



The futility  
of diversity  
courses,  
p 1216

## VIEWS & REVIEWS

# The *BMJ*, of all places

PERSONAL VIEW **Ram Poluri**

It was 25 years ago but seems like yesterday—the day I stepped out of the Air India Boeing, feeling awkward in my brother’s black jacket. It was not as cold as I thought it would be, though a fine drizzle was falling. My cousin and his son drove me out of London towards Gloucester, where they lived. They had sponsored me to appear for the Professional and Linguistic Assessments Board (PLAB) examination, the test that the General Medical Council requires overseas doctors to undergo before they can practise in the UK.

Everything was new: the buildings, the traffic, the red London buses, the orderly silence under the grey January sky that seemed to envelop everything. The people: how healthy they looked! They had beautiful complexions and were obviously all bright, as they all spoke English. I gaped at them in wonder. Some of them smiled back at me.

A week later my heart missed a beat when I saw an advertisement at the back of the *BMJ* job section: “Gay Medical Association meets monthly for befriending and social and professional support.” The address was the tiniest I had ever seen, a box number and a London postcode. “Strictly confidential,” it assured me. I was amazed to see an advertisement like that in the *BMJ*, of all places. I quickly turned the page, convinced that my lascivious intent was obvious to my cousin. I put the *BMJ* away and took up the model exam and essay papers for the looming examination.

Three weeks later, my hands shook as I tore open the crisp white envelope from the GMC. “Dear Doctor, I am pleased to inform you of your success in the recent PLAB examination.” I cannot describe my elation. Life became busy, with more examinations, getting my CV ready, obtaining a clinical attachment, and applying for locum jobs. Throughout all this a secret was beating in my heart, with the GMA advertisement filed away at its centre.

Until then I had never met any one who described himself as “gay.” In the

town in southern India where I grew up, the word “homosexual” was equated with eunuchs, hermaphrodites, and transvestites—all objects of ridicule and shame. Whatever sex education

I had come from snippets and essays in the English press about homosexuality, reports of a gay marriage in Canada, chance encounters with characters in English novels. I read, as if they were about aliens, the passages from the forensic textbook that described in detail the signs to look for in cases of buggery and the punishable offence that homosexual conduct then was and continues to be in India.

It was months before I wrote to the GMA, giving my middle name. I was scared of the letter falling into wrong hands and the damage it might cause. The reply was professional, telling me about the future meetings and welcoming me as a new member. I tore the letter into pieces and flushed it down the toilet.

After a respectable gap, I wrote again, this time with my proper name. It was nearly the end of the glorious summer of 1984 before I made my way to London for a meeting. I walked up and down Oxford Street that sunny afternoon, bubbling with all the anticipation of an adolescent on his first date. I was nervous as I entered the venue. The room was full of ordinary men. They received me with politeness. Nobody paid me any special attention. There was an agenda: the deadly virus, a conference to be organised, gay bashing in the tabloid press, making the GMA more accessible, and getting support in the working environment. I tried to stave off the disappointment at how the evening had turned out.

An Indian looking doctor put me up for the night, though it turned out he was not

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Indian. Like me he had come from another country and had lived in London for several years. He had no partner then. He spoke of his mother trying to get him married and nieces trying

to pair him off. The streets were empty as we sped through them, and I again felt nervous. Did he have other motives? I worried. Where would I go in the middle of the night in London?

“Are you comfortable being gay?” he asked. “Yes,” I said in defence of my confusion and what might lie ahead.

*Faggots*. The book title’s bright red letters jumped out at me from one of the many shelves in his house. I felt daunted by the secret culture that was beckoning to me. I wanted to rush back to the comfort of my room in the doctor’s residence in the Merseyside hospital where I worked and watch *Dynasty*. “I am tired,” he said. “Better go to bed.” He yawned and showed me to my room. He drove me to the underground station the next morning. He patted my shoulder as I got out of the car, saying, “Make friends. And take it easy.”

The Gay Medical Association was a point of reference for me for several years. The group folded in the early 1990s, but I continued to get calls for a couple of years after from doctors who got my name as a regional contact from the helplines. I want to say a warm thank you to my wise host and to the erstwhile members and founders of the GMA for trying to tackle important issues at a difficult time and for shining a light for many like me.

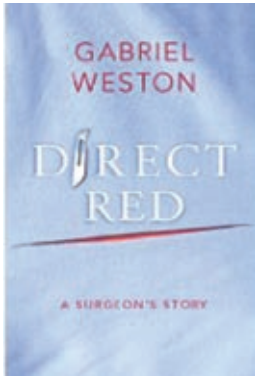
Ram Poluri is a practitioner with special interest in sexual health, Salford Primary Care Trust, Greater Manchester [tiffintime55@hotmail.com](mailto:tiffintime55@hotmail.com)

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REVIEW OF THE WEEK

# Cutting it

A surgeon's slim collection of vignettes from the frontline of a British hospital are arresting and stark, finds **Luisa Dillner**



**Direct Red: A Surgeon's Story**

Gabriel Weston

Jonathan Cape, £16.99, pp 192

ISBN 978-0224084390

Rating: ★★★☆

There are some things only doctors know. What it's like to be a doctor is one of them. Most doctors have stories squirreled away of events that were defining, whether for being shocking, sad, frightening, or hilarious. Suspecting and glimpsing the complex and emotional fabric of doctoring, the public has an endless fascination for what doctors, do, think, and feel that has spawned a plethora of books and television series.

In her slim volume *Direct Red* (the name of a histology stain) Gabriel Weston provides poetic but precise medical vignettes, partly from her career as an ear, nose, and throat surgeon, although her author's note says, "This book is not literally true." She provides no traditional chronological narrative, instead using chapter headings such as "Speed," "Sex," "Death," "Beauty," and "Emergencies." Weston graduated in English before studying medicine, and her writing reflects this, with an accuracy and lyrical beauty that are all the more startling when they describe, for example, the bowel being heaved out of the abdominal cavity in a laparotomy.

What is striking about Weston's stories is that all doctors will have their own variation of each. There's the charming elderly man whose renal colic is actually a leaking aortic aneurysm (he dies in a frantic, brutal operation) and the beautiful young man who harbours terminal bowel cancer but presents with inconsequential symptoms, the alarm bell being that he isn't the sort to frequent accident and emergency departments.

Having spent five years in surgical training, I found some relief in Weston's account of the conflict between the desire to please a boss and acting in the best interests of the patients. In trying to prove herself a speedy operator in front of a surgeon nicknamed "the Lion," she nicks a patient's facial artery in excising a submandibular gland. To avoid an admission she reduces a woman's prolapsed piles with inadequate analgesia in the accident and emergency department. And she is, I believe, misguidedly forgiving of a consultant whose response to her request for help in a tricky tonsillectomy is to send a message back saying "Just fucking do it."

My favourite description is that of her first weekend on call as the ear, nose, and throat registrar. Something about Mr Charles, admitted with a sore throat the previous night, feels wrong, and Weston does a flexible nasendoscopy on the ward. "Like a pot-holer, I advanced past the nasopharynx, a shady

chamber flanked by the wonderfully named Caves of Rosenmuller." It looks like his airway is obstructed, and Weston decides to call the registrar on call before remembering that it's her. To get him into theatre she must leapfrog a kidney transplantation and call in her boss, the anaesthetic registrar, and the consultant. It's a big call. "As the anaesthetic registrar flicked open his laryngoscope with its curved metal tongue, and bent forwards over our supine charge, my only prayer was that Mr Charles should be in real trouble, about to die even." She has made the right call and reflects that "good surgeons are decisive."

Other vignettes are less convincing. The story in which she is attracted to a hunky bricklayer and nearly gets into his bed feels contrived. And her account of Ben, a stoic 10 year old whose mother is at home looking after his siblings while doctors try to find out why he has headaches, feels like a literary construction but is still powerful. Weston is called to see Ben in the middle of the night, prescribes analgesia, but doesn't bother to comfort him.

When she hears he has died from a pineoblastoma a few days later she feels ashamed. Why couldn't she have been more kind to him (my words, not hers)? She is not, she says, good with children. She wanted her bed, and in a phrase noted by other reviewers she says, "I may have argued to myself that ten years was plenty old enough to be spending the night alone since at this same age I was spending all of my nights unparented." This is perhaps an intentional clue as to why her own emotions and insights do not bleed onto these pages to blot her prose. The book gives only superficial nods to self analysis.

Her disenchantment with a full time career in surgery is dealt with swiftly.

She has had a child, on whom she doesn't dwell, but treating a 10 day old baby pushes her into resigning from her training post to choose a life with "more home in it."

Weston's book has attracted critical acclaim, and rightly so. There have been many books about being a doctor, from the anarchic *House of God* (*BMJ* 2007;334:99) to the mature and insightful *Complications* (*BMJ* 2002;325:663). But *Direct Red* is primarily a literary take on being a surgeon, with a richness of language and imagery that make it an arresting and memorable read.

Luisa Dillner is head of new product development, BMJ Group  
ldillner@bmj.com

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# Do not go gentle into A&E

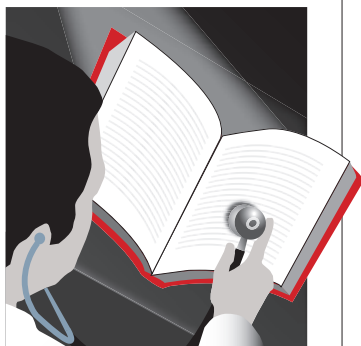
Faith, hope, and charity have been displaced utterly as desiderata these days by wealth, health, and safety; and of these safety is by far the greatest.

The extent to which this is the case was borne in on me recently during a visit to the Boat House, Dylan Thomas's home in Laugharne on the Carmarthenshire coast. The house is now a museum, with a tea room and what is called "a themed bookshop." A recording of Thomas's voice booms out his poetry in his parlour eight hours a day, 350 days a year; what is wonderful for half an hour must turn hellish after a few days. I should think anyone who worked in the Boat House would soon suffer from PDTSD—post-Dylan Thomas stress disorder.

The door to the gentleman's lavatory carries a prominent notice: "Smoking in these premises is against the law." Furious smoking therein could, presumably, endanger the health of the constipated by prolonged passive smoking. But when I snorted with amusement on seeing the notice, Dylan Thomas himself hardly having been what is called a poster boy for health and safety, the staff thought I was mad.

The harbour leading up to the house from the estuary has been paved over, presumably to prevent anyone from falling into it and drowning or getting damp, depending on the tide, while the path up the incline from the house has large and ugly notices informing the public of "uneven steps," presumably to avoid litigation in the event of a poetry lover tripping up. If Thomas were alive today, his most famous lines would not be "Do not go gentle into that good night/Rage, rage against the dying of the light." They might instead be: "Do not go gentle into

## BETWEEN THE LINES Theodore Dalrymple



**Is there really no happy medium between drinking yourself to death and treating the whole world as if it were a boulder teetering on the edge of a precipice, about to fall off and crush you standing below?**

A&E/Whine, whine, against the twisting of the knee."

Is there really no happy medium between drinking yourself to death and treating the whole world as if it were a boulder teetering on the edge of a precipice, about to fall off and crush you standing below? Must we forever be seeing tsunamis in teacups and disasters in dinners?

Of course, the happy medium appeals neither to the puritan nor to his blood brother, the libertine. Dylan Thomas's wife, the notoriously alcoholic Caitlin Tho-

mas, wrote a book towards the end of her life called *My Life with Dylan Thomas: Double Drink Story*, in which she eloquently denounced the romantic deception that there is something profound in excess and that only those who have indulged in it have drained life's cup to the dregs.

Having sobered up for the last 20 years of her life (thanks to Alcoholics Anonymous), she no longer believed that self-inflicted damage was necessary to artistic creation or that the possession of genius, real or alleged, excused the most awful behaviour. She put it quite strongly: "The traditional thing to do in order to be self-respecting Artists with a capital 'A' was to destroy ourselves in the noble name of impersonal creation. To put it in more plebeian terms, we gave ourselves unlimited liberty to be out-and-out bastards . . . Other people, 'the scum of the earth,' were put there solely to help us."

How many people have believed that if artists self-destruct they will themselves become artists if they self-destruct? Alas, art is long, self-destruction short.

Theodore Dalrymple is a writer and retired doctor

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## MEDICAL CLASSICS

### Medical Ethics or, a Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons

By Thomas Percival First published in 1803

It is commonly believed that the field of medical ethics is a recent one, emerging from various societal and technological changes in the middle of the 20th century. Before then, the belief goes, medical ethics was little more than medical etiquette: how to get patients to pay consultation fees, how to examine a lady, and so on. This, at least, was what I was taught when studying the subject.

Percival's *Medical Ethics* is the first textbook of medical ethics and reputedly the first appearance of the phrase "medical ethics" in the literature. To modern eyes, Percival adopts a holistic approach to patient care: "The feeling and emotions of the patients require to be known and to be attended to, no less than the symptoms of their diseases," he says. Although paternalistic he does not dismiss patients' autonomy as unimportant. For example, he notes that "it may be necessary that an hospital patient, on the bed of sickness and death, should be reminded, by some friendly monitor, of the importance of a last will and testament."

Some of the challenges of hospital practice have scarcely changed since Percival's day: "In the large wards of an Infirmary the patients should be interrogated in a tone of voice which cannot be overheard," he writes. The loss of professional autonomy created by the advent of hospital governors and managers was also an issue: "The physicians and surgeons should not suffer themselves to be restrained, by parsimonious considerations, from prescribing wine and drugs even of high price, when required in diseases of extraordinary malignancy and danger." And so too was the ever present scourge of hospital acquired infections: "There are inbred diseases which it is the duty of the physician or surgeon to prevent, as far as lies in his power."

Percival was deeply influenced by the ideals of Francis Bacon's experimental philosophy, and he called for the systematic collection of data to improve practice: "An account of every case or operation, which is rare, curious, or instructive, should be drawn up by the physician and surgeon" and kept in a special register; and so too should hospital registers be more detailed so that clinicians can obtain "a clearer insight into the comparative success of their hospital and private practice." Doctors, for Percival, were bound by an implied contract with patients but also with their medical colleagues and with society. From the second arose various duties, such as the furtherance of medical knowledge through scientific research.

There is much that is archaic in *Medical Ethics*, not least the references to duelling, religion, and gentlemanly conduct. Yet it must not be forgotten that questions of decorum were tremendously important at the time (some might say that the issue of politeness in medicine is overlooked nowadays) and that the gentleman represented virtues, such as tactfulness, attentiveness, steadiness, and sympathy, that are still relevant to the ethical practice of medicine.

Despite its longstanding influence *Medical Ethics* remains misunderstood. It deserves better. As is well known by students of history, there is no substitute to reading the primary source.

Daniel K Sokol, lecturer in medical ethics and law, St George's, University of London [daniel.sokol@talk21.com](mailto:daniel.sokol@talk21.com)  
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## From the outside in

FROM THE  
FRONTLINE  
Des Spence



Distracted by the old black and white photos of my family on the walls, I was struggling to concentrate. The compulsory online module on “ethnicity and diversity” was difficult, for the questions seemed so obvious that they must be a trick. My grandfather, born in Berlin to a South African father and a Latvian mother, smiled down at me. My grandmother’s expression conveyed her ever reproachful “get on with your work”—she was born into a military family in what is now Pakistan. But the war changed everything for them; my grandfather was never the same after his involvement in the liberation of Belsen.

There are photos of me as a child in a central part of Oxford, a melting pot of immigrants—we were all different. Then from Oxford we went to Orkney. Pushed around for my Englishness, I let my mother down because I pushed back. But I wasn’t alone in my suffering: “big ears,” “gingers,” “four eyes,” “shortie,” “lardie,” the others all got it too. Then there were jokes and slang names that I dare not repeat for the Irish, Welsh, Italians, and all the rest. During this period we travelled to my dad’s home in Hackney, east London, and played football with all the local kids in London Fields. Later in Orkney we watched with surprise and distress images on television of riots in Dalston, a nearby part of London.

I escaped to university in Glasgow only to be confronted by a closed mediocrity of middle class conformity. After eventually finding bar work, I smiled when I was told “that’s a gay bar.” I smiled, too, while working in a bar in Islington, London, when every Tuesday night I was banned from the back bar. “Women only,” I was told. And I was amazed by Nelson Mandela’s generosity to South Africa’s white population in the words of reconciliation he spoke on his release from Robben Island prison. Later we travelled in the wonderment of South East Asia and India, only to discover the discomfort of being a visible minority—and to understand the comfort of being with other Europeans. Now we have a new wave of immigrants in the high flats of Glasgow who ask me what the Orange lodges and marches are for. I wish I knew.

I am glad of the warm comfort of often being an outsider. And I understand that humanity is trapped in an evolutionary need to fear change and to lust for it—equally. So as my son pins up a picture of the Arsenal striker Theo Walcott, who has a black father, and says, “Respect,” I smile and nod, “Respect.” For respect is all we need, not condescending courses.

Des Spence is a general practitioner, Glasgow

[destwo@yahoo.co.uk](mailto:destwo@yahoo.co.uk)

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## The unknown warrior

THE BEST  
MEDICINE  
Liam Farrell



Mrs O’Toole has for years waged an unrelenting and deeply personal war against childhood fevers. She knows every trick in the book, every strategy, and every route of attack (oral, axillary, and rectal), and as usual she began with a breathless hour by hour account of the previous night’s skirmish.

“Wee Johnny’s temperature was up at eight o’clock. I got it down by giving him Calpol, then it came up again, so at 22 hundred hours I dropped him in a bath full of crushed ice and dead otters. Still it wouldn’t come down, so I forcefed him some pureed squid.”

Wee Johnny looked full of beans and had managed to get his head stuck in the sharps box. He was screaming, but this was, I reckoned, an appropriate response to his situation and a sign of general wellbeing.

“I have here,” I interrupted, ignoring the muffled screams

coming from the by now bloodstained sharps box, “the very latest research from the National Institute for Health and Clinical Excellence. They are very clever chaps, and their guidelines clearly state that a fever is not necessarily a bad thing; indeed, it may even help children fight infections.”

This, I knew was heresy, and Mrs O’Toole’s brow began to darken; I could see in her eyes a fanatical gleam, shadows of a burning stake and a lynch mob.

But the Rubicon had been crossed, and I was so steeped in gore that to go back were as bloody as to go o’er. I made my decision, I made my stand. Galileo and the Vatican, Salman Rushdie and the ayatollah—I was just another small soldier in the eternal struggle against intolerance and bigotry and unreason. Unknown, perhaps, and unrenowned, but no less worthy of honour.

“They further state,” I continued steadfastly, flourishing the guidelines high, which glistened in the brightening air like the Sword of Truth, “that antipyretic treatments, such as paracetamol and ibuprofen, are not recommended.”

Mrs O’Toole gave a little gasp, her temples crashing down in ruin all around her.

“Also,” I said, aware that I was challenging a whole belief system and implying that Mrs O’Toole had been living a lie for the past 20 years, “physical measures, such as ice baths and tepid sponging, are not recommended.”

But Irish mothers are resilient, and Mrs O’Toole waded through the wreckage of her fallen idols and emerged reinvigorated. “I’ll just have an antibiotic then,” she said.

Liam Farrell is a general practitioner, Crossmaglen, County Armagh  
[drfarrell@hotmail.co.uk](mailto:drfarrell@hotmail.co.uk)

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