

Inspiring Doctors. Episode 14: Ian Fussell

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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 Fussell. Ian is a professor and associate pro vice chancellor for education at the Faculty of Health and Life Sciences at the University of Exeter. He was previously a general practice partner.

Ian has pioneered the use of humanities in undergraduate medical education. Most recently he has co-created an anthology of poems addressing issues in planetary health for COP26 in Scotland, and a set of 12 short stories written for COP27 with students, medical and climate scientists and others from Egypt. These were translated into Arabic and portrayed in a film, a theatrical performance, music and street art. He estimates that these have reached 28 million people so far. Welcome, Ian.

Ian

Good morning, Martin. Nice to be here. Thanks for inviting me.

Martin

So, you work in Exeter, and Exeter is a UNESCO City of Literature. Can you tell me a bit about this initiative? Where are the Cities of Literature and what does it mean in practice?

Ian

So UNESCO's City of Literature programme is part of a wider Creative Cities network, which was launched in 2004 and is currently made up of 295 Creative Cities, globally, including places such as Krakow, Lisbon, Baghdad, Lahore, Melbourne, Dublin, Seattle, Quebec City and many others. Members are drawn from these countries and cover seven creative fields: craft and folk art, design, film, gastronomy, literature, music and media arts.

The Creative Cities network's aim is to promote the social, economic and cultural development of cities in both the developed and developing world. So they recognise past, present and future, a strong cultural heritage, a vibrant and diverse contemporary cultural scene, and aspirations to extend culture to the next generation – at home and to other cities in a global partnership.

The UNESCO Cities of Literature network comprises of 42 cities and represents six continents, 28 countries, and a combined population of over 28 million. So in practice, the work really depends on bringing people together – it's the people coming together which makes this a success. And it brings together people such as big-name authors which can come to the city, but also developing young talent and opportunities and working with big organisations.

So what I would recommend actually is to dip into the [Exeter City of Literature website](#) and see some of the activity that's going on.

Martin

It's absolutely fascinating, and it must be really good also for inward investment, bringing in tourists as well, but also enriching the cultural life of people who are living in Exeter and in the other cities.

Now, you're also involved with the Association for Medical Humanities. But what are medical humanities and why are they important for medicine?

Ian

Yeah, thanks for that question. These are excellent questions, by the way.

Medical humanities is an interdisciplinary field that combines insights and methodologies from various disciplines, including literature, philosophy, anthropology, history and the arts, to explore and enhance our understanding of healthcare, medicine and the human experience of illness. Really, it recognises that medicine is not just a scientific endeavour, but also a deeply human one, influenced by social, cultural and ethical factors.

So the Association of Medical Humanities, which I'm less involved with now than I used to be, is a society based in the UK, promoting the development of the medical and health humanities. So it organises an annual conference, has council meetings, regional meetings, and produces an associated journal – a medical humanities journal – and runs a website. It welcomes members from a broad range of disciplines and practices – from within medicine, healthcare, but also from the arts and humanities.

I like to think of the medical humanities in the following ways. As an academic discipline – for example, studying the history of medicine, or the evaluation of medicine in literature and art. But also as an activity. For example, arts for health, art in hospitals – you see art on hospital walls and so on, and these are kind of art activities. That can be with patients, but as an extension of that, we can also think of the medical humanities as a therapy.

So for example, you will have heard of art therapy in mental health, which tends to be at the very hard end of mental health. So when people are very, very unwell. And that brings challenges to the intervention, but we can also think of that as a therapy for doctors as well.

But what we're really interested in, particularly at the University of Exeter Medical School, is arts and humanities intersecting with medicine in medical education. We see this as a vehicle to help develop communication, teamwork, empathy and professionalism, but also in developing students' tolerance to ambiguity.

So by engaging with literature, narratives and art, our students can develop a deeper understanding of the human condition and the lived experience of patients, leading to increased empathy and compassion.

Martin

It's really important, because I've edited a number of books on hospitals and hospital design, and we do have evidence that the colours that are used, the view that patients have – whether they're looking at a brick wall or a garden – actually has an impact on recovery from surgery. And in this series, we'll be talking to Guddi Singh, who's introduced dancing into the lives of the children that she cares for, children that are spending a long time in hospital, with very positive results.

But it does make me think about how, as we go ahead, people talk about 'will artificial intelligence take over from the human physician?' And I think what you're saying is that clearly there is an argument that there is a crucial element of humanity. The AI may be able to come up with a diagnosis, if it can, but we are in danger of missing out on those other elements.

Ian

Well, my reflection on that is that in 1984, when I was being interviewed for Nottingham Medical School, where I went, that was one of the questions actually.

Martin

Oh really?

Ian

Yes, it was quite some time ago, and the agenda was being realised back then.

Martin

So when I was researching this podcast, I saw that there are master's courses in medical humanities at some universities. And I suspect that at least some of those who are attracted to this podcast and are listening to it might be the sort of people you would want to bring in as members. So what sort of things do these courses cover and how would you pitch it to them?

Ian

Well, I've covered some of the stuff in the previous question, but you could expect modules on ethics, history, neurodiversity in the humanities, anthropology of global health, societal health, wellbeing and medical law. The modules could explore the role of narrative, empathy and listening skills in healthcare practice, and relating these skills to the needs of those receiving and delivering healthcare.

And this could be done through reading, writing, storytelling, and include crucial ethical and social justice issues in health and care. Questions such as how the arts can be used to support wellbeing, both in the general population and in the health of the workforce, could be addressed as well, as well as an exploration on the nature of suffering. So, you know, a wide range of really interesting, interesting subjects.

So how would I pitch it? I would say the medical humanities are interesting, thought-provoking, challenging, intellectual and enjoyable. So my advice would be: dive in.

The other thing I found, particularly for our students coming through Exeter, is that I suppose – I don't want this to sound sort of cynical – but they make you interesting. They give you currency. They help you communicate about yourself in interview situations and so on, and people have really very successfully weaved these into their career progression.

Martin

So you use the word 'wellbeing' in that response, and of course now that's getting very high on the political agenda. The Finnish Government, the Welsh Government, in particular, have been pursuing it internationally. The World Health Organization in Europe has a programme on wellbeing and we had a meeting in Copenhagen a few weeks ago, looking at how we could learn from this. The Icelandic prime minister was talking, and others.

So I can see that there clearly is a need to make a connection between the work that you're promoting and doing, and that broader debate about how we have a wellbeing economy with health as part of it.

But I want to come back to the point about social justice that you mentioned. You've been vocal in drawing attention to the climate crisis, and you've found some incredibly imaginative ways of presenting the issues. Could you tell us about the One Chance Left project?

Ian

Yes, thank you, I'd be delighted to. So, One Chance Left was a project that we positioned towards COP26, which was in Glasgow in 2021. And essentially we ran online writing workshops, during lockdown, and we connected climate scientists, medical professionals, medical scientists and writers and poets together to create some outputs. And the outputs were 12 poems, and we sort of badged these as '12 poems for the 12 days of COP'.

What tends to happen, what we've found with these projects – they start in one place and then expand sort of almost exponentially. So the outputs we had from these poems were a digital and printed book, which I gave you on the train. This is why we're here, in fact! We managed to pull extracts from the poems and print them onto huge banners, which we had displayed around Exeter and posters in Falmouth. These were like a poetry trail, that people could engage with and read and be signposted to the actual full collection.

We then managed to get some prominent voices reading the poems and we recorded them, including people like Baroness Floella Benjamin, Ben Bradshaw, the politician, but also some young voices, some climate activists from South America and from the Inuit community in Alaska. And we put all these together on a film, which we then accompanied with BBC Sounds and so on, which we then presented at COP26.

I also had a really interesting, very enjoyable side project. I decided to see if I could turn one of these poems into a song, because I'm a musician, and I was listening to quite a lot of music in the car. I thought, this would be quite fun to do. So I did one, and I thought it was quite good actually. So then I thought, wouldn't it be good to get them all done? And eventually, with

local musicians in and around the southwest, a couple in London, in Bristol, we managed to record the whole album, and release it on Spotify. If you fancy a weird listen, go and check out the One Chance Left collective on Spotify.

And we did a similar thing for COP27, which we'll get into, but the emphasis for COP27 was around stories.

Martin

Well, we will link to these resources in the show notes when we publish the podcasts. I should maybe add a word of explanation about the train, because this podcast is actually the result of a chance encounter as we were both coming back from the Medical Schools Council on which we both sit, and we were chatting about these issues and you very kindly gave me a copy of your poems, so thank you very much for that.

So, you've already mentioned how in that project you really assembled a fantastically diverse team. You had neuroscientists, meteorologists, poets, experts in theatres and museums. I really believe in transdisciplinary working, but most academics do work in silos, so how did you all come together? How did you work together, and what have you learned from that experience of working across disciplines on a shared project?

Ian

Thank you. Well, the COVID-19 pandemic in some ways acted as a catalyst, both in thinking about pandemics and, you know, the impact of planetary health on pandemics and the development of those kind of issues. But also, we were all working from home, we were all in silos, and I think everyone was desperate to do something positive and creative, sort of in that environment.

So building on a project called Climate Stories, which was led by Professor Peter Stott from the Met Office, and Sally Flint, who is our writing lead for our One Chance Left projects, you know, we decided to take things a step forward and bring the health and medical sciences into the thinking. I mean, this is really – we'll tap into this when we think about COP28 – but there can really be no climate and planetary health without addressing the health of human beings and animals, and justice in society.

So we felt that there was something more to gain here. And we knew that health professionals, climate scientists, had stories to tell, but maybe didn't know how to or have the time to tell them. And we know that poets, artists, storytellers don't necessarily know the science and the facts, and may not have seen or experienced climate change in the field.

I'd been on a writing workshop with Sally Flint, and I really liked her approach, the way she ran that workshop, and engaged with her to run some others within our college. These were mainly professional writing workshops, but the way she structured them was really creative.

I'd also worked closely with a person called Cecilia Mañosa Nyblon, who runs our continuing professional development courses, again at the University of Exeter. She's a formidable organiser, driver and completer. So Peter, Cecilia, Sally and I, we just brought ourselves together with some other people to sort of have a go, really. Well, I suppose it was: wouldn't it

be fun to get climate scientists and health and medical scientists together to write poetry?
Wouldn't that be fun?

So that's what we did! And when you get it right, when you tap into these things, it just... if you light the touch paper, then the thing takes on a life of its own. So I've learnt people like getting out of their silos, they enjoy the challenge of doing something different, but pulling on their expertise, and that there are amazing people from all over who are concerned and want to do something.

Martin

One of the things that really comes out from your description is the way in which you're able to bring together groups of people, bring together teams, keep them, maintain them, and go from strength to strength. I want to look back at Exeter again because local councils at present are under huge pressure, after 13 years of austerity. But again, you seem to have got all the main actors in Exeter on board. Given all the other things that they have to do, how have you managed to do that? How have you managed to have this sort of shared vision and move forward together?

Ian

Well, it is challenging for me as well. We believe in what we're doing, and really it's just like the medical humanities conversation that we've had – it's refreshing, it's personally exciting too.

I've found over the years, particularly in humanities, in medicine, that the cynics often are the people that go and sort of sit on the cliff and paint at the weekend. So they're engaging with the humanities without realising. So I think that when you give some sort of permission or, you know, or put some weight behind it from an academic or scientific perspective, it gives it some weight and some permission.

But also we're a team, so we trust each other and we support each other. So we're from different areas of work, really, but we understand that. We understand that at times some people can't come up as much as others, and we sort of fill the gaps. So it's around trust, it's around kindness. It's that.

Martin

And trust is so important. That's one of the issues that we're highlighting in a major WHO conference later this year. We're talking about trust and transformation in health systems, but the recognition that without trust, it's really very difficult to achieve anything.

Well, we've already talked a little bit about the COP26 in Glasgow, and you've described what you did there. Do you want to add anything else to that?

Ian

Well, I would just say that COP26 was the first time there was a science pavilion in the Blue Zone, and this was Peter Stott from the Met Office, his work. So there was a pavilion – which is, I suppose, a room within the Blue Zone, which is the inner sanctum of COP26, the COP meetings. And there was a lot of fairly scientific presentations through that pavilion.

But we managed to grab a slot, which was on the Friday evening, and I think people were ready for something different at that point. So there was a little bit of a buzz around what was going on here. And we presented this work, rather like we've just spoken now – so I did a presentation around the humanities, we did a presentation about what we did, and then we played the film of the poems being read. And yeah, that's what we did.

Martin

And do you think this had an impact?

Ian

Well, it was actually amazing. It was the fullest room, the biggest audience in the science pavilion. People were engaged, there was a bit of excitement, there was a bit of a buzz, and actually there were a few tears shed as well. So it was actually quite, quite amazing. So that gave us a real boost in confidence because, you know, you're in COP26, you're taking poetry to a science pavilion. It felt a little bit risky!

But in some ways, I mean, that sort of harks back to what I was saying about the medical humanities and what we're trying to do with our students, which is push them out of their comfort zone a bit, because I think that's where you find the magic; that's where you find the personal development. And your coping mechanisms for being out of your comfort zone, which of course in medicine, we find ourselves in from time to time.

Martin

Indeed we do.

Ian

So I was living and breathing the medical humanities at that moment!

So that's, you know, that was the impact there. But as a sort of consequence of that confidence, we then went on – we were very active on Twitter, we then had some radio interviews, and so on. I did BBC Devon and Cornwall. Cecilia had an interview; she's from Uruguay, she was on Uru... Uru... she was on the radio! And that's where we begin to sort of think about this reach. So the reach, we think, is high – you know, because of the circulation of Twitter and the papers and so on.

Martin

You also had a presence at COP27 in Egypt, and there you brought together scientists, health professionals, activists and storytellers from Egypt and from the UK, and you produced a series of stories that illustrated the themes of the conference. Could you pick out a few of the highlights of this experience, and maybe share with us why storytelling is important when it comes to sharing scientific information?

Ian

Yeah. I'll start with the storytelling part of that question first. So stories show, and they don't tell. Stories connect to our senses, and narratives offer conflicts, change, but also resolution. And they give us space to imagine – imagine a positive future, for example – and they connect people on all levels.

Storytelling is a rich tradition in Egypt, and we felt that this would be a slightly different approach, but building on what we've done for COP26. The really incredible thing... again, it's like lighting the touch paper and, you know, who comes on board. I'm not quite sure how we did it, but we got the American University of Cairo on board with us.

And they've got an amazing drama department, run by a superb chap called Adam Marple, the creative director who came on board, joined our team, took the stories and then wove them into a play. He then auditioned for professional actors, some students from the American University of Cairo and so on. And they wrote the play, and they produced it. In terms of a highlight, this was just incredible.

So we arrived in Cairo; we had a very, very busy couple of days. We went up to Alexandria, where the amazing artist Rana Hemdan painted an 8m by 12m mural based on one of the stories on the side of a building, which was absolutely amazing.

We came back into Cairo to see the play, and it was just astounding, you know. So we walked in, there was film and so on, the poems that we'd done from the year before were being shown in the foyer. And then this play came on, and it just blew us away. It was just incredible. And it was followed by Q&A on the stage; I found myself on the stage being asked questions. Again, well out of my comfort zone, I have to say. It was an incredible experience.

So that was COP27. And COP28's going to be interesting as well.

Martin

We'll come onto that in a minute. And I think what you're reminding us is that... you know, I'm an epidemiologist by training; I deal with numbers. But one often talks about putting flesh on the bones of epidemiology by relating those numbers, remembering that every figure in mortality statistics is an individual who was born, lived and died. And there is a danger that we lose that humanity when we do the big analyses, we produce our tables and graphs.

Now, cynics sometimes look at these big international gatherings and ask what they achieve. Governments, as we know, come with pre-prepared statements and don't always seem to be engaging. So who was your audience at COP27 and do you think you reached them? You did have a lot of people in the room, but were the real decision-makers engaged?

Ian

So in COP26, it was really scientists who attended; as I say, it was in the science pavilion. COP27, I wouldn't say we've got the sort of movers and shakers in the room. However, we networked very successfully. Nicola Sturgeon was given a copy of the poetry, as was Mia Mottley, who's the president of Barbados. So people kind of like it, you know, they like receiving it. And as I said before, they respond to this initiative in a different way.

For COP28, we're hoping to engage some of the world leaders in a more exciting way. So we shall see how we get on.

Martin

Well, of course, in COP28, which will be in Dubai, we will for the first time have a day dedicated specifically to health. So how did you feel when you heard that they would be doing this?

Ian

This is a great development. Human health, animal health, they need to come into the thinking about the health of the planet. We'll not have human health without attending to the health of the planet, and neither is it possible without social justice. So the climate crisis will place further burdens on an already overstretched global health system.

I mean, I'm really pleased – again, a plug for our medical school at the University of Exeter – we've introduced a compulsory special study unit on planetary and global health, so we can really try and capture the importance of this thinking in the education of our future doctors. As well as dealing with consequences of climate disaster, such as heatwaves, floods, droughts, doctors will be faced with the increasing stress on patients from rising temperatures, the increased spread of disease, disease vectors such as mosquitoes, and so on.

So it's great that they're bringing health now into the thinking of global and planetary health.

Martin

I'm personally very glad to see that. I'm currently working with colleagues on a series that will be coming out in *The Lancet*, which is looking at parts of the world that have tended to be overlooked. One is the western Sahel, which is suffering very grievously from climate-induced damage, the other is the circumpolar region, and a third are the Pacific Islands. When you look at the coming together of climate-induced change and, in some parts of the world, the legacy of colonialism, and some of the current geopolitical challenges, you can see that we're really facing up to a perfect storm.

Now, you've been running a series of writing workshops to produce a poem for each of the 12 days of the conference, and they've come from a process of co-creation. I'm a great believer in co-creation, not least because it was, I think in my view anyway, and that of others, it was a major reason why the UK did so badly in the pandemic – its failure to engage with those who were affected. But not everyone listening may be familiar with the concept of co-creation. So could you explain it to them in simple terms?

Ian

Yes, so, co-creation is a collaborative process where individuals or groups work together to create something of value. It involves active participation, shared expertise and the integration of diverse perspectives. The resulting outcome reflects the collective efforts and contributions of all parties involved.

So we created a collaborative space and Sally Flint, our writing lead, expertly facilitated the sessions to help folks experiment in what she calls 'the Meander Field'. So we gathered authentic voices, great words, and new audiences. And remember, of course, that the audiences – I was going to say this earlier – are the people involved as well. They've got reach. So by bringing in different groups of people, different voices, you then change your population reach. So that's really enjoyable.

Martin

Now, we've talked a lot about poetry and medicine in this conversation. When researching prior to talking to you, I came across a quote from Rose Bromberg, who was a poet in residence at the College of Physicians and Surgeons of Columbia University in New York. And in 2008 she wrote, I quote:

'Poetry can sharpen listening, attentiveness, observation and analytical skills. It can refine the artistic side of medicine. Poetry allows us to express ourselves, fosters creativity and accepts ambiguity. It enhances empathy, self-awareness and introspection. Poetry about illness includes addressing not only the symptoms of illness, but the experience, which includes emotions and responses.'

I'm interested in your reflections on her words.

Ian

Well, I'm far from an expert on poetry, Martin, but I think her words are excellent and really, really capture what I've been trying to say for the past half an hour, in a perfect paragraph.

It makes me think of my great friend and GP colleague, Nick Walker, whose father's funeral I recently went to. Nick reflected and spoke about his father's life and this was fine, but the emotion really rose when he read a poem. This was one he liked at school and he dedicated it to his dad. He found it so much more difficult to deliver. And although the poem wasn't about his dad, it connected us all to the power of that moment.

Martin

Amazing. So, sticking with poetry, if you were to compile an anthology of medical poetry, are there any poems that you feel would have to be there?

Ian

This is a challenging question too. So, I consulted my colleague Sally from the One Chance Left team, and she pointed me to some collections, two of which I've picked out for you. One is called 'Forgetfulness' by Billy Collins, which is a simple poem, and it explores – well, simple on the surface – but it explores the development of dementia. And it's excellent.

But for a really harrowing and powerful poem, check out 'In the Theatre' being read out loud by Dannie Abse, which can be found online. Dannie was a respiratory physician and a poet from Wales who died in 2014, and it describes a real case of somebody undergoing neurosurgery under local anaesthetic before the advent of high-tech scans. It's really very unsettling.

Martin

Poetry can be incredibly powerful.

So we're getting almost to the end, and as with everybody I've been talking to, I'm going to ask two personal questions. The first one is that we are talking about doctors as role models. Who are the ones that have inspired or are still inspiring you, and why?

Ian

I'll refer to Atul Gawande here. I'm sure the listeners will know who he is – the surgeon, the medical philosopher, and one-time writer for the *New Yorker*. One day I was driving and I was listening to Desert Island Discs, and he came on.

So he started choosing music, and he gets this stuff. So, when he operates, he puts on a playlist – he creates a playlist and he makes sure there's a song for every person in that room. And so he was starting to play songs from his playlist, and it was an eclectic mix. It's not the stuff you might instantly expect. So for example, there was a track by The Prodigy on there, and so on.

I thought it was wonderful. And then the final question he was asked was: 'If you weren't going to be a doctor or you could do anything else, what would it be?' He said, 'I would give up everything to be a rock star.' And it just made me laugh, and I related to him. I think he's great. So, yeah, of course we know him and the great work he's done, but he gets the humanities.

Martin

And of course, there are examples of people who have been rock stars and gone on to be outstanding science communicators; clearly one thinks of Professor Brian Cox.

Final question. What advice would you give to someone who's just graduated in medicine and who, after listening to this podcast, would like to follow in your footsteps?

Ian

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

Martin

A really important message, because there is so much pressure in academia to specialise in narrower and narrower areas. And yet the advice that you've just given is advice that I've followed throughout my career, and it's worked out rather well – modestly, I would say! So I completely endorse that.

Ian Fussell, thank you very much indeed.

Ian

Thank you. Thank you very much, Martin.

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