

**CHRIS GRANT
SIZE 11**

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My name's Chris Grant, I'm a doctor...I'm an intensive care consultant.

So, the intensive care unit is the ultimate extreme of health care, the end that's most technologically dependent, so anybody that needs support with their breathing, so ventilators, breathing machines, anybody whose kidneys have failed and they need to have kidney dialysis... Anybody whose blood pressure is so low that they need really strong drugs like adrenalin type drugs...so when you have what we call organ failure, when you're extremely unwell that you're reliant on really, really potent drugs or therapies to sort of sustain life – that's the element of work that we're involved in...

It's very invasive, it's very aggressive medically, but it's also, you know, it can do a huge amount of good as well, so, our ability to treat and to get people through what would be usually life-ending illnesses is...is huge.

But what comes with that is a degree of burden, so, because it's so aggressive, there are times when it doesn't work or the benefits are so, you know, are so small, in terms of chances of survival, and chances of a good outcome, that we spend quite a lot of our time in conversations saying why it wouldn't be appropriate to offer that care.

So you qualify aged 22, 23, you are a medical graduate but you've only just begun a lifelong career of learning not only the science but the art of medicine, err, and I can distinctly remember the first time when I felt...when I say responsible, it wasn't anything that I did as such but when there was a loss of life, when a patient I cared for, the build up to that, to the patient having a cardiac arrest, and the sense of absolute fear and loneliness and trying to get (what I felt) others to help and others to support the patient and therefore me, was a sense that I'll never forget. I know I can remember her name, I can remember the operation she had, I can remember everything about that whole weekend, and to be the, sort of, the young, deeply inexperienced emotionally, feeling deeply responsible for a patient's life and then to be there when the cardiac arrest team arrived and you were a peripheral player and you weren't really contributing, to watch that and go through all that, and then not be able to share that with anybody else, even though all my colleagues were going through that, there was not a mechanism or a culture whereby you would debrief, and to this day I don't know whether what I did was right or wrong, nobody ever said anything at all about the whole incident, but to me as an individual, a brand new medic, that memory was one of my formative ones, and I don't know whether that experience is of any benefit other than it reminds me constantly of the duty of care I have, but also I guess the vulnerability you have, when you make a connection with somebody you do feel deeply, sort of personally involved, even now, even though our work is like more fragmented and we're a lot more shift based, there are occasions now even as a fairly senior consultant that I still have that sense of, you know, am I doing the right thing, could I have done anything better, that constant sense of reflection and I get a degree of anxiety, I think we all do...

Because I think that's what makes healthcare so brilliant to work in, yet so challenging, is that it's ultimately an emotive interaction, we focus a lot on interaction as the pills, the machines and so on but, because it makes us very vulnerable when we're unwell, or at least it makes me very

vulnerable when I'm unwell, I think it's probably one of the few...businesses, if that's the right phrase, whereby emotions are at the forefront of every interaction, so I think we're going to get more and more emphasis on the emotive side of our offering than any other, and yet we're so focused on technology in healthcare and the digital era and I think that's actually just a bit of a mask for the approaching emotive - I'll call it a tsunami, but when we get to talk more and more about end of life, when we talk more and more about what medicine shouldn't do, rather than what it can do, I think these conversations are going to get more and more complex, so...

It's an area of medicine that I enjoy but equally it's an element of medicine I find also fairly burdensome: to be privileged enough to witness the experience of bereavement for other families, and when you're privileged to watch that and to share that, and to guide patients through that, sometimes it becomes overwhelming...Quite often when you've left a large family conversation and it's, you know it's essentially resulting in the acceptance that their loved one is unfortunately going to die, when you walk away, you know, it's not uncommon for the nurse and you to sort of exchange gallows humour...One of the rather trite observations would be that if you don't have that emotional response then you might be close to emotional burnout, so, you know it's not necessarily a good experience but I think, what we tend to say to one another is that, if you don't occasionally feel that, or often feel that, then you may want to challenge quite where you are as a person and as a human being, but...There's not a week that goes by or a shift that goes by that something or someone doesn't somehow connect to you and it's very unpredictable and it's, it's I guess, again, the beauty or the tragedy of the work we do, it's an enormous privilege to be able to serve families and patients but, again, it does take a piece of you, there is a degree..I expect a price that you pay, for the work we undertake...

My daughter Jessica, when we were working in America, in Boston, the first time I knew she was really sick...It sounds a bit...as an intensive care consultant you'd think I'd have known, but as a dad you don't, you know, I assumed she...she had a seizure so I assumed they were what were called febrile seizure, so lots of kids get high temperatures and then they fit, but I, I kept saying to my wife, 'But she's not got a temperature,' and we couldn't work it out, and we were just so fortunate that we went to one of the world's leading children's hospitals in Boston, and we were so fortunate that, as we were brought in, one of the world's leading professors of emergency medicine was on duty and he looked at her and the story didn't add up and he took her for a scan and I remember - and here's my prejudice - I remember thinking, 'Bloomin' Americans,' you know, 'over-treating, she doesn't need a scan,' I remember thinking '...', and it was the moment whereby - and I've done it myself - whereby I took my daughter into the room where you get the scan done and I remember looking - there's always like a two-way window where the medics sit behind a window and they look at the scan and I could see the way they looked at the screen as they were looking at my daughter's scan results, they looked at me and they looked at the screen again and I could just tell by the way they, they didn't look at me, that I knew something was deeply wrong.....

I remember we were taken from that room straight into the resuscitation bay and that's when it, when the whole world imploded, and, it was the moment, I guess, when I was signing the consent form, which, to this day, you know it appals me that I do the same, and I was crying at the moment because she was becoming more and more unconscious, I remember signing a piece of paper that was completely meaningless. I know it's what we have to do, but a completely meaningless piece of paper that, you know, unless it explained the risk and benefits when I had no choice, yet we still went through this kind of ritual that we do in medicine about signing paper to show that I knew what I was doing and handing my daughter over to complete strangers...

It was only when she, sat in this waiting room with my son and my wife and this neurosurgeon came up to us and sat us down and kind of gave us the, what we always do, a very technical description of what had happened and that they didn't know and when it, when she said, you know, 'We don't know whether she'll wake up and whether she'll survive,' and kind of said, well, you know, 'Can I get you a cup of tea?' and we kind of didn't know what to do and then we were left

alone and it was that moment of, of absolute fear and vulnerability, we were just the three of us, it was late at night, and, and although I wouldn't ever criticise the doctor, for the way they did it and what they've done because, you know, it was that doctor that saved my daughter's life...They were just so ill-prepared to support us and we were so ill-prepared to receive that information. Those conversations, I don't know how we can do them better but I know certainly that that wasn't the right way to do it, that that event still causes me...distress.

What's more difficult is that somehow I probably still do that inadvertently myself, I'll still have those conversations with family and family members and I will perhaps choose a word inadvertently that's blunt or sounds uncaring or I'll use a terminology that's foreign, you know, that's technical, that isn't empathetic or isn't in plain English...and I still don't think we've addressed how do we go around in a very emotive resource, constrained working environment and deliver really difficult conversations in a way that doesn't further damage or scar relatives and friends and even patients...You know, that element of love whereby, that's what you want when your family are ill, you want to be surrounded by that and, somehow, how we encapsulate all of that in those conversations, I guess, will be, will be the way that we will truly transform health care going forward.

I think Jessie's changed me as a doctor, never mind as a parent. She is 7, just turned 7, so, she had a bleed in her brain and, again, it transpired that, unbeknownst to us, she's got a congenital abnormality, sorry, an abnormality that she'd been born with, which is a set of blood vessels that are, they're not well formed and they're very vulnerable. She's at the age where life is...really quite pleasant, you know, it's about enjoyment and...she gets worried, she doesn't like hospitals, she has some pretty tough times, but she doesn't have restrictions, you know when she's well she goes out and does what any other 7 year old little girl does, and so we're remarkably fortunate that that's happened, you know we twice thought that she wasn't gonna survive and she did.

I think what we're trying to do, particularly, you know, with this sense of being a parent and never expecting that to ever enter your world, that fear of losing your child, what we've done - or tried to do - is look at it the other way and try to say, well, each day is another day that we may not have thought we were going to have and every day she wakes up and every day she's fine and well and healthy, 'cause she goes to school, she's like any other normal healthy kid to the outside world, we have to constantly try and remind ourselves how lucky we are. I guess it's reinforced my beliefs about empathy and trying to understand everybody else's perspectives and equally not jump to conclusions...

I make a lot of assumptions about how people manage, you know, their own psychology, their own health and well-being, it's really difficult to live in others', and to walk in others' shoes, you know, she is teaching me more than I'll ever teach her, in terms of her ability to cope, she has her own coping mechanism - she has a card, an emergency card, that allows us to allow her to go on trips and to go to school-friends' 'cause otherwise I think, you know, both Emma and myself would be completely psychotic! But we've got to allow her to live her life, she can't be punished by our fears and our worries. And so she has her own medical card, she proudly shows that around, about what you do in an emergency and all those types of thing, so she is guiding me - which is quite tough to say as a - I think I'm supposed to be the adult in the relationship - but I am learning more about me and about my work and about myself from her than, you know, than anything else