myself, so, you know, the pain is like twice as much. But the parents were there. And when we couldn't resuscitate the child, their grief was untenable, for everyone in the room. We had no training to deal with this.

There were moments like that which I think... wow, I mean, this is a daily occurrence for everybody here, right? That is life with a capital L. And I think there's just a real disregard for that. There just isn't enough support around those events in and of themselves, but also the fact that everybody in that room then had to go and, you know, fill in meaningless paperwork and forms and a whole bunch of other stuff.

I think if we could just get back to try to focus on the humanity of a job which fundamentally people join because they very much, you know, gravitate towards people. They want to work with human beings. And I think that's something that we just don't see enough. And acknowledging, like, all of the constant push to do more – or in fact to *appear* to do more,

which I think is the other thing that people find really galling. Like 'just fill in this extra form' or 'just fill in this extra bit of paperwork'. It all adds up.

Even just acknowledging that that is not a good way to treat people in what is already a very difficult system, I think would be the start of a better conversation. But we haven't quite got there yet.

Martin

But it is remarkable how one can still remember the patients that one may have treated, in my case many years ago. I can still see those individual patients when things were really often quite awful situations. You were struggling to do what you could with limited resources. And of course that is the moral injury that you're talking about: you know what you need to do, but you're not able to do it.

You've already mentioned your A-levels, and some populist politicians dismiss certain subjects as of little value. I remember one who questioned why anyone would be studying medieval history, only for the tourist industry to point out that hundreds of thousands of people come to the UK to soak up the medieval history that resides within the walls of so many of our leading tourist attractions.

Now media studies is also a target for them, which you did at A-level alongside the biology and chemistry that many of us in medicine do. How did that experience help you with what you're doing now, both in your media work, but also in medicine?

Dom

Yeah, I mean, I don't actually do that much media work anymore. But it's so interesting, isn't it? You know, the number one cause of complaints in medicine is communication. We all know this. We've seen this. Like, good doctors, good communicators, bad doctors... You only get the complaints from the people that can't communicate.

Media studies for me taught me a whole new world of how to look at what we consume visually. But the medium of communication itself, how you present something visually, how you present something from an audio perspective. And like, really trying to empathise with the person that's receiving whatever you're trying to give them is such a core skill, and that's something that I've revisited over and over again. Certainly, trying to communicate to wider audiences, which is obviously more my – and your – personal belief in terms of how we communicate public health issues. Such a vital skill to have.

And it's funny because, if I look back at my A-levels in the round, the skills that I use more are certainly going to be things that I remember from media studies and from English literature as opposed to actually the fundamentals of biology and chemistry. And we know that's the case, right? We gain a whole new corpus of knowledge anyway, which is called medicine, and then we practise it in clinical language, which is clinical medicine.

So we're so far abstracted. But the core, you know, the core skills of communication – effective writing, how you present yourself – actually they probably have stood the test of time even better than I would have said the other A-levels. So, definitely an investment. Worth doing.

Martin

So does writing come easily to you? I write a lot as well, and I find it therapeutic, especially when I'm writing about some of the more bizarre aspects of government policy. But other people find it a chore; they're drafting and scoring out and redrafting constantly. So where are you in that spectrum? Does it come out fluently or do you have lots of drafts that you're constantly changing?

Dom

Hmm. I would liken it to, you know, to any muscle memory. I think there's been times in my life where I would write prolifically. I mean, a really terrible example of that is I wrote a 6,000-word treatise on the junior doctors' contract like eight years ago – you know, round one, as it were – on my honeymoon. And my wife was obviously not happy with that at all.

And then there's been times in my life and more recently when I've barely written anything at all. I've been too busy doing other things, with children and new jobs and new companies. And then sitting down at that point, it's very hard to find the edge, you know, of what you want to write.

I suppose it's just practice, really. And I think there's a lot to be said for staying in constant practice. Constantly, you know, writing little bits often – from a reflective point of view, or from a planning point of view, or a strategy point of view – because that keeps that muscle constantly going. I do find it a good way to create clarity with what I'm doing at any given moment. Like, my current job is a lot of pitching, so I tend to write pitches of various stories.

Again, going back to those skills about what is the narrative of what I'm doing at the moment. And that in many ways is very grounding. It's very cathartic, because it gives you a sort of... that holistic sense that your life does make sense, in some sort of meaningful way. And again that's, you know, all narrative. But I'd say, if anyone finds it hard, it's just little and often. Just like any exercise really.

Martin

Now I want to take you back to the beginning of the pandemic. In fact, before cases in hospital even started to rise. And you wrote at that time, I quote, 'This isn't medicine, it's firefighting.' So how well prepared do you think the NHS was for the pandemic?

Dom

Oh, like, not at all. That was basically my first red flag, to hear a lot of ministers say that, you know, we were ready for COVID. Right? Remember, this was the prevailing narrative in January and February. 'Oh, no worries, we're ready, we're ready.' And the irony of that statement is that we weren't ready for the cases that we had, of just general emergencies, at that moment.

From 2015 even to today, in fact, it's continued. The sort of nadir of what we see in waiting lists and the performance of the NHS has dropped year on year on year. Every year has been worse than the last. That has been a significant trend. To the point that, you know, waiting lists were starting to be scrapped. And you're seeing on the front line... I did a terrible winter just before COVID as a registrar, and lots of hospitals just seeing this absolute... you know,

ambulances stocked up outside, it's snowing, many-hour waits. And again, we're still seeing that today.

So the idea that we had spare capacity to flex was not ever going to be the case. And it was always going to have to be that some other part of the system would have to give, and that's exactly what happened. Electives had to give, and there was a whole bunch of other stuff that got pushed down. And we're still recovering – or not, as the case may be – as a consequence.

But I suppose it's, again, this rhetoric versus reality. If you constantly put yourself in the position where you say 'no, no, the NHS is fine, the NHS is fine' and it's consistently performing worse and you're constantly degrading the resources you have, when you find a black swan event like this, you're obviously unprepared. And, you know, every metric pointed to that. It wasn't really a controversial statement.

Martin

So back in those days, like many of us, you were looking at what was happening in Italy. You were really concerned, but not all of your colleagues were. And you described how many of them, and some of your relatives, dismissed your concerns, saying that we should trust those who were in charge. Yet this was in a country where – at least, it seemed to some of us – politicians had done very little to earn our trust. And in fact, the opposite. So what do you think was it that made your colleagues, your relatives, trust in the authorities when you didn't?

Dom

Yeah, it's interesting, isn't it? There's two parts to that question, I suppose. Why did my colleagues at that time, and even today, trust – or at least don't scrutinise – a lot of what is possibly not, you know, standing up to scrutiny. And the second thing is, why don't I?

I think the first part is, simply, people at the time had this extraordinary cognitive dissonance, like your choices are... you are about to enter, especially as a medical professional, a life-changing moment where, you know, even in those days we had no idea of how bad things were going to be. There were some reports that there was like a 5 to 10% mortality.

And if you were on social media, it wasn't just a question of hearing these stories – you could physically see. You could see the wards in Italy where you had pathologists running ventilators. This was fact, right? So there were degrees of separation maybe for me that, you know, the much wider degrees away from people not on social media that could wilfully ignore these problems.

I think the second part for me is, you know, I grew up half Indian in a very white part of the world, on the south coast. So the logic of this group thing called the tribe, that was never actually part of my upbringing. Like whatever the tribe were thinking, I wasn't part of the tribe. I was always – not in a racist way, particularly, but – always slightly othered.

So you grow up being very much independent thinking, because you don't really have any other choice. And I always think that's... you know, when I was younger, I was like, 'oh, that's not great'. But as I got older, I think that becomes more and more useful – when you genuinely

just don't believe what anyone else says because you just evaluate the facts, and you don't subscribe to, 'well, if everyone else is doing it, I would do that' because that was never... I was never part of the peer group as a kid, right?

And you see that a lot, actually. In the game I'm in now, where you're a founder, you see a lot of people who had similar upbringings and similar perspectives. And I think in many ways it's actually quite valuable. So I suppose it was like a combination of, you know, having a slightly contrarian mindset anyway, then being in a position where you could see a lot more, maybe, than other people could.

Martin

Actually it's a really interesting point. And obviously I speak as someone from Ireland who's spent most of their career in England, but also someone who works a lot outside the UK. And I think this ability to see ourselves as others see it is really much more important. Something it would be lovely to develop further because I think you really hit the nail on the head there.

You describe in those early days how you jotted down some concerns and you turned them into an article for the *Huffington Post*. But then you say, and again I quote, 'The article I wrote would be seen as inflammatory and scaremongering and would have personal and professional repercussions.' What did you mean by that?

Dom

Yeah, I mean, again, it's... if you cast your mind back to Twitter, right? The world of Twitter, February 2020, was a very strange place. There was a lot of people who knew a lot about the virus, who were looking at, you know, the data from China, the data from Italy, and very objectively saying, 'This is quite bad.' And then a lot of other people saying, 'Oh, you're just scaremongering. This isn't real. This isn't going to happen,' without much factual backing to that.

And I think my concern... it was the case that we were very much sleepwalking when we had those weeks – and there were weeks – to prepare. I mean, the most obvious thing that we could have done was bought a whole bunch of masks when they were cheap and available from China in those three weeks, and then we wouldn't have had quite as many exposures and deaths as we did have.

So there was a professional ramification for being a physician. You know this as well as I do – NHS comms can be very touchy about any association with the media, for anyone working at that hospital. And that, actually, I think probably is to the detriment of our country.

Then personally as well, like when you're on Twitter and when you're on social media and you have a voice, and you use it in a meaningful way, there was a lot of, I guess, double guessing of your intent. Like you're just leveraging whatever knowledge plus whatever position you have as a doctor in order to grow your own following or to promote yourself.

And I think that's what I meant really, by the 'personal and professional' thing, was people looking at that as a way of promoting yourself for other gain, or for other means. But again, you know, it was a very controversial time and feelings were running high. And I don't really

think that was unreasonable for anybody to look at that and have those concerns. But the truth came out in the end, so.

Martin

The Twittersphere can certainly be very cruel. I know a number of my colleagues, and particularly women and those from ethnic minorities, have had some of the most awful misogynist and racist abuse on it. Really very difficult place to be.

Now, your family are clearly very important to you. Your wife, Dilsan, and your children feature really quite extensively in *Duty of Care*, but you also describe a wider circle of relatives and friends. How important is it to have a support network when you're writing on issues that some see as controversial?

Dom

Yeah, I would say it's important to have a support network, full stop. You know, from a biological perspective, it's vital. It's probably the most useful thing that you can do in terms of longevity.

But I think, again, about that ability to gain some perspective. Like, people can find themselves in a sort of mental distress – moral distress – on Twitter and things. And then actually, if you don't have meaningful touchpoints in reality... and I mean sort of meaningful connections, with family or with kids.

So for me now, the only opinions that I really care about, if I'm really honest, is my wife's and my kids'. And that's because what I've realised, especially over these last few years is... I saw something on LinkedIn, actually, that really sums this up: when you're 25, you care what everybody thinks; when you're 35, which is just about where I am now, you don't care what anyone thinks; and when you're 45 you realise they never thought about you anyway.

And that really sums up Twitter, and actually a lot of the mental distress that people put themselves through. Actually, no one really is thinking about you. So, you know, you just have to base your actions and your thoughts and your moral compass, I guess, on the connections. And that's why I think a lot of people live much better, more fulfilling lives by just connecting with what's tangible as opposed to the intangible.

Martin

And on Twitter, block liberally.

Dom

Or leave Twitter, like I did.

Martin

Yeah! One of the things that really impresses me about you, and why I wanted to have you on this series, is your ability to see the bigger picture. It's an ability that I've often argued is an important attribute of public health leaders. But you're remarkably self-deprecating and on several occasions you've described yourself as, I quote, 'just a guy with Google and a napkin', the napkin obviously being something to write on.

But let's take your description at face value. How did you get so many things right that others who also had access to Google and something to write on seem to have missed? And specifically, what is it about concepts like exponential growth that really seem so difficult for people to grasp – how was it that you were able to understand these things and, importantly, to communicate them?

Dom

Yeah, I think it's interesting about self-deprecating... So my first answer to you is, you know, if I had not been correct about those assumptions at that time, we would not be having this conversation, right? So there's obvious survivor bias here. You look back, and you see that all the time in lots of different professions, you listen to a lot of people and they're very successful – 'how did you do it?' But actually in retrospect, well, if they weren't successful you wouldn't be hearing them anyway. So that's part of that.

I suppose, I don't think human beings can actually do exponential growth. I think it's not intuitive at all. The only reason that I could think about that was because I had a napkin, and I went like, 'OK: two, four, eight', and I was doing this safari of ward rounds of hospitals at the time, and I was seeing the numbers track up. Like we had two cases in one hospital; I came back three days later, there were four cases; came back four days later, there were eight cases. I was like, OK, this is very easy now to work out where this is in two weeks. And it's pretty bad. Like, what is the intervention that stops it?

But even now, we're seeing, you know, exponential increases in AI, which is my field at the moment. And again, people are still extrapolating linearly when actually, technology now is sort of taking that same curve, which is doubling and doing amazing things almost on what seems like a daily basis.

I suppose from a biological perspective, people can't do it intuitively. And there's a real issue, I think – we've really reduced our attention span. So when we find something that we can't do intuitively, we do one of two things: we either don't try, which is what the majority of people do, or we sit down with a pen and paper and we try to work it out. But not many people do that second part.

And I think – again, to go back – I had to stop using Twitter, and it was actually one of the best decisions I ever made for my own brain, because it allowed me to think, 'OK, I can think two, three...' and carry on that thought process long enough to realise that I've actually hit a wall in my own intuition, and I need to go and do something else.

Martin

I do a lot of work in complex systems where you've got non-linear relationships, path dependency, feedback loops, and when you apply that to many of the policy problems we face, it's just striking how many people struggle with that idea of the complex interrelationships.

Now, many commentators have noted how people in the UK struggled to learn from experience elsewhere. I'm thinking of people like Jeremy Farrar and Jeremy Hunt, both people

with family from elsewhere, and who wondered why we weren't looking at what other countries were doing.

In your book you describe how you were hearing stories from members of your family in Turkey, in Germany. Can you say a bit more about how that helped? And as importantly, why so many other people seemed to be unaware of what was happening elsewhere?

Dom

Mm. I think, I mean, we have a relatively international family and always have. My auntie lives in Berlin and she was telling us, you know, the precautions that they were taking.

But also, I think, having that interest or that insight into what people are doing, sort of on an emotional level, in terms of what are they actually thinking – what is the vibe, you know? And I think that's the bit that doesn't... in those kind of situations where a lot of it is intuition, and you're generally feeling what the government action is and what the people are actioning on the ground, you can kind of intuit what the situations are.

And Turkey was very interesting. They did some very interesting things that we would never! You know, having older persons having curfews, and having set times when they could come outside. But it was just to give the flavour that almost no one really knew what was going to happen. Lots of different governments were taking some pretty extreme approaches. And then you look at ours and say, well, actually, at that time they were quite, almost lackadaisical.

Well, this seems actually out of kilter with what everybody else, at least in the early trajectory of their policies, is doing. That became, obviously, more and more apparent through not just family members but also through connections in Italy, in other countries on Twitter and things. So, yeah, that became apparent quite quickly.

Martin

Well, speaking out can be difficult, but of course it's important. In *Duty of Care* you describe an episode where you were phoned with what started off as a reprimand about a tweet, but then it took a rather unusual turn. Can you tell us what happened, and what lesson you drew from that experience?

Dom

Yeah. So the story was that, you know, I think I put up a tweet in my frustration, I would say, more than anything. So this is, again, just for context, this was just around the time that we'd gone from 'everything's going to be OK' to like, 'we'd better prepare a little bit'.

And it quite quickly became that even in the hours of preparation, it was insufficient. So we would go to PPE testing and they'd already run out of masks at the fit testing stage. So you can imagine everyone's looking at this like, well, there's no masks to fit test me, how is there going to be a mask when I actually have a COVID patient to look after? Which was the reality only a week after that.

So my tweet was essentially like, this is... you know, we are very close now to a meltdown, I think the actual words were. And we should do something.

And again, I would say I'm older – I don't know if I'm wiser, but I'm certainly older – and I kind of realised in retrospect, there was a lot of ability to want to do something, which fed into my earlier point about having this high-functioning anxiety. But what I realised from that incident – which became a very productive thing, and I actually took on some extra roles and actually that helped me feel at least that I was doing something productive – was we spend a lot of our lives being outraged by things, and we think talking about it or shouting about it is helpful.

I'm not in any way saying that, you know, protest by itself, in and of, is useless – quite the opposite. But I would say to a lot of people who, like me, who were looking for something that was purposeful, doing things, taking action, has 100% filled that gap in a way that Twitter and shouting and outrage never, ever did.

And that was a really important lesson for me. That's always been what's motivated me to action, is that if I feel strongly about an issue, I know now that talking about it and writing about it alone will not fill that gap for me. So I have to go and do something. And that was what the charity gave us, and a whole bunch of other stuff I've done since.

Martin

I'd like to talk a bit about your engagement with the media during the pandemic, and you describe how you'd avoided doing television until then. Of course, you've had to do quite a lot since the foundation has got going. But I wonder if you can share any tips for others. Many of the doctors who will be listening to this will be looking for ideas if they are going to go and engage with the wider world. Did you have media training or did you just pick up things as you went along?

Dom

I guess both. I mean, I did have a 15-minute phone call with a very good colleague of mine, I'm sure she won't mind me mentioning her – Dr Rita Issa. And she gave me some media training, which was sort of the ABC approach, like, say something that you agree, lay out the background, and then come to the problem or what your compromise is.

That was super useful because I'd never really thought of it, you know, doing a media interview, in terms of that structure of communication. But again, completely in line with how we're trained as physicians, right? We follow these structures. We take a history, do an examination, even things like breaking bad news – you set the scene, you check their understanding, and then you go ahead and you tell them the thing, and then you come back with a follow up, and you give them space. So we follow these structures all the time, and that was actually super useful.

I would say to anyone in the media or thinking about doing the media, I think the first thing you have to understand is the empathy, the motivations of the person across from you. They're looking for something inflammatory, they're looking for something sensational. They're not really thinking about the output or the purpose. So you have to be super clear about what your purpose is. And then you also have to recognise that just like any other conversation, there's a structure to it that enables you to stay in control.

And I think the last point is, you know, as a physician, your words carry disproportionate strength in the media regardless, and that is actually quite an awesome responsibility to bear. So you have to be super careful. And I tried to be, as much as I could, about that responsibility. And I maybe got that wrong some of the times as well.

You need to think about why you're there. And if you're not there for any particular reason or purpose, maybe that's not the place for you. And I strongly suggest if you're going to go out as a physician in those parts, you know, make sure that purpose is super clear.

Martin

One of the episodes that you describe in your book that struck me was how in an interview with one journalist – he asked you whether you were worried about the pandemic, and you say, 'Well, I'm making a will that week, that about sums it up.' And he replied, quote, 'That's a bit strong. Can we do it again?' Can you remind us what happened after that?

Dom

Yeah, so we did the interview again and it went out without that. But that was very interesting because I had lived in this bubble; you know, I'm from a medical family, my wife's a surgeon, so – I think I said it in the book – we sort of crossed that threshold from 'this isn't happening' to 'OK, this is happening now, and this is going to be a real change for the whole country, at least for a short period of time'.

Whereas I went out into the world and I realised that, you know, the people holding the microphones and holding the narrative of the news had not actually crossed that threshold yet. They hadn't realised the magnitude of the catastrophe of the situation. And fundamentally it was scary for everyone, journalists included.

And I do remember I wrote about 'that's a bit strong' and thinking at the time that was a sort of, I guess, attempt to control or constrain what I was trying to say. But in retrospect, I think I just scared them. I scared them because it may have been the first time that they heard somebody who was quite close to this, on lots of different levels, actually speak to the size of what was about to happen, which obviously was one of the largest events that ever happened in this country in a generation.

And that's – again, to go back to your earlier point – when you speak to journalists, just remember that they're also human beings, you know, and often experiencing an event in and of the same time that you are, with the same emotions. And I think that's probably what that was.

Martin

Now, you also describe how after one appearance that you had on Channel 4 News, you got praise from other doctors, but also some criticism. How did that feel, and how do you cope with that situation when you are being attacked by people that you would expect to be naturally sympathetic?

Dom

Yeah, I suppose the way that I thought about it at the time was... it was a very controversial time to say things like 'we're going to run out of PPE', even though a week later it wasn't a controversial statement at all. But that was the nature of, you know, exponential changes in a time period.

So I think I just accepted that that would go with the territory. Even now, I would say the worst thing that you can do if you have impact, and you have speak, is to have no impact. In terms of, you know, complete apathy. And you might have people that really enjoy what you have to say, there might be people that hate, but incurring a strong reaction means that that was probably worth communicating, either way.

But I think what hit me the most and was the most, I guess, soul-fulfilling – or the sort of shield that protects you if people are critical of you, in a time when you're feeling pretty vulnerable – I had quite a few people say from that actual interview, 'I changed my behaviour as a consequence of what you said'. I had at least one person contact me to say that. And that was sufficient. If that one person who was actually clinically vulnerable hadn't changed their behaviour, and potentially that was something meaningfully important for their physical health or wellbeing, then I've done my job.

And everything else – and I would say this to everybody who's on Twitter who's experienced criticism or praise – everything else is just noise, right? Everything else.

Martin

It reminds me of the saying from my compatriot Oscar Wilde: the one thing worse than being talked about is not being talked about.

Now, we've already mentioned the charity that you set up, the Healthcare Workers' Foundation. Tell us a little bit about what it is, what are you trying to achieve?

Dom

Yeah, for sure. I mean, I should fully caveat – I'll tell you the whole story, but at the moment – I've stepped down from the trustees, and now it's run by my fellow co-founder and very good friend Dr Roshana Mehdian. She's the chairwoman, doing a fantastic job.

Yeah, so, we set up the Healthcare Workers' Foundation I think the 17th of March, which was literally the day after we started talking about lockdown and about a few days before lockdown came in, realising that whatever efforts we were now going to make, it would be insufficient.

Actually the original impetus for the charity was – and this is, again, to go back to how severe we thought COVID was going to be – we just assumed that a lot of our colleagues were going to die. And me and my wife talked about this, and thought, you know, we've got two kids – at that time; we've got three now. Who's going to look after the children of, if not ourselves then our healthcare workers, if not other healthcare workers?

So that was the mission actually, from the very beginning. To protect people with PPE, to support people emotionally and their mental wellbeing, and in the longer term, to support people and their children who were bereaved.

I think we lost, if I remember correctly now, about 1,500 healthcare workers to COVID in the pandemic. It's not something we talk about enough. And many of them – and I know this because we tracked quite a few down – left behind children of school age and below. We supported them in the charity with a bereavement fund. The year before last, we supported at least five children at university through a scholarship fund. That was the primary mission.

The secondary mission was, in the acute phase, to raise a lot of money and just to get as much PPE as we could. We also realised, we did the maths, and I think the stat was: to fully kit out the country for a month of the pandemic would cost something like £9bn. So any charity could not hope to dent that in terms of disposable PPE. So we decided to create reusable PPE; we had a project to create reusable visors and we printed them with a massive 3D printing hub in the South Bank. We found reusable gowns, we made reusable masks with partnerships. We did everything we could.

And that was hugely rewarding, because if you remember, there was a whole bunch of hugely skilled people not doing anything and wanting to help, and stuck at home, right? So if I remember correctly, I had a team of 20 at one point. The chair of the charity is now an executive at UBS; the social media runs campaigns for Coca-Cola now; the communications manager works for Procter & Gamble. The team was phenomenal, and they were doing it for nothing. And actually some of the team came from that Channel 4 interview. They phoned me up and said, 'I saw you on Channel 4; I want to help.'

So that was... you know, setting up anything is really hard, but I think setting up something where you have a clear mission, and everybody you ask just says yes, was super so rewarding. So I would highly recommend, again, taking action if you want to fill that itch to do something and have impact in the world.

Then I ran the charity on and off as chair and CEO for a couple of years, and then I formally stepped down last year now, and Rosh took over. And it's still going now. Providing financial support actually, being one of the key measures, to healthcare workers who need financial support, and continuing with a lot of the bereavement and counselling stuff.

Martin

Yeah, we often overlook the number of children that were orphaned by the pandemic.

Now when you were publicising it, you teamed up with the direct action group Led By Donkeys. I guess some of the listeners will be unfamiliar with them, but they're a group of volunteers who took their name from the First World War description of soldiers in the trenches – the lions – who were led by incompetent generals, who are the donkeys.

Now, Led By Donkeys have found clever ways of getting their messages across. What role do you see for direct action in promoting health-related messages? Should we be doing more of the sort of things that they do?

Dom

Yeah, it's an interesting question. I've followed Led By Donkeys, I think since the very beginning, and been very impressed, and worked with them – and partially, indirectly worked with them as well – on a number of occasions.

I think it's more about the conversation. There's not enough people who are willing to stand up and talk about things that actually really matter. And I suppose to take meaningful ways to cut through a lot of the noise... which, you know, there's so much noise now. I think that's something that they do very, very well. They definitely cut through the noise. I remember watching the *Line of Duty* thing that they made a while ago, and I thought 'wow, that's so impactful', in a way that is very clever and very, very useful.

And again, whether it's a call to action, a protest or a direct action, or starting a charity, or having actual impact in the world, I think the one thing that we all need to really do is to do *something*. Not to say something, but to do something. And I think that's the most important action you can take.

Martin

Again, you've described your frustration when you read a headline in one newspaper, the *Daily Telegraph*, saying, 'The inflexibility of our lumbering NHS is why our country had to lock down.' But in your book, you describe some incredible examples of flexibility as health workers were adapting to enormous pressures. To what extent do you think that your book, *Duty of Care*, can be seen as a counter because you were writing it at the time? But a counter to the revisionism that's now being promoted in some quarters.

Dom

I think that's a really good point. I think, you know, not just my account, but the whole bunch of accounts that were written at the time – it was very much like fighting a war that nobody else could see. I mean, there was so much mobilisation.

I'll give you a super good example of this. A colleague of mine was trying to move a clock in her anaesthetic room for about three years. You know, writing to estates saying, 'Can you just move it on to that wall, so we can see it? We're doing induction.' And not only did that clock come down, but the wall and that entire area became a 15-bed resus unit. In three days, during the pandemic.

That's such a good example of, you know, when a group are motivated and free to do as they need to do to respond to a singular mission, they can move incredibly fast and do incredible things. And certainly where I worked, we saw ITUs open up overnight. We saw all sorts of incredible feats from a whole bunch of human beings – not just consultants, but colleagues who had what were essentially nominal titles for years. And then suddenly during the pandemic, that title had real responsibility; it had real weight. You know, working 16-hour shifts, not to just do your own work, but to organise everybody else.

And the nurses – I think the nurses do not get enough credit. Like, as doctors, we are very flexible to move to different parts of the unit. You know, moving from cardiology to ITU, for me, was not very much. I used to visit once or twice a week anyway. But for some of the nurses that had worked for 20 years in the cardiology unit – never even seen a ventilator – to

come and do ITU shifts, they should be hugely applauded for that sort of effort, for that mission to save lives.

I think people forget that the NHS is the world's sixth largest organisation, and together, unified and given the ability, the funding and also the green light to get stuff done – we can do stuff very, very, very quickly. And the people and the staff are certainly not the issue when it comes to that kind of stuff.

Martin

You made the connection to it being a bit like a war, but of course during the Second World War, Churchill famously had this stamp that said 'Action This Day', which he used very liberally. So maybe we need a modern version of that.

Dom

Yes, yes, exactly. 'Take that wall down today.' That would be great.

Martin

You've now moved out of clinical medicine into a new and very exciting area. Can you tell us what you're doing?

Dom

Yeah, so after I left a couple of years ago, I worked for a few years as a pharmaceutical physician. I found myself eventually as an AI healthcare academic, for professional and personal reasons; unpredictable events. I had a PhD thesis which I never got off the ground, because COVID blew it out of the water, doing applied AI in healthcare. So I sort of dusted that off, learned to code, machine learning. Ran some digital trials in academia for a bit.

And then realised that most of the application of AI in the academic space was purely for academic interest. To the point I was at a conference and they presented this fantastically interesting model about being able to predict readmission rates at 30 days in heart failure. I was like, wow, that's super interesting. You could do so much with that. You could have wet clinics and have home visits and have nurses and so many clinical interventions. And I said, 'It's super interesting. What are you doing with this?' And they were like, 'Oh, we don't know. We're data scientists.'

So I had this thesis that AI could have tremendous impact if we could get it into the right place. I joined an accelerator in London called Entrepreneur First, which is a great place for somebody like me that needs a sort of bed to found a company. You never really know how to found things. And I met my co-founder there, Chris Tan, a machine learning engineer.

And essentially we're trying to build what we think is the way that healthcare will be practised in five years' time, which is sort of co-working alongside an AI to basically do everything from your administration to your decision support, to looking after patients at home, and then interpreting the data, and preventing future problems.

And that's been going quite well. Been doing that for like six months. We're called Tortus. We've built a sort of product at the moment that allows you to work alongside an AI that does

all your administrative burden, and it saves you 60% time. Interestingly, already, it doubles the quality of documentation. Every time I look at a letter that it's produced, I'm like, 'Oh, that's much better than the one I would have written.' But every single physician I've now tested it with says the same thing.

So I think the future is, interestingly, at least in AI, very bright for healthcare and that's what we're trying to be a significant contributor to at Tortus. And if anyone wants to come and try it, then just get in touch.

Martin

Well, watch this space. I have to say, I used ChaptGPT to write an abstract for a paper earlier this morning and it did it really rather well. So I'm a convert, but there are limitations to it as well. It has a bad habit of making up references too, so I'm sure it'll get better.

Now, we're getting to the end and I want to close with a few personal questions. We're talking about doctors as role models, people who are inspiring for others. And I've invited you here because I think you're an inspiration. But who are the people that have inspired you, and why?

Dom

That's a really good question, that I've thought quite a lot about. I can think of countless colleagues, consultant colleagues that have taught me. I write about this in the book – every doctor is sort of a patchwork of different physicians that you've worked with and really loved what they did. I have had loads of doctors in my time, you know, consultants from house years to registrars that have taught me different things that have stuck with me.

I think on a macro level, I would probably say Atul Gawande would be somebody that I've gravitated to for lots of different reasons. I mean, obviously a very famous communicator, very famous book. But interestingly, I think maybe very underrated for actually his work on the WHO surgical checklist. One of the most boring and one of the most powerful interventions ever, in the history of medicine, was just this acknowledgement that we as human beings are maybe sometimes too much on the art side as physicians and not enough on the science side. And very simple things like checklists, and checking things, and being very careful repeatedly and consistently, saves lives.

And I think that's something that I found very eye-opening in terms of my own practice. And now, you know, what I'm doing is very much aligned to the belief that AI could become the way that we make that possible at scale and distribute that, and that certainly will become part of healthcare practice in the future.

But, as it is, I'm always gravitating towards, you know, doctors who are also writers and communicators. I think that's sort of my inspiration, so, yeah.

Martin

And my very last question: what advice would you give to someone who has just graduated in medicine and who would like to follow in your footsteps?

Dom

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

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

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

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

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

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

Martin

Dom Pimenta, thank you very much indeed.

Dom

Thanks so much.

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