



Lost in the ether: missing perspectives within anaesthesia

Transcription of interview with Dr Jack Roberts

Speakers:

CG – Clare Gilliam (interviewer)

JR – Dr Jack Roberts (interviewee)

00:00

CG: *So, this is Clare Gilliam interviewing Doctor Jack Roberts on first of November 2021. The location of the interview is the headquarters of the Association of Anaesthetists at 21 Portland Place, London. And I'm interviewing Doctor Roberts on behalf of the Anaesthesia Heritage Centre, for the project 'Lost in the ether: missing perspectives within anaesthesia'.*

00:24

CG *So, could you just confirm your full name and your title?*

00:28

JR: *So my full name is Jack Paul Roberts, and I am a doctor with the FRCA [Fellowship of the Royal College of Anaesthetists] qualification.*

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CG: *And your current role, you're grade ST4 [specialty trainee, year 4]?*

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JR: *That's correct. ST4, a registrar anaesthetist in training.*

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CG: *So that means you're in the higher specialist training?*

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JR: Yeah, intermediate, technically, in the training scheme. But yeah, in the now final run-through of my training career.

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CG: *And where are you doing that?*

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JR So at the minute I'm at the Royal Sussex County Hospital, which is in Brighton and that's part of the KSS [Kent, Surrey and Sussex] Deanery.

01:07

CG: *And you identify as a gay man, is that right?*

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JR: That's correct.

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CG: *So, in what year were you born?*

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JR: I was born in 1989.

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CG: *And where were you born?*

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JR I was born in Basildon, which is in Essex.

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CG: *Where did you grow up?*

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JR: I grew up around that area, in a place called Langdon Hills, which is just part of the Basildon suburb, and then later went to school on Canvey Island, which is again in Essex.

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CG: *Can you tell me a bit about your family, your parents? What did they do?*

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JR: So they're also local to the area, both born in Romford, and having both sides of my family from the Bethnal Green area. My mum works- has worked for an estate agent for a long time, as part of their administration team, and in the brewery in Romford before I was born, which she gave up work at that time. My dad is in the building trade as a ceiling contractor.

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CG: *So that's interesting. You don't have any medical people...*

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JR: No, no medical connection really, and no real family members, certainly that I met in my family, that that had gone to university or into higher education. So I was a bit of an anomaly in more ways than one I guess.

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CG: *So, are you happy to tell me a bit about when you first became aware of your sexual identity?*

02:26

JR: Yeah, I think, I guess the same for many people, it's a period of exploration and a gradual sense that something's maybe a little bit different about you. And that took a lot of time to process and understand and explore. And probably a huge amount of suppression at part of my growing up stages as well. I remember towards the end of primary school, I remember feeling a bit different, and what was starting to be the accepted norm about feeling about girls and boys and remembering feeling a little bit strange as to what I started to find attractive, perhaps, and who I felt comfortable around. And I think that process just developed further in secondary school. But yeah, as I said, that was something that I kind of actively suppressed for a long time, thinking that it was something that was very abnormal, and something to be ashamed of, so it wasn't really until university when I found comfort- I found that I felt it comfortable to explore more that side of my personality and my identity.

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CG: *Mm. So that experience must have really affected you, as you were growing up, as you say, the feeling of having to suppress what you really were?*

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JR: Yeah, it's a huge part of someone's development and growing up. And I think it's a story that's been told many, many times and is probably familiar to many gay men, women, who- however they identify as being different. And, you know, they are your formative years of development, as a child and as an adolescent, and if subconsciously or even

overtly you're told, you know, constantly, that it's something that's wrong, something that's not welcomed here, and something that should be suppressed, that's an incredibly, I'd say, damaging thing to a child-

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CG: *Absolutely*

04:33

JR: -and to a teenage person growing up, you know, your development is stifled in a way and your whole being is surrounded in shame, really. And it takes a lot of time to unpick that and to feel comfortable in yourself, to explore why you are the person you are. And I think that extends to your relationships with people, whether you start to have relationships with girls and whether you accept that that's OK with you, and exploring that. Certainly no relationships with boys at that time. And also, I think it affects just the way you behave, the constant need to seek validation for who you are. And if you're not getting that validation for your sexual identity, then I think a lot of us explore different ways to find that validation, whether that's in studying hard, career success, performing well and finding other ways that people can be proud of you. It's a very strange, and obviously, experience [unclear] that you don't understand at the time when you're 12, 13, 14, 15, whatever that might be. You're trying to forever negotiate relationships with your friends, your family, and the constant fear of being rejected, I guess. And it did feel like that at the time, I think, being aware that there's a completely separate side to your identity, that you are forever asking to be suppressed or to go away. Yeah, and I think that was hard really.

06:13

CG: *Yes, it must have been very hard. Yeah.*

06:17

CG: *So moving on to your further education and your medical training, when did you first become interested in medicine?*

06:24

JR: I think I first started to be interested in healthcare and medicine at quite a young age. My cousin was in the RAF [Royal Air Force], and he left, er, or finished his career with that and became a paramedic. And at the time, as someone that was eight or nine, I found that really interesting, that was something I was interested in, and he got me involved with St. John Ambulance at the time. Obviously, first aid as an eight, nine-year-old, and I just continued that through really in my teenage years as well. So I was aware that that interested me, health, emergency care to some aspect. And I guess that just went hand in hand, as I developed, with how I was doing at school. I was interested in school, learning, about biology, and the grades were good. And I was pushed by my

school at the time to achieve. There weren't a huge number of people in my school that were that interested in studying hard, so I think when they saw that in me they encouraged me to push and to reach further. I remember going to the careers advisor in Year 9 and asking to see the giant book of careers and she thought I was a bit early to be looking through the book. But it was quite funny at the time. I was just interested in different careers, what might suit me what, what the salaries were...

07:52

CG: *Yeah. You were saying that you studied hard, and you felt that you studied perhaps harder than your peers. Do you think that's related to what you were talking about earlier, about the need to validate yourself in some way? Or do you think that's part of your personality, your keenness, your academic...*

8:10

JR: I think probably a mix of both to be honest. For some reason, I did find academia maybe easier than some of my peers and it just naturally interesting. I didn't really notice that at primary school. I'd say I was similar to other children in my primary school. But I think I first became aware that in secondary school that it felt good to do well, and people were happy or impressed with me when I did something good. And I was, I guess, quite competitive. In that sense, you know, wanting to further myself and I didn't mind studying. And yeah, that probably ties in with a lot of those things that I mentioned.

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CG: *So, where did you study medicine?*

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JR: That was at Imperial College in London

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CG: *And what dates was that?*

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JR: I went to university in September 2007, and I graduated in the July of 2013.

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CG: *So once you were in medical school, how did you feel then about your identity as a gay man? Did you feel that you were able to be more open?*

09:20

JR: Definitely. I think it was the most positive- one of the most positive experiences of my life up until that point. I was really keen to get away from home, not because I disliked home or where I was from, I had lots of good friends and very supportive family, but I remember wanting to get away and to experience university, and at the time I thought London might be a little too close to Essex, but actually on exploring university and visiting Imperial I really liked the atmosphere there, and fortunately got in, so settled on that, and it was a fantastic experience. It was not knowing anyone, having the freedom to be away from that home pressures and finding so many other people that were similar to me, in a sense. I mean, 'so many', I mean, probably a couple [laughs] when I first arrived, but for me that was huge, because I'd not really met anyone before like that. And I was very fortunate that one of the first people I met there in the freshers' fortnight, who turned out to be my best friend to this day and throughout university, was also gay and we were going through some of the similar issues. So it was just great. It was great to be able to be ourselves and experience that and be around people that really didn't care. So that was nice.

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CG: *Yeah. So that was great. The thing that people just didn't have an issue...*

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JR: It didn't, yeah, it didn't matter.

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CG: *So did you experience any kind of discrimination when you were in college?*

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JR: I don't remember openly being discriminated against at university. I don't remember that, no. I mean especially not around my friends, and in the course, I think there was probably not a great deal to be said about it, I don't remember it being acknowledged at university, formally. A lot of, you know- we were able to explore and find each other by going out and you just get aware of how- who's who of medical school, I guess, and being in London is such a vibrant place as well. We were able to go out in Soho, or wherever, and that was really fun. But in terms of discrimination, it was something I guess, as the years went on, and I had more of my hospital medical placements, that I was aware that I needed to keep that side of me more to myself.

11:54

CG: *So you graduated from medical school after, is it five years?*

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JR: It was a six-year course at Imperial, yep.

12:01

CG: *And at what point did you decide that you'd like to become an anaesthetist?*

12:05

JR: It was, I guess toward towards the end of my time at medical school. You start obviously to think about those things and what interests you and doesn't interest you. And I guess it becomes a bit of a game of "Mm, maybe not that, not that", and "What's left?" As I said, I was always interested in emergency medicine and acute care. So for a while, I thought I might want to be an emergency medicine doctor. And I explored that a little bit. And I guess the realisation came when I had my placement in emergency medicine at St. Mary's Hospital in London. And the most exciting bit was being in the resuscitation room. And it was the first time I really saw the role of an anaesthetist in trauma and in acute care. And I was thinking to myself, "What does that person do? Who are they, at the head of the bed?" And they just seemed to have such an interesting role. And I found myself enjoying that role more than the emergency care-emergency doctor that was there for a little bit, and then maybe had to return to all the other things that were going on in the department. So I think that was the first time I saw the role of the anaesthetist. That was the first time I met Doctor Helgi Johannsson, who was the consultant anaesthetist. And I started to explore more around the career at that time, finding more about it, organising some placements and what a career in anaesthesia might look like, and it kind of developed from there really.

13:41

CG: *Mm. So then you started your foundation training. And where was that, was that St Mary's?*

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JR: No, that was in the South Thames Deanery and my first year was at St. Peter's Hospital in Chertsey and my second year at Kingston Hospital.

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CG: *And can you remember the dates?*

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JR: That started in the August of 2013. And my foundation training finished in the August of 2015.

14:09

CG: *OK. And did you enjoy it?*

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JR: I enjoyed parts of it. It was a weird time I think. It was a time of a lot of anxieties, I think, for myself. I'd gone from six years of medical school which understandably they had their down sides as well, exams and pressures and all the things that come with that. But I was so busy and I was so involved with the life of the medical school and different societies and around close friends. And then all of a sudden you get into the real world where you're a very poorly paid junior doctor on the wards in a very busy hospital. And I just felt so out of my depth. And that was difficult. I think for someone that likes perfection, in a way, or liking to think that I've done a good job, I really wasn't able to do that. And I felt so unsupported at the time. And I just didn't enjoy that feeling of being swamped with work. So they were the downsides, the good sides were that you're in that position with a lot of other people, and that can be interesting and fun. and especially by the time I'm- in my second year, I'd settled more into that role, and I was gaining a bit more confidence about where I fitted in to the team and the hospital, so to speak. And I think generally, yeah, I had a bit more fun by my second year, for a number of reasons.

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CG: *So you struggled a bit with the working hours, the fatigue?*

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JR: Fatigue, hours... I think, at the time, the hours weren't such a big deal. I was working long hours, especially on my surgical rotation, I was often working... I remember one weekend, I left at midnight, one a.m., only to return at seven a.m. the next morning, and that was because there was just no one to hand over to. I mean, I don't know how much obviously I can say on record about that. But that's how I felt. And I didn't feel comfortable leaving with jobs outstanding to do. And I was aware that if I wasn't doing them, I didn't know who was going to do them. So yeah, that was exhausting. Emotionally rather than physically. I mean, I was OK, getting up and getting in. It was just exhausting. I just remember feeling that it would be better if there were more people on the ground to get this done.

16:46

CG: *Yes. And did that impact on your social life?*

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JR: It did it. It- because things had changed so quickly, I guess. I'd moved in with my partner, which was really fantastic, but everyone found themselves busy. You know, I saw my good friends less and less because they were busy as well. And you're balancing these life commitments, I guess. So it did- I just found that all of those fun things I used to do at medical school had slipped away. So I think by the time I got

through that year, I realised, "Wow [laughs], what's going on here? What am I doing? What can I... how can I reconfirm this balance?"

17:26

CG: *Did you have any regrets at all?*

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JR: No real regrets. I mean, it's easy to look back in hindsight with the maturity I have now and feel- and be more aware of how I could have made that situation better, who I should have- could have approached, or be more comfortable in my abilities. But at the time, you're naive and you think it's the norm. You feel- I honestly felt it was the norm and I should just get on with it-

17:57

CG: *You mentioned that you felt a bit unsupported. Do you think that's a common experience for trainees?*

18:04

JR: I think it can be, in certain jobs, especially in certain environments. I think it can be common for trainees to feel unsupported. I don't know if that's getting better. I hope so. But I think that's a problem that's been in medicine for a long time. I don't think it was any different for the generation twenty or thirty years before me. It was probably, they'd argue, a lot worse. But times change.

18:32

CG: *Yes. Do you feel more supported now?*

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JR: Definitely, especially in anaesthesia. So that I think the big difference for me was finally getting into anaesthesia. And that training programme, I remember, at the time, feeling, you know, it was such a breath of fresh air. It was such a supportive environment, a lot of the work we were doing in the daytime was one-on-one with a consultant mentor or a senior trainee. And we were well trained- we are well trained I think generally in anaesthesia. We're trained to deal with emergency situations. And you gain some confidence quite quickly. And anything you're not confident about, I always felt able to ask for senior support and it was there. So that was great. I felt really good about my training in anaesthesia and that was the support that was available and the work that I was doing. So yeah, that was a good feeling.

19:30

CG: *So where you are now, in your current role, are you open about your sexuality with your colleagues?*

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JR: Yes. A lot more so. That's something-

19:43

CG: *What- sorry- yes, what made you decide to be open?*

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JR: I think it's something that's developed over a number of years. You learn to navigate how you approach that I guess. And I found over the years that the easiest thing is just to be as open and honest as possible and just to get it out there.

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CG: *How easy or difficult has that been?*

20:07

JR: It's been- I don't find it too difficult now, actually, because it's a rehearsed process and it comes very easily now, because I've done it many times. You know, you're- it sounds silly, but we're forever- I'm forever coming out [laughs], almost on a- if not daily a weekly basis, because we train, we move so often, you know, we might be in a place for half a year or a year. And in those placements, you may meet sixty, a hundred colleagues, anaesthetists, ODPs [Operating Department Practitioners], hundreds, hundreds of colleagues you meet on a yearly basis. And I honestly think you're coming out hundreds of times, and no one else has that- I don't think many other people have that awareness or pressure. But you need to make a decision. Are you just going to play it quiet, get on with your work? But that I think in the real world that's very difficult. Everyone's interested, it's human nature to be interested about people, and "Who are you? Where you from? Who you with? Have you got kids?" And that obviously opens up to "Who's your partner?" And so I just find sometimes it's easier now just to say, "Oh, yeah, no, my partner, James..." or "He's doing this..." and get it in there very early. And that just sets the tone for where they're going, or I find it easier to correct people, if they say, "Oh, what does your wife do?" And I find it easier now to correct people. But in the past, that wasn't so. I- It was- it was difficult to do that. Or to learn how to do that. And not that it bothered me that much. But it just didn't feel very authentic.

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CG: *So what difference, would you say, does being open about your sexuality make to you and to your working life?*

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JR: I think it's that, I think it's a sense of authenticity, being able to go to work who you are, and what people see is what they get. And I feel you can't get away from your sexuality, it's part of your life, your gender identity, whatever it might be. And so being out, just to have that out in the open, allows you to get on with your daily work with- [laughs] a lot easier if you're just who you are.

22:21

CG: *During our initial communication, when we first were in touch, you mentioned that there was one particular mentor who told you to hide that part of your life. When was that?*

22:34

JR: That was towards the end of medical school that was on my elective in Australia. It was a trauma surgery elective as part of the surgical team in a busy hospital in Sydney. I was there for seven weeks. And it was a- unlike some electives [laughs]- I don't know if I knew what I was signing up for at the time, but I was there a lot. And it was encouraged, and it was really interesting. But you've got to know your team well. And I got to know this mentor, senior surgeon, well. And I think he was having his own issues and identity and struggling with his own identity. And especially in the surgical world, as a surgeon, I think they have it even harder than us as anaesthetists. And, you know, I think as anaesthetists we probably witness that in the surgical environment. Anyway, at the time, he took an interest in me and about my career and future and his advice was that, you know, "Maybe you should just keep this to yourself". Because he felt- and he had certainly felt himself to be have been discriminated in his career, or to have faced maybe some bullying from colleagues about his own identity. So his advice to me was just "Keep it to yourself and keep your head down and get on, if you want to progress". I think at the time, he didn't realise that that was such a powerful thing to tell someone, because that's just how he learned to deal with his identity. And that may have worked for him, temporarily.

24:19

CG: *How did it make you feel?*

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JR: It made me feel strange, because at that time, I was already openly living with my partner. I was out to my family and to all of my friends. So that felt strange, to be told that, because I was only just starting to feel more comfortable with my identity. And to have someone in the field of medicine tell me that "Mm, that's still not OK, maybe reconsider", that was- that just took me back a little bit and I had to really think about that. But we've stayed in touch, you know, he's a great guy, and we've followed each other's stories in a sense, and I think he has since found a bit more peace at work and

about in his own identity. And I certainly don't think he'd say the same thing today that he did six, seven years ago.

25:15

CG: *So just going back to- you mentioned that this was in Australia. So, at what stage of your training were you in Australia?*

25:22

JR: That was- so that was my medical school elective. I'd just finished my final exam and at that time you can go around the world, or wherever you want, for a placement before you start your first job as a Foundation Year One doctor. So that was on the cusp of finishing medical school and about to start my medical work and training.

25:41

CG: *What made you choose Australia?*

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JR: It was- it seemed like an adventure I guess. It started in the sense that I was looking for trauma electives. And this one came up. And someone- a few people had done it before. And I knew it was possible to get into and much easier than the States to organise. And then with time a lot of my friends actually ended up getting electives in Sydney. So it just kind of fell together really that Sydney, Australia was the place to go and the place to be.

26:12

CG: *And how did you find it? Did you enjoy it?*

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JR: I really enjoyed it. It was amazing. I mean, I think I was there for- in Sydney, maybe for eight weeks, and then travelled New Zealand for three or so after that. But it was an amazing place and I met some local people there and felt really at home quite quickly and felt very sad to leave actually, after just such a short space of time. And I think that experience led me to go back. I've been back twice to work there since that time. So yeah, it was a great experience.

26:45

CG: *So you've been back twice to work there?*

26:47

JR: Yeah.

26:48

CG: *How long were those periods that you...*

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JR: I- the first time back was after my FY2 [Foundation Year 2] training. So as a FY3 year, so to speak. That was in Sydney for a year working in emergency medicine, which was quite an accessible job to get as a UK trainee, just before I got into anaesthesia training here. And then again after my core training in anaesthetics, I've been back for another two years in a more rural New South Wales location. So nearly three years out- well, three years out of training, certainly, in my post qualification career so far, have been out there.

27:28

CG: *Did you notice many differences between the UK and Australia in the hospitals?*

27:33

JR: Not a huge amount really. I think on the surface it's a very similar system. And it's based to a large degree probably on our system here so it feels very familiar. And there are so many [laughs]- lots of British doctors, especially in the emergency medicine world out there, so half your team are British anyway, so I think it feels good. I think the second time I was there was working more in the surgical environment, so in anaesthetics, and also that time on my elective before, that's the surgical environment. I think that perhaps maybe is a little bit more archaic, so to speak, the role of hierarchy is much more defined there, the surgeon is more of the boss, I think that's gradually been built down, broken down sorry, like it might be here. But I noticed that was more of a thing there.

28:38

CG: *Mm. So, I think we've already covered this really, but have you had any experiences, any specific experiences, of discrimination during your training?*

28:51

JR: I was thinking about this before today, obviously, and I- it is hard to think of specific examples of discrimination that I've experienced, which I think is a positive thing. I can't think of- I'm not aware of openly being discriminated in my workplace, in my- certainly in my anaesthetics career, which is great. I've been aware of certain characters in certain departments to maybe tread carefully around, or hearing first, second, third hand about their attitudes towards gay people, or [laughs] whatever it might be.

29:34

CG: *I think you mentioned that the environment in the operating theatre is quite a masculine one, is that-*

29:38

JR: It's such a masculine environment for the most part. Yeah, there's a lot of interesting egos in the operating department and some really toxic energy. Sometimes I feel a horrible environment sometimes. I don't know, yeah, I think some people have- still some issues around that. So yeah, the more diverse that environment can be, the better, I think. But yes, some- a lot of masculine energy, a lot of throwing toys out the pram when things don't go their way. Some openly said things which just aren't quite right. And like I said, less so I think from the anaesthetic population fortunately, but as I said, there are a few characters that have said some choice things to some of my colleagues.

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CG: *And how has that made you feel?*

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JR: Strange, yeah, again, a bit anxious about spending time with them, because obviously we're- we can spend a whole day with someone every few weeks perhaps, and you're in someone's environment as the trainee, so it makes it an int- not a nice dynamic, to have to maybe spend a whole day with someone that you might not get along with. I think most people put that to one side for their working day. But still, I think it does affect how you interact with people, how they interact with you. So that can sometimes be challenging.

31:09

CG: *Do you feel that you would get support, in the event that you experienced some discrimination, what sort of support would be available to you?*

31:20

JR: I think support would be available. Certainly every director of training or college tutor I've met has been very supportive. And I think if anyone felt that uncomfortable around a certain person, I do believe it would be taken seriously. And I know of people that have chosen not to work with certain characters in a department for whatever reason. And that's generally been organised quite well. I guess you just have to be aware of the dynamics in a department. But I think as a trainee, we're quite lucky that hopefully we're listened to and things will be actioned if there was an issue, perhaps, certainly in the places I've worked.

32:02

CG: *So can you tell me about any specific complaints or disputes that you have instigated, if any, in relation to your sexuality, or in support of any other colleagues?*

32:12

JR: Not formally. I've never had to formally act on a complaint against another colleague or patient, to my knowledge. I have obviously been involved in conversations in the workplace about people's attitudes towards LGBTQI people [*lesbian, gay, bisexual, trans, queer/questioning, intersex*], and aware of comments that have been said out loud, and depending on who it is whether I've chosen to challenge those. But I was reminded it's not a lot- people think it's a problem of the past, but it's not really, I think the attitudes are still there. And, you know, we are a diverse workplace on the whole from many different cultures. And I identify as a, you know, a white cis gay man and generally that's accepted in my culture and community. But there are lots of communities in this country that wouldn't accept that as an OK thing, religious cultures, whatever that that might be. So we have- I'm aware of that. But even at work more recently, I think, people's opinions do take me by surprise and what's openly discussed. For example, in my workplace, in the obstetric unit, we had someone that identified as trans on the birthing unit, giving birth, and that raised all sorts of weird and wonderful opinions around the midwifery staff about whether this was acceptable and "This is just wrong" and Tom, Dick and Harry coming out of the woodwork to find out what's going on in Room X, Y, Z. And I just caught myself thinking, "Who are you? Why are you in the staff room discussing these things that have absolutely nothing to do with you?"

34:15

CG: *Absolutely*

34:15

JR: And it can really influence your opinion on someone that people that day-to-day are truly lovely, wonderful, caring people, I mean, this is a minority, obviously, coming out with some really strange, what I find quite conservative viewpoints and quite unkind.

34:33

CG: *And those people, are they older people? What sort of- or does age not seem to make a difference to their attitude?*

34:41

JR: I don't think age makes- I think the easy assumption would be to say they're an older generation. And certainly the one midwife I remember was a little bit older, but I really don't think it's an age thing. I've met young people, old people, there were certainly young people also offering opinions into the debate as to whether resources should be spent here and all of those things, and I understand everyone's entitled to their opinion

about these things and people all have opinions, but perhaps not in the workplace and not to the extent where it would maybe discriminate a patient.

35:19

CG: *Mm. Have you ever joined any campaigns or been involved in lobbying or pressure groups, political activity in relation to your sexual identity?*

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JR: Not really, no.

35:32

CG: *No.*

35:32

JR: I was thinking about that on the journey here [laughs]. And er- no, no, I don't think I have. It's- I wear a badge now, you know, a Rainbow Warrior, whatever it is called, on my lanyard, and for me that was quite a big thing, isn't that crazy? But I've not had access to one of the Pride lanyards, I think you have to do a bit of training to get one of those which is quite ironic, but even still, I've questioned whether I'd be comfortable wearing a rainbow lanyard in work, which is a problem with me, that's not a problem with anyone else. It's something that I need to work through. But the idea of wearing a Pride lanyard at work where I'm so openly allowing people to make maybe judgments about me, is a bit uncomfortable. But maybe that's a good thing. The badge is maybe one small step. A couple of people have asked me about it, and I have felt maybe a bit more empowered to have conversations, or I'll just tell them what it is.

36:30

CG: *Yes, I was going to ask you about patients. So, are patients aware of your sexuality? So obviously, if you're wearing your badge, people ask questions. Do you find yourself having discussions with patients about the badge and about your identity?*

36:48

JR: Less so about the badge. Maybe it helps. I mean, maybe it would help to wear a rainbow lanyard, because maybe it would attract less questions, I don't know. But, you know, you have that period of time of interaction with the patient at the start of a list. And that may be five, ten, fifteen, twenty minutes, whatever it might be, getting a patient prepared and ready for, for anaesthesia. And naturally at that time, involves a bit of small talk. And like I said about coming out a hundred times to colleagues, it's the same with patients, that people are interested and they might see a wedding ring or something about you that makes them think that you're, you live a certain way. So

asking about your wife, "Do you have children?" And it's- there are difficult conversations to navigate.

37:34

CG: *What sort of reaction do you get from patients?*

37:36

JR: it's varied. Is it varied? To be honest, I'm a lot less open to discussing it with patients, especially before they're about to undergo an anaesthetic. I try and move the conversation on or brush it off or "Oh, yeah, my wife's this, that and the other", and just play along with it and get a few funny looks from the ODP, maybe. But there's- there's- it can be, as I said, sometimes a bit exhausting. And it depends what kind of day you're having as to whether you're prepared to open yourself up in the patient-doctor relationship, to open that much, to open that to them about yourself, if that makes sense.

38:20

CG: *Yes. Thank you. Can I just ask you what benefits do you think LGBTQ+ staff bring to a team? Either generally to a team of any kind, or perhaps within the specialty of anaesthesia?*

38:42

JR: I think generally it's a healthy workplace, or a healthy team, is one that reflects the wider population in which we live in. And I think more diversity or more representation can only really be a good thing. Because if there's so much percentage of us out there living in the real world as this identity, then that should be reflected in the workplace. So I think it's good, it's a positive thing to have that diversity on the team. What we specifically offer, I'm not quite sure if they might be delving into stereotypes, but I think certainly speaking from myself, someone that's- can be kind and passionate and creative, someone that's eager to please and eager to work hard for those reasons I discussed earlier. A lot of people- maybe pulling the extra work in or effort in to please others may be a more inherent part of our personality, perhaps. Maybe some would challenge that, I don't know, but... So it probably comes with some positives and negatives to ourselves. But like anyone, we can have some really positive impacts in the workplace.

40:08

CG: *Do you have the opportunity to meet or connect with other LGBTQ+ staff in your hospital?*

40:16

JR: More so now. Last year in Chichester was the first time I've been aware of there being a gay and lesbian network or LGBTQI+ network of people that you can interact with. Not really been aware of that in other hospitals that I've worked at. So that was good. I went to a few meetings, it was nice to touch base with some different people in the hospital that identified that way and discuss some issues and projects, obviously, there was less of a social side in the last year because of the COVID-19 [coronavirus disease 2019] pandemic. But yeah, and certainly at Brighton, there's a really big group that meet, and steering groups, and that's something I'm starting to get more involved with.

41:06

CG: *Mm. That's great.*

41:09

CG: *Have you found any role models in your career?*

41:12

JR: I think I mentioned Doctor Helgi Johansson earlier as one of my early anaesthetic role models, who openly identifies as a gay man himself. So I think that was quite interesting for me, in the sense that those- seeing that person existing in the workplace, which I wasn't truly aware of before, seeing that gay people can be out and open and have a successful career, maybe some of those was subconscious thoughts at the time, but I really haven't had that many role models up to that point who openly identified as gay in the workplace. So I think he was a really powerful earlier role model.

42:05

CG: *And can you just remind me again when- what stage you were at when you met him?*

42:09

JR: This was in my fifth year of medical school, I believe, and it was on my A&E [accident and emergency] placement at the time. And from that I was able to meet him after that point, he's quite active on Twitter and so I was able to contact him and say, "Hey, I'm interested in a career in anaesthesia, would you mind meeting, just if I can talk some of those ideas out?" and he was really open and really welcoming, and really positive about his career and his life, so to speak. And I think having some form of shared connection, in that sense, was really helpful to hear from another person. And that's kind of all we really- we didn't really have much more discussion after that point. But just having that meet was really helpful for me.

43:08

CG: *Mm.*

43:08

JR: I think I was aware maybe of other people in my medical school career that perhaps were gay, that weren't openly living as perhaps a gay man, and that's fine, but I looked at them as a role model in other ways. But, like I said, I think it's quite rare. I think we've lacked role models in the generation above, who are openly gay in the workplace, for many, many reasons that they'll discuss or talk about, in the sense that it's only just maybe becoming acceptable to live that way and be authentic in the workplace.

44:00

CG: *So perhaps you'll be a role model to somebody, someday.*

44:03

JR: Perhaps, who knows? I think there's fortunately, I know, there's more of us, there are many, many, many more in my generation, which are slowly coming through the ranks, who will one day soon be the next consultant generation who are openly living as an out LGBTQI person and I think that can really only be positive for the generation below us, to see that, and it does make such a difference. Certainly, if that one person can make a difference, in my experience, think about how much so many more people could make to the younger generation.

44:44

CG: *Yeah.*

44:47

CG: *So just sort of winding up now. What do you enjoy most about your role?*

44:57

JR: I think you've actually caught me at an interesting point in my career, in the sense that I'm questioning more about my ongoing career in medicine, in anaesthesia, and I've been doing a lot of [chair creaks loudly] reflection lately about that, I guess, as to what it is that I enjoy in medicine, and what I see my future looking like. In terms of enjoyment, I think we're in such a privileged profession, to go to work every day and to be paid for what we do, and to have access to all these amazing skills, to make a difference to a lot of people's lives on a daily basis. And that's really enjoyable. And it's not- that obviously doesn't happen every day, that you leave and you feel that you've done that. But I think in a small way, you are making a difference. And that's great. And I think I enjoy the flexibility. The most enjoyable parts of my career so far have been the opportunities I've had, the opportunities I've had to work in different places, abroad in Australia, in the outback. I mean, that's just fantastic. There's not many other careers where you can run with those opportunities. And in anaesthesia, I enjoy the training, I like the practical aspects of our job, I like the technical aspects of our job. And I enjoy being able to do those things and leave at the end of the day and leave my work in

the hospital, and for that not to roll into my personal or social life. And I think that's probably easier to achieve in a career such as anaesthesia.

46:49

CG: *Why is that?*

46:50

JR: I think because it can be quite a transactional specialty, you do a good job for that one patient that you're looking after. And then you move on to your next. There's not so much ongoing responsibility or care. I mean, that makes it sound very cold but it's just the nature of the job. You do a good job and you move on. And I think that makes it easier to leave at a certain time every day, and to forget about what's gone on that day. And you wake up the next day refreshed and to do it all again.

47:25

CG: *What are the highlights of your career so far, would you say? Any one particular highlight?*

47:32

JR: I always imagined that role, from those times of being a child or teenager growing up, that almost aspirational role of doing something in acute emergency care, and as I said before, that's what kind of got me into thinking that I wanted to do medicine. And the first time that really sunk in was when I got to Australia this last time and took a job with the Royal Flying Doctor Service, based in Dubbo and Broken Hill in rural New South Wales. And it was my first shift after doing my training, and I was sat in the front of the plane with the pilot, another doctor out back that I was going to be observing. And I really just had to pinch myself and think, "Wow, look at this, I'm doing something, this is great, I'm being paid to go in a plane, somewhere in the middle of nowhere, to make a difference", and that was a really proud moment, I think, for me. And it just felt really good.

48:42

CG: *Yeah.*

48:42

JR: So that was a highlight, being able to do that. And to experience that.

48:48

CG: *Can you tell me about any of your- some of your worst moments?*

48:54

JR: The worst moments, I think, apart from discussing some of those moments earlier in my foundation career, I think one of the worst moments that stick out is nearly not getting into anaesthesia. That was a difficult moment. I was in Australia at the time, I'd flown back for my interview process and all of those things, and travelled on back to Australia to await the outcome. And I had had the worst day of my career or my work- working time in the emergency department in that day, we had a young boy of six years old that had suffered a severe anaphylactic reaction, who would come in with his family, and had died, despite our hours and hours of effort into that case. And that was an incredibly difficult shift, an incredibly difficult day for that family. And I remember sitting there, I think it was about 8 p.m., and my shift was due to finish at ten100, and being told by the emergency consultant at the time, "Look, we're going to debrief in a bit, but everyone needs to pick themselves up and go back to the shop floor, because there are fifty people waiting to see us, because we've been so busy with this case". And I just remember feeling "My God, I just can't face it. I can't face seeing someone else after that". And I knew the email was coming, I knew the email was coming that evening, to say whether I'd got the job or not. And I checked my phone at the time, and found out that I hadn't got in, to anaesthesia, that I'd ranked and I was appointable, but I hadn't got a job. And it was at the time where the application was more of an all or nothing, you chose your area, which was London for me, and I just hadn't scored quite high enough to get in. And that was, you can imagine, a low moment, that was just a day of- a lot to take in. But it helped in the sense that it really- it didn't bother me as much as I thought it would, because so much had happened, and really grounded me as to what was important in life, that I just finally went home that night, and lie there in bed and thought, "Well, it doesn't matter, you know, move on, there's better- there's more important things to worry about." So that was a low moment. And that sense of rejection, you know, I'd really worked hard in my portfolio and career and my CV to try and get in, and to have them say, "No, not this time, not for us." That was difficult. And it was that sense of rejection again that- that- that didn't sit well.

51:42

CG: No

51:42

JR: But the story had a good ending, you know, four weeks, three or four weeks later, I got an email to say you've moved up the ranks, and you're in [laughs]. So it was a roller coaster of emotions at the time. And that's one that sticks out. I mean, there's been others along the way, I think most people will talk about the exam, and the primary examination being a low point, and it certainly was a low point for me, questioning "Why am I doing this, at aged, whatever it was, thirty, and not having a life outside of my work, just studying?" So those things I don't enjoy really, I don't think many people enjoy those moments of giving yourself to the career for six to eight months, wholly, and

not having a life outside of it. And I find those areas more difficult now, I think as I get older, as I've had these other experiences in life in medicine and the places that I've lived, I find it more difficult to come back to training and to fit- go back to the grind of sign-offs, do this, do that. And that's a mental attitude. I mean, I probably could change some of that. But it's certainly there and it's something that's becoming a bit more tiresome as time goes on.

52:59

CG: Yes.

53:02

JR: So, we'll see, I think looking forward, I I'd have no regrets about joining anaesthesia, I would definitely recommend it to others. But my own journey may take a different direction soon. I think my plan is maybe to take a career break next year and just maybe explore some of those other passions in my life. I do miss the creativity and I miss the freedom of making my own decisions and being my own boss. And sometimes the NHS isn't- not- a pleasant place to work.

53:44

CG: *Mm.*

53:44

JR: You know, the working conditions can be challenging and difficult and miserable. And you've got to- I'm finding myself asking that question of myself more often. "What is it I'm doing? Today? Tomorrow? The next day? Am I content and happy doing this?"

54:01

CG: *I was going ask you, if you could start your career again, is there anything that you would do differently. But perhaps you wouldn't do it differently... but... until now, and now you might...?*

54:10

JR: I think so. Yeah.

54:12

CG: *Yeah.*

54:12

JR: That's it. I don't think I would do it differently. It's been good. But I am excited perhaps to change direction, to take a new adventure. So yeah, going forward, it might be done a bit differently.

54:34

CG: *What would you say to young people today who are aiming for a career in medicine?*

54:44

JR: That's difficult. Because of those things I've said. And I'm at a difficult point in my own career. I would still encourage it. I would ask people to be realistic about what they want from their career and to think about that earlier on in their life. We are not a profession on some pedestal that's immune from the normalities of the world, despite being put there sometimes. It is difficult. We sometimes deserve to be treated better, and to have better working conditions. And we need to think of it as a working career.

55:39

CG: *And is there anything specific you'd say to any young people in the LGBTQ community who are interested in becoming anaesthetists?*

55:50

JR: I sounded very pessimistic then, didn't I? [laughs]. I don't know if want that last moment to be as pessimistic as it was. It's difficult, isn't it?

55:57

CG: *I don't think- I think it's realistic.*

55:38

JR: It's realistic.

56:00

CG: *Yeah.*

56:00

JR: I remember- yeah, it's realistic but it does sound quite pessimistic and that's sad. That does make me feel sad. But I hope for all of our sakes, there's some really amazing people coming through from school to study medicine, because it certainly changed my life, it's such an opportunity, despite the fifty thousand pounds' worth of debt [laughs] that's still to my name. But still, it's changed my life and given me so many opportunities. And for that, I'm very grateful. And I think there's got to be- we need the talent coming forward into medicine, because someone's got to look after us all when we're older. We just have to make it a bit nicer for people. But yeah, I would really encourage people still to do it, it can still be an absolutely fantastic career. And to gay people, or LGBTQI people, I'd really encourage them to go into anaesthesia, it's generally a very open accepting specialty that can bring a lot of fulfilment, and a lot of

facets to your career, which can be really fulfilling. So yeah, I'd wholly encourage them to consider anaesthesia as a career.

57:12

JR: There was a- there was a- I remember, when I was 16, I did a work experience placement. It was really difficult to get, all of my local hospitals were doing no placements at the time, no volunteer work, and you needed these things to get into university, obviously, to show that you were- you'd experienced some form of hospital life. And I'd got a three-week placement with my private hospital, a BUPA [British United Provident Association] private hospital near me, in the radiology department. So it was quite niche. But I remember asking- the radiologist at the time sat me down and said, "Don't do it. Don't do it. Go do something else with your life. I will not be telling my kids to study medicine." And I remember being so annoyed with him at the time, that I was a 16-year-old who had up until that point thought so much about getting into medicine. And I was doing everything I could to get the grades to get into medicine. And I think, "How can you say that to people? Surely there's got to be someone that says 'Go into medicine'." And that stuck with me for a long time because through medical school and early career, I often think about that moment. Because I think, "Oh, you know, he was so wrong." It is a great specialty or a great profession. And you know what, now, I kind of get where he was at.

58:38

CG: *Mm, I was going to ask you, why do you think he said that?*

58:40

JR: I understand, now, I think, his frustrations, why he would tell his children not to enter medicine as a career. I get it. I think as pessimistic as it sounded at the time, it was probably just a real-life reflection of how he felt in his job. Erm...

59:06

CG: *But fortunately for you...*

59:10

JR: [laughs] Fortunately for me, there were another fifty people that said it was a good thing and I should carry on [laughs]. So... But it was important to hear I think

59:21

CG: *Yeah. I think I asked in an email whether you've got any printed material or photos or articles or anything that you wanted to bring along?*

59:27

JR: I didn't actually.

59:29

CG: *No, that's fine. No. It's just, you know, sometimes people might have just, I don't know, an object that's important to them, or a photo or something...*

59:35

JR: I got back from holiday yesterday and I think we've been waiting about maybe four months because of the pandemic for our final FRCA certificate to arrive...

59:43

CG: *Ah, right [laughs]...*

59:43

JR: ...which is the very luxe [laughter], you know, written certificate and signed, and it's sitting on my step at the minute at home, all neatly packaged up, so I'm looking forward to opening that later.

59:57

CG: *Yeah, yeah.*

59:58

JR: 'Cos that-

1:00:00

CG: *Big moment.*

1:00:00

JR: That, yeah, that's a big moment, to have it on paper, that I've achieved that, is really great. So that's what I'm looking forward to opening up later today.

1:00:09

CG: *Yeah. Great.*

END