Lost in the ether: missing perspectives within anaesthesia

Transcription of interview with Dr Jennifer Warren

Speakers:
– Clare Gilliam (interviewer)
– Jen Warren (interviewee)

PART 1

00:00
CG: *It's the 11th of November 2021. My name is Clare Gilliam and I'm interviewing Doctor Jen Warren at her home in Rugby, on behalf of the Anaesthesia Heritage Centre for the project 'Lost in the ether: missing perspectives within anaesthesia'. So, hi Jen, could you just confirm for me your title and your full name?*

00:23
JW: So yes, I am Doctor Jennifer Warren, although I prefer to be called Jen.

00:29
CG: *And what's your current role?*

00:31
JW: So I'm an ST7 in anaesthesia and intensive care.

00:38
CG: *Thank you. And just to sort of establish- in what is already a very challenging role, you have an extra challenge. So can you just describe briefly what that challenge is?*

00:51
JW: Yeah. So I'm a trainee in anaesthesia and intensive care, but I also have a visible disability, in that I'm a wheelchair user.

01:00

CG: *Great. Thanks. So, just to kind of set the scene a little bit, I'd like to talk to you about your early life, if that's OK?*

01:07

JW: Cool.

01:08

CG: *In what year were you born?*

01:10

JW: So I was actually born in 1980.

01:12

CG: *And whereabouts were you born?*

01:14

JW: I was born in Oxford, but my dad had joined the RAF. So I think I spent about six months of my life there and I was whisked out to Germany to follow my dad.

01:27

CG: *OK. So did you grow up in Germany?*

01:31

JW: So I think it's about three and a half years I spent in Germany. My dad was a padre [army chaplain] in the RAF [Royal Air Force], so we spent a lot of time moving around. So we've lived all over the UK, we lived in Germany, and we also lived in Holland.

01:47

CG: *So I was going to ask you to tell me a little bit about your parents and their careers. So your dad was in the RAF?*

01:52

JW: My dad did a full career in the RAF. And my mum is a paediatrician. So she was a great inspiration to me because she actually paused her medical career whilst she had children. So she had 10 years out of medicine. And then went back when- the year when I was 10. I'm the eldest. So she- it was nice, because she went back to medicine, continued her medical training, and she actually qualified as a consultant in the year that I went to medical school, which I was very proud of her for that.

02:30

CG: *Yeah. So you have- so there's medicine in your family. What about your grandparents?*

02:35

JW: My grandparents from my mum's side- so my grandpa was in the paras [British Army Parachute Regiment] in the war, and he was also a padre, and he left the military and then became a missionary in Africa, because my mum was actually born in Uganda. So, yeah, I think that mobile lifestyle is quite strong in my family.

02:57

CG: *Yeah.*

02:58

JW: So- and my grandma actually got a place to study maths in Cambridge but she was unable to take the place because of the war and then spent her life following my grandpa around, so- [laughs]. Again, another woman that I inspire- that has been a great inspiration to me.

03:16

CG: *Yeah. So when did you first become interested in medicine? Did that come about because of your family's interest?*

03:24

JW: I think I was really unusual in that I- for as long as I can remember I wanted to be a doctor. And I can't explain where that desire came from, in the sense that my mum didn't work when I was little. So I- you know, it's not that I saw her practicing and wanted to be like her. From the age of about five I think I knew that I wanted to be a doctor, and I think it's that process of helping people and also using your knowledge and applying your skills. I like that combination.

03:59

CG: *Yeah. Thank you. So where did you study medicine? Where did you go to university?*

04:06

JW: So I went to the university in Manchester. In- so I went there in 1999, and graduated in 2004.

04:14

CG: *Great. And can you tell me a bit about your experience of university?*

04:19

JW: So I really enjoyed university. I had been at quite a small boarding school up in Cumbria, and actually the process of going to a very metropolitan city, that was kind of on the up, and with lots of opportunities- I really thrived in that environment. And I also joined the Officer Cadets, which is a way of doing some military training during your- during medical school. So I'd- I think, my- the sort of military thread in my family was particularly strong for me. I'm the eldest of four children, I'm the only girl and I'm the only person who followed my father into the military. I always say that joining the army, as the child of an RAF padre, was the best piece of teenage rebellion I ever pulled off [laughter]. So I think, for me, I'm not sure why, but I think that sort of sense of purpose and the role within the military was something that was quite important to me. And I remember being at school and going to some of the military induction days, introduction days, and seeing that- enjoying what I had seen. But then when I learned you could be a doctor in the army, I think my decision was made.

05:56

CG: *An ideal combination?*

05:58

JW: Yeah, and I think the nice thing was that there- the Officer Cadets at university was sort of- just fuelled that desire rather than- and gave me actual reality, to help me make the right decision. So I actually joined the military whilst I was at medical school. At that time, there was a cadetship on offer, so it was nice for me as the eldest of four children to not only follow the career path I wanted, but also to be financially independent, for my parents, so it was nice- it was a nice thing to be able to do, and to be honest, I never looked back. It was quite daunting, because at the time, you were signing away over 10 years of your life, which I think, you know, as a 20-year-old, that was quite a significant decision to make. And it was before September the 11th [terrorist attacks on the United States] happened, so it was before the world changed. But I still never looked back. It was a fantastic decision and my military life brought me a lot of fun and happiness and travel and excitement, and kind of continues to do now, but even post my accident.

05:58

CG: *Yeah. In what ways do you think your experience- your army training was different to that of your male colleagues?*

07:20

JW: So I think in the military, at the time where I was at, it was always very- it was slightly different in terms- and I think, fortunately the Royal Army Medical Corps is quite gender-diverse, so it's not such an issue. But when I deployed to Afghanistan, I deployed with the Royal Marines, and they have less women in their ranks. So you often came across

comments like, "I'm not being sexist, but you are a woman" [laughs}. So things like that, which, you know, I think made- sort of made a difference., but I think I found ways to overcome or just to acknowledge that that comment wasn't particularly helpful, but then advocate for myself, in terms of- you know, I think I had the fortunate position of being a doctor. And as a medical officer, you are often the only one. So they might not like the fact that they're talking to a woman, but they have to just accept it, and I think it's- yeah, it's a tricky area. Because, you know, you never like to criticise things, you never like to kind of complain about the way things are, but I don't think there's any denial that the military is a very man's world. It is changing and progress is being made. But, you know, I still think there is probably progress to make, although I did leave nearly 10 years ago now so [laughs], you know, I think it's- it is difficult. But I think there is a sort of gender stereotype that needs to be acknowledged within medicine as well, because I think there's an assumption that you will go less than full-time, there's an assumption that you will have a career break to have children. And I think these kind of subliminal messages affect people's career choices when they're looking at different specialties. You know, I'm really fortunate. anaesthesia is a very gender-diverse specialty and is very- it's easier to work less than full-time, so some of those barriers that are perceived barriers aren't actually relevant, because actually you can work your job plan around things like that.

08:59

JW: So it's- you know, it is difficult but I think it's something that medicine just needs to have a look at and acknowledge, because I also think, as someone with a disability, in terms of inclusion, and there's- I think there's a lot of a lot of defensiveness, you know when you talk about difficult issues such as racism, sexism, any kind of discrimination against a protected characteristic, people get very defensive. And "Oh, I didn't mean that. I didn't want to do that. I didn't intend to do that". But the way that I see it is, it's a little bit like the Gruffalo [character in a children's book] where you have a little mouse that has a projected image onto- that projects that it's big and quite scary. And the problem is, is that big and scary image is what's portrayed about a particular protected characteristic, and then that becomes folklore, and then that becomes the accepted way of addressing that protected characteristic. But actually, what you're seeing is that shadow, you're not seeing the reality of the little mouse that is there, and I feel when people are challenged on these projections, they forget that actually, the reality is very different for an individ- for that little mouse, that reality is very different. But for the Gruffalos, they're just seeing those projected images and that scary images and their perceived view of that protected characteristic. And I would really encourage- so when organisations say," Oh, well, hang on, isn't inclusion about just being nice?", it's not about being nice. It's about searching out these projected images and these projected views, and questioning them and looking into them a little bit deeper, which is what I would like the world to do [laughs]. When I change the world, of course! [laughter]

11:56

CG: *I like your analogy with the Gruffalo, that's good. Yes. For those people who know the Gruffalo story [laughs].*

11:59

JW: Yes. So er...

12:00

CG: *Can I just ask you, the term "protected characteristic", can you define that?*

12:10

JW: There are a list of protected characteristics. If you look at some places, they will give you eight characteristics, some places will give you ten. But they are characteristics based on your religion, your gender, your race, your sexuality and your disability. And it's interesting with the kind of- obviously in 2021 we're having a long hard look at how we treat certain racial profiles, and a lot of places are realising that actually, they need to be more EDI- so equality and diversity and inclusion aware. But often disability gets forgotten in those protected characteristics. So it makes me really sad. Because actually, I think it's all too easy to wrap up discrimination against someone who has a disability, certainly in medical spheres, as just being nice. And that's really, really difficult to challenge because someone tells you that they're trying to be kind. It's a bit like saying "No offence, but you know..." and then coming out with a really offensive comment. It's that kind of thing as a- as an individual trying to live with a disability is sometimes incredibly difficult. I genuinely do want to be nice. I don't want to be the thorn in someone's side. I don't want to be difficult. But I've had to advocate for myself in ways that I didn't think was possible, I didn't think was within me. You know, I think I come from a very reserved military background that- where I'm used to just doing what I'm told and used to thriving in that environment, and I've had to almost relearn how to interact sometimes. And that's great because I think it's pushed me out of my comfort zone, you know. All my life I've just wanted to be a sheep. And, you know, unfortunately, my accident has made me a goat and no matter how hard I try and fit in with the sheep, I'm just a goat which- but you know, that goat has enabled me to climb mountains, it's enabled me to stand out from my peers.

14:37

JW: And it's also- I think it's ignited something in me that was always there, but, you know, I think I'm not a very naturally self-confident person. But the- my disability and the fact that I've had to advocate for myself has made me more confident. And, you know, I think it's ultimately made me a better doctor, but it's very difficult to get someone on the outside to see that- see how that's happened. Because it's like, "Well, why does your chair make you a better doctor?" And it's like, no, actually, it's the process of being different, it's the process of having- you know, if I want to do the school run, I can't just

walk outside, jump in my car and pick my kids up. It's the- everything in my life involves problem solving, it involves logistics, it involves thinking ahead, it involves... So you know, that actually makes me quite good in terms of that aspect. And also, I think in medicine, sometimes there can be a disconnect between what you're thinking and what the patient's thinking. And that can actually be quite damaging for a patient because, you know, you can go to a patient, you can say, "Well, all your test results are normal, so there's nothing wrong". And whilst the statement that the tests are normal, the person that's come to you with a complaint or a problem has still got that complaint or problem, and by you just completely negating it, it can be really damaging. And I think those kind of views and aspects are really, really important to keep medicine grounded and to keep medicine relevant to the patients, you know, the patient body that it treats.

16:25
CG: *Mm. Thank you. So just going back to your sort of timeline... You graduated from medical school in...?*

16:32
JW: 2004.

16:35
CG: *2004. And you went into army training, which took you abroad?*

16:44
JW: Yeah.

16:45
CG: *To- so where did you go?*

16:47
JW: So I was appointed as a Regimental Medical Officer for the 7th Signals Regiment out in Germany, so that was a exciting challenge. Although when I arrived at my unit, they informed- well they asked me if anyone had informed me that we were deploying to Afghanistan. Now I'd known that it may be a possibility, but when they said we're deploying in the next few weeks, it was a bit of a shock, because my husband, who is non-medical and non-military, had decided to resign his job and move out to Germany with me. So he moved out to Germany at the point where I left Germany [laughter]. So a little more of a challenge than we were expecting, but it all worked out. So it was fine.

17:35
CG: *Can I just ask you then, when did you get married?*

17:37

JW: So I actually got married in 2003 in the last year of my medical school. So I met my husband actually when I was 13. And we'd already got together when I was about- I think I was 15. I'm afraid I can't remember the exact date. We were just very good friends and then it became something else. He went to a different university to me. So yeah, we've kind of- we've- well we're still together now and yeah, we've lived quite an exciting life together. Fortunately, we've grown together rather than growing apart.

18:12

CG: *Yes, yes. So you... just going back a step, I suppose really, your army training- that was at Sandhurst?*

18:21

JW: Yep, so I did my initial year in- as a pre-registration house officer, working in NHS hospitals like- to get my initial GMC registration. I then went to Sandhurst. At that time, it was only a month. And then we went to Keogh Barracks, which is not very far away from Sandhurst, to do our sort of medical-specific part of our military training. So- and that involved some time up in Birmingham as well. So we were quite mobile in that time. But it was over a course of about six months. We did various aspects of both medical training- sort of military medical training and our military training.

19:07

CG: *Mm. OK. So at what part of your military career did you decide to specialise in anaesthesia?*

19:17

JW: So I actually decided in my last year of medical school, so I was incredibly fortunate. So Manchester medical school offer an Erasmus Programme and because I had lived abroad as a child, I'd become fluent in German. I went to a German school for a few years before I went secondary school, and I really wanted to be able to use that language for something useful. So I discovered that Manchester medical school had the Erasmus Programme that meant that I could do my hospital blocks of my final year out in Germany. So that's what I did. But I... So, out in Germany the medical school training is quite different to the UK. So in the UK, my course had been- the first two years had been entirely lecture based. And then we'd be in clinical from the third year onwards, and that involved attending different placements. But in Germany, they have six years of medical school, and it's really only the final year where you spend the entire year in the hospital, but you essentially work alongside the doctors and you're an essential part of their team. So I was incredibly privileged to go and work in Germany, where I essentially got to- I think I worked harder than I did when I graduated as a

doctor in the UK and I worked as a pre-registration house officer. I... they didn't- at that time, the hospital I was working in didn't have any phlebotomists, so you did all the blood taking on the ward, you were involved- if you were on a surgical block, you would have to go to theatre and go and assist in theatre. And as part of that, I got to do a month of anaesthetics. And I found that it was just really interesting, because I also- I did a month of anaesthetics and then also, when I did cardiology, I spent time on their cardiology intensive care, and I really enjoyed the mixture of both the practical skills and the kind of intelligent- application of intelligence, and also the people skills, because I think people assume that anaesthetists don't need any people skills, because the patients are asleep. But I feel like you need to have higher communication skills, because you have to meet someone quite quickly and get them on board and get them to trust you in order to be able to- for them to allow you to give them the anaesthetic. So I feel that it's an area that that really matched my personality and matched what I wanted to do. So that month, well was kind of six weeks, really cemented my desire to do anaesthesia. But equally, I really wanted to- I was glad that I had those sort of military opportunities to kind of go and try out different specialties, because I think it's- I feel really lucky to have had a look at a lot of different things. I wasn't career focused in the sense that anaesthesia was the only thing I wanted to do. I was glad that I still had that time to sort of do other things.

22:24

CG: *Yeah. So while you were still in the military, did you have the opportunity then to actually study anaesthesia, or to carry out anaesthetics?*

22:36

JW: Yeah, so I- so the year that I spent out in Germany as the RMO, which is the Regimental Medical Officer, I- you essentially worked kind of like a GP. So you worked in a GP practice and you were basically the doctor to a particular military unit. But I- when I deployed to Afghanistan, I had more of a- a sort of a hospital doctor role for a bit, for about six to eight weeks. And then I did a more of a GP type role when I was out there. And because I knew I wanted to do anaesthesia ultimately, I had the opportunity to apply for an anaesthetic number. And it was quite funny, I remember I was applying from Afghanistan. And I remember, ironically, reading a question of "Describe a situation where you felt under pressure" [laughs] and I felt like [fitting?] "Yeah, just try the last five months" [laughs], you know, it was a really different environment. But I'm really glad I had that opportunity, because working out in Afghanistan, it's an incredibly inspiring place, you know, I appreciate it's been war-torn for probably my entire generation. But there's- the people there are incredibly resilient and to meet different cultures, to meet different approaches, I think I came back from Afghanistan a different person then- than when I arrived, just because of the experiences I'd had. And I think, as someone as I mentioned before who doesn't exude confidence, I think being in an

isolated, remote place and having people look up to you to make some decisions, I think it drove me out of my shell a little bit and I went back into hospital medicine a more confident, more self-assured person having had that experience.

24:29

CG: *Yeah. Can you tell me a little bit more about the environment in Afghanistan? You said "a situation where you were under pressure"...*

24:35

JW: Yeah, so - initially I worked in the bush hospital in Bastion [British Army base in Helmand province, Afghanistan]. And in that kind of role, I was a bit more like the hospital junior doctor. And- but it was a very privileged position because as there weren't many of us, we got- it was intense at that time, so it was still quite small. We got to be the receiving person as a sort- of working in the emergency department for patients. We then went to theatre and assisted in theatre either assisted the anaesthetist or the surgeon. We then saw the patients as a follow-up on the ward. And although the British patients would- and the ISAF [International Security Assistance Force] military patients would be repatriated very quickly, some of the Afghan patients stayed with us first, sometimes a couple of months. So it was an incredibly privileged position to almost see the patient at every point in their journey, from the doors at the front to the doors at the back, you know, I think it...

25:38

CG: *Something you wouldn't get as-*

25:39

JW: You would never ever get that experience in the UK, because it's not possible, because to do that kind of shift you would have to do too many hours in a day. And I also thought it, you know, it gave me that kind of desire to pursue a career in trauma, because when you've been a junior doctor in the experience where you've got five simultaneous trauma calls going on, when you come back to the UK and there's one or two, it's a different environment. It showed me how good teams can work effectively together, in order to deal with things that are really quite serious and really quite scary.

26:20

CG: *But it sounds like you thrived in that environment?*

26:22

JW: Yeah, I mean, I think I learned an awful lot from that environment. And I think it cemented my desire to be an anaesthetist. You know, if there been any doubt. So I spent- I can't remember the exact amount of time, I think it was six to eight weeks there,

and then I went up to Kabul, and I was the doctor for the headquarters of ISAF in Kabul, which is a very different environment, because Bastion's in the desert, it's in the middle- although it's in Helmand, which was the, kind of, I suppose, perceived scary area, Kabul I found much more scary, because you're in the city and you're amongst- your- it felt like a very different environment. And I felt a lot more scared up in Kabul than I'd ever been when I've been in Helmand and the environment was quite difficult. I remember my mum sending me some- sending me a parcel and she said, "I've not put any chocolate in because I thought it might melt", because Helmand is very hot, most of the time. Kabul's at altitude, so I was actually reading that letter in the snow [laughter].

26:30

CG: *You could probably have done with a bit of chocolate!*

27:19

JW: Yeah, yeah, but, you know, working in Kabul was incredible, because I got to visit some of the Afghan hospitals and see some of the different ways in which medicine was practiced, and seeing some of the austere environment that people had to work in. And I remember being incredibly embarrassed that in some hospitals the fact that I was a female doctor in the military was held up in high regard, and I received a lot of respect for that. And I felt, you know, just going back to our comments on sexism, I felt incredibly embarrassed because I felt like, you know, I had a very straightforward career in that I applied to a medical school, I got a place, I applied to the military, I got a place, I didn't really have to fight for it. Yet these female- both medics and nurses found my position incredibly respected and I felt like I hadn't really earned that respect. But it was nice to be able to demonstrate that, you know, in an environment that values males and females, you can thrive and you can do things that are a bit different.

27:22

CG: *Yes. So in 2008, a life changing experience... [laughter] I'm sure you've told the story many times, so I don't want to dwell on it, but can you just tell me what happened?*

28:53

JW: Yeah, I think it's one of those things where you don't want to dwell on it, but it is what happened. And I think it's something that I'm not always that honest about, because it's actually a very difficult time for me, so if- it's also incredibly difficult, because what happened to me has got- is actually deeper than just an accident. So I had an accident, I'd returned from Afghanistan, returned to the UK, got my medical training post, and I had been working in a job that I really enjoyed, and my husband had just got a new job. So we were celebrating, and we were like, "Yeah, this is the point where, you know, life's going to sort itself out and things will be fine". And we went to this- I went on this holiday. And unfortunately, I was just minding my own business, my husband was

at a ski lesson, I'd gone right up to the top of the mountain and it was a really beautiful day, because the clouds had been quite low and then they'd lifted, and it looked like everything was coated in diamonds, it was just incredibly beautiful. And I remember thinking, "I feel so lucky to have this experience" because it was just the most beautiful thing ever. There was literally twinkles everywhere and it was beautiful sunshine. But unfortunately the- those twinkling- twinkling ice made it quite slippy. So, I was sort of coming down the mountain and this child was completely going too fast and completely out of control and completely took me out. And the child was fine and actually they skied off, so left me in a heap [laughs], which wasn't the best time. But I knew I had injured my leg, and when I got to the hospital, I thought, "Oh it's not too bad, I'll be all right". But then I can remember they peeled down myself salopettes, and I had- I was really embarrassed because I had my pea-green army long johns underneath [laughs], it made them all laugh. And I saw the size of my knee, which was about the size of a football. I sort of thought, "That's probably not so good". And then I remember the Swedish doctor came in and she's like, "It's bad, it's very bad" [laughs] and I knew at that point that I'd probably broken something. So I'd- I had a tibial plateau fracture-

31:16

CG: *Sorry, could you just say that again?*

31:17

JW: I had a tibial plateau fracture, which was basically, if you think about the joint surfaces, it was the joint surface of the lower part of my knee that I'd completely taken off. So I- because my knee was so swollen they weren't able to operate straightaway. So I spent the rest of the week's holiday in hospital in Sweden whilst my husband enjoyed the snow, which was- I'm glad that he did something that was fun.

31:49

JW: But I then came back to the UK, and I think this is the difficult part, this is the part that- I'm going to tell you the truth, and it might be something that I might decide to change what I say because... I came back to the UK and I went to the hospital where I was working, to the fracture clinic there, and they explained that my knee would need an operation, and that they would have to take some bone from my pelvis and put it in my knee in order to fix my fracture. So- and now that the swelling had gone down that they were able to do this. So, I agreed to the surgery, came to have the surgery, and unfortunately, I don't know whether it was just like a- probably a [unclear] Swiss cheese. But there were several unfortunate things that happened. So, I came for a surgery. Because this surgery is known to be quite painful, I was advised to have nerve blocks in order to help with the pain post-operatively. But there was a bit of confusion over- and- I think the surgeon only wanted me to have one of those types of nerve block. And you know, obviously, in retrospect, I should have just said no to both of them, but I didn't.

And I went to surgery, and at that time nerve blocks were only performed using nerve stimulators. And the- I suppose the issue was- is that I had a break in my knee, and in order to find the right nerve, they had to twitch the muscle, which would have caused pain in the fracture. So, it was an incredibly painful procedure, and I found it incredibly difficult, but I just thought that I'd been a bad patient and that, you know, I thought it was just the pain from my fracture that was making the procedure so difficult. So I then went on and had the surgery, but I woke up in the most incredible pain, to the point where I was completely inconsolable. And I think that was really difficult for me, because I had the memory of the difficult nerve block procedure and then I felt like I was just being a terrible patient. You know, I just couldn't do anything that people were asking of me. I'd gone through, like, well over 200 milligrammes of morphine, and I was still screaming, and that was a really difficult time...

34:35

CG: *It sounds horrendous*

34:37

JW: ...for me. So it was a really, really difficult time. So I- and I just- I didn't know what to do with myself and I didn't know how to make it go away, because everything that was happening was just- I just couldn't get beyond this pain. And then after about 48 hours, the pain started to subside. So I thought "Well, OK, at least it's not as bad as it has been. Oh, I'll just manage". But it was it was very difficult to be labelled as like a difficult patient, as someone who wasn't responding to what was- what the medical professionals were doing. And I mean I just felt terrible, but I just- I- yeah, it was incredibly difficult because sort of mentally it was difficult, but also physically, it was quite difficult. And then on the Monday- so I had my surgery on the Friday and the Monday I had some blood tests that showed that I was really really severely anaemic. And it was assumed I'd just lost quite a lot of blood during theatre. But, again, I think, in retrospect, there's lots of things I wish I had done, but I didn't do them. So after the fifth day of- after my procedure I was discharged and I went home. And I had a really difficult time at home. I had lots of recurring nightmares about the nerve block procedure, I had lots of- I felt physically very unwell. Everything I did was- I was out of breath and moving around was just very difficult, but I just assumed this was an effect of the surgery and an effect of the procedure I'd had, and... The pain had subsided, but it still came back as- in a vengeance during- usually overnight. And it made it quite difficult to kind of marry up what I'd done in the day, to then what happened at night time, and my leg completely wasted away.

36:52

JW: And when I went back for procedure- for reviews, it was often commented how wasted my leg looked, but given that I'd been complaining of quite a lot of pain, it was assumed that I just wasn't using my leg properly due to the pain, which sort of, I wish

that I'd been a better advocate for myself, but I just had it in my head that I was a bad patient, and that my perceptions were invalid. And my- it made the medical environment very difficult for me. So I actually went through nine months- fortunately through being in the military I had excellent access to rehabilitation and to rehab courses and to physio. So I had really early access to that. But unfortunately, despite all that, I failed to make any progress, which in itself was really difficult for me again, because I was just failing at everything, I was just- I can't begin to describe how low all of that made me, that constant, you know, feeling like a fly flying into sort of a blue light, you know, sort of, "Just want to get there, I just can't get there". And unfortunately, you know, it took away all the confidence that I'd built up over the years. And it also made interactions with the medical profession quite difficult, because I was- I just felt like a constant disappointment to everyone. And I went through nine months of rehabilitation and made very little progress, which was really difficult for me. But fortunately, I was referred to Headley Court [Defence Medical Rehabilitation Centre] and at Headley Court I saw a peripheral nerve surgeon and I had some nerve conduction studies, and it was discovered-

38:46

CG: *Sorry, some nerve-?*

38:47

JW: Some nerve conduction studies. And it was discovered that I'd suffered quite a severe femoral nerve injury but I'd also suffered a sciatic nerve injury as well. And again, that involved lots of people scratching their heads because they were like, "Well that doesn't really fit with where your injury is." And fortunately, this incredible peripheral nerve surgeon was able to put everything together and say that I'd probably suffered a nerve injury at the time of the anaesthetic nerve block. And then I had suffered a- because my- because I'd been so anaemic after my surgery, he thought I'd probably had a hematoma, so like a blood clot in my pelvis, which had caused pressure, which had then caused the sciatic element. So that was pretty rubbish if I'm honest. And I don't- I don't often tell people the truth, because (a) as you can hear from my voice it's not that easy to talk about, but also it's sometimes- things- sometimes the medical profession don't understand, sometimes actually its- it's really hard to sum up that emotional journey that you've been through in a single sentence. And, unfortunately, over a long period of time that- those experiences led to post-traumatic stress and ended up being post-traumatic stress disorder, which, again, made my situation really difficult. And it's something that I do want to be honest about. But sometimes, as someone who sticks out in medicine, I don't want- I don't want it to change people's view of me, I want to be the- I felt like that environment, that situation, has made me incredibly vulnerable. But I didn't- I didn't want to have to explain everything. Because often when I did tell people what actually happened, people would say, "Well, how on

earth did that actually happen?" And I felt like I had to constantly explain the actions of the medical team who were looking after me, rather than me being a patient and someone this had happened to and...

41:15

CG: *So were you- did you feel afraid of blaming people?*

41:19

JW: I felt afraid of... of being viewed as this perpetual victim. I felt afraid of- I felt like I had to justify what the action- the actions of the medical team had done around me, and that's not my job. That's not- I was the patient in this. Unfortunately, the medical trust didn't treat me very well and when I complained, they accused me making it all up. And it was a very negative experience. So I then involved a solicitor because I wanted a proper investigation. And that in itself was an incredibly lengthy process, so took about five years. And although we eventually settled, the whole process was not worth it for the emotional distress that it caused me.

42:18

CG: *No, no.*

42:20

JW: And, you know, I think this is the reason why, I suppose, I want to be honest about it, is that coming back into medicine wasn't just a challenge because I had a disability, medicine was a huge challenge because I've been really harmed by the medical profession. And I wasn't sure whether I wanted to be a doctor anymore, given the way that I'd been treated. Fortunately, I was looked after by some incredible clinicians after my surgery and event and that- that almost brought me back into the fold. But it's a place that I still find difficult to this day, because for a long time I felt like a Judas to the profession. I was doing my own profession, yeah, I was still trying to be a trainee in that profession and I think it made my world really difficult. And the fact that I couldn't talk to anyone about it, or kind of tell people about it made it even more difficult because I was this- it was just this complicated mess. And I hadn't realised that I had PTSD, and I was trying to return to medicine, and obviously I was very different. So anxiety is normal. I was trying to return to a career that I was told that I probably wouldn't succeed in, so I probably shouldn't try. So I knew it was going to be difficult. And almost- to be honest, and let them know that there was even more than what was- than what they could see, was- was really tricky. And I experienced this horrible situation where my anxiety, instead of getting less, actually got more. And going into work, I would have really significant sort of palpitations and sweating. And, you know, in retrospect, they were all the classical symptoms of PTSD, but I just perceived them as "I'm trying to prove something that people say that I can't do, so it's- that anxiety is normal", and

fortunately, because I had some really incredible people around me at that time. I was able to access some help for my PTSD.

44:37

CG: *Yes. And I was going to ask you about that. You managed to get some support?*

44:39

JW: Yes. Yeah. So it was one of the things, as well, being in the military, it was helpful. So I had some EMDR [Eye Movement Desensitisation and Reprocessing] which took away...

44:51

CG: *So that stands for...?*

44:52

JW: Eye movement, EM... eye movement, desensitisation... I didn't know what the R stands for [laughter]. So yeah, so the, the EMDR was incredible. It was like someone switched off a switch, you know, some of those sort of really disabling symptoms I had, you know. And I think anaesthesia's one of those specialties where you're quite protected in your early years. So, in your early years, you- say you're CT [core trainee] 1 and 2, you're- you have direct supervision, you are very well looked after, you have a lot of one-to-one teaching. And I think it was quite easy to almost hide, or not acknowledge, those symptoms that were there, and I think the thing that became more difficult, as I realised that I would have to deal with these symptoms, as I became more senior and became more independent, I wouldn't have the ability just to sort of go for a break in theatre and things like that, things that I'd been given because of my trainee status, not because of anything that I'd asked for, and that's what drove me to get some help, because I realised that I wouldn't be able to continue in anaesthesia with these symptoms. So, so yeah, the- it's funny that getting back to anaesthesia, the thing that nearly stopped me was not my physical disability, but actually the psychological effects of what I've been through.

45:07

CG: *Yes, it sounds like a tremendously difficult time.*

46:37

JW: Yeah.

46:39

CG: *So, yeah, I was going to ask how you felt about getting back into the workplace and how hard it was to pick up where you'd left off?*

46:47

JW: Yeah, I think the one thing that was really hard was that I think people around me knew what I'd been through and, in a protective way, didn't want me to have any more pain, you know, and I think they saw my physical disability as a real barrier to progress. So I was sort of advised that I should give up, or I should not be an anaesthetist, because it would be too difficult, and I would try and I would fail, and that would cause me further pain. I was really fortunate, you know, I'd effectively worked as a GP, I'd effectively worked as a medical [unclear], I'd effectively worked in ED [emergency department], I knew that I would not be a good GP, because of my personality traits. And I also knew that I- anaesthesia was the only thing that I really wanted to do, having tried lots of different specialties. So I was able to be quite forceful in that, "You've got to let me try, and fail if I do fail". But it was really hard to kind of convince people to let me have that go, to let me try, and you know, if I did fail, then I failed. But I felt like I had to give it all, because I felt like if I wasn't going to be in anaesthesia, I should probably give up medicine in its entirety, not just try and do something because someone had told me to do. And I'm really glad that I didn't listen, and I'm really glad that I sort of railed against what I was advised, but physical disability, plus the attitude, plus my kind of psychological injury just made it a bit more of an Everest than I was expecting [laughs].

48:28

CG: *Yes. So how much do you think your army training helped with that? With that determination and success?*

48:35

JW: I think I'm very stubborn. And I think I'm very, you know, that the whole reason why I was able to cope with my injury and disability was because I just got my head down and got on with what was in front of me, and tried not to look too far in the distance. And I think that mentality, you know, really, really did help me in terms of, "Yes, I don't know what I can do in the future. But I knew I can do now. And I'm just going to make this step and make this bit of a progress". And I think I was fortunate because in the military the presumption is you do go back to work. And sort of, I know in the NHS now they do have like a fit note and things like that, that's been standard in the military for a long period of time, in the sense that people can go to work but they might have certain restrictions and say they can't lift heavy weight or whatever. And- but that occupational health mentality of "this person needs to be back in the workplace", I think helped me overcome some of the negative connotations of "Oh well you shouldn't be at work, you shouldn't be here". In the military it was fairly standard to kind of go to work even though you weren't 100%. And I think that buoyed me slightly in terms of the- of what could be achieved and also the fact that I wasn't reliant on my NHS work to earn my salary. You know, it wasn't- it wasn't really complicated when I was trying to adjust up my hours or anything like that, it was- because I was doing the desk

job plus the clinical work, and I was able to then just taper one as the other one increased. I was still doing the same amount of work, but I was just doing it in a different environment, and I think it gave me that enormous flexibility to be able to try and you know, fortunately I was successful.

50:31
CG: *Yes. So, just to go back to your sort of timeline here... So after the accident, you did various bits of work in medicine, and also an army desk job?*

50:46
JW: It was in a- the sort of regional health headquarters for the military, so it was loosely associated with medicine-

50:54
CG: *Right, yes, OK.*

50:55
JW: -but not... You didn't need to have been a doctor to do the job that I was doing.

51:00
CG: *And how did you feel about using a wheelchair?*

51:05
JW: So I felt terrible about using a wheelchair, because after my accident I did have some muscle function in my leg, so I just had very limited function. And until I started to suffer really severe chronic pain, I used to be able to kind of move around with crutches with quite a lot of ease. And that gave me a sort of slightly skewed view of where my world would be going. And unfortunately for me, I developed- so the pain that I'd been having then kind of took off into quite severe neurological pain, which was just unbeatable, like, there's nothing- there's nothing that beats it, it just beats you on the head and stops you, it shuts off your world, takes all the colour out of it. And unfortunately I ended up in a really poor place in my brain, at the point where I needed to use a wheelchair, which was really tricky because I was on about every painkiller known to man. And it wasn't making a difference. I was still, you know, it was making- the painkillers were blowing my brain, sort of making me feel really unwell, and make making me fat, and, you know, all of those things that really were negative connotations. But then, when I ended up using a wheelchair, I felt like an- you know, I felt like it epitomised all of the things that I'd failed at, you know, I'd failed the rehab, I'd failed pain management, I'd failed everything. But actually, it was the best thing that ever happened to me because a wheelchair is so enabling, because I- it started to help my pain in the sense that I wouldn't get such bad pain, I wouldn't get it so

frequently. And I- suddenly this world that had been completely shut off to me- because although I'd been able to use my crutches and been able to get around, my world had contracted significantly, and I wasn't able to go out and meet friends, I wasn't able to go out and enjoy the same kind of night out, or meal out with friends that I had been able to do. And I just sort of removed those things from my life without really acknowledging it. But then when I used the wheelchair, suddenly it didn't matter where I parked, didn't matter where my friends were meeting, I could get there and I didn't have to worry about the distance, whether I would fall in a heap before it got there, or whether I'd get knocked over, and all of these things, and it suddenly became this, you know, the best painkiller anyone had ever given me. And it enabled me to kind of restart my life.

53:46
CG: *Mm.*

53:46
JW: It was really difficult because I think always when you can walk, "Why are using a wheelchair?", you know, I think it's seen as you being lazy or you being- you giving in, or you not fighting your condition. You know, but there's plenty of people who use an escalator or a lift when they've got a perfectly good pair of legs, you know, it's part of who we are. It's how we make ourselves more effective. And I was really fortunate, again through being in the military, I had the opportunity to go and take part in the Lewa Marathon out in Kenya. So this marathon is an incredible marathon. So, it's run in a game reserve, where they get helicopters and they kind of shoe all the animals away from the tracks. But it's run on dirt tracks and no one's ever done it in a wheelchair before, so when someone said that to me, I was like "Oh, OK, I might give it a go". At that time, you know, my wheelchair was an object of hatred, it was an object of everything that epitomised my failure to thrive, post injury. But when someone said it'd not be done a wheelchair before I thought, "Oh I'll give it a go".

54:51
CG: *So you did a marathon in a wheelchair?*

54:52
JW: Yeah, so who I became the first ever person, and probably still the only person, ever to do the Lewa Marathon in a wheelchair. I only did one lap so I did the half marathon, but it's...

55:05
CG: *So was that a bit of a turning point for you?*

55:06

JW: It was a real turning point because the great thing was, it was sort of at the time when I was trying to get back to work. And I discovered that actually, I could train myself. And I was given a chair, a race chair which is slightly different to a normal day chair. But I basically designed my own training programme, and I trained for this marathon completely on my own without any kind of assistance. And I discovered that, you know, over time, my muscles improved, and I suddenly ended up with these arms that had lots of muscles on them. And I think going through rehab and making no progress really makes you question your own commitment and questions your own motivation. And it helped me realise that there's actually nothing wrong with my motivation. And that, you know, it was just that I had neurological injury that wasn't rehab-able, rather than- there was- but I'd internalised it all and thought it was defining me as a failure. So it was a really good point, from that point of view, and it also helped me to challenge some of those perceptions. Because a lot of people would say to me, "Well, why do you need a wheelchair? Why are you doing a marathon in a wheelchair when you can walk?" And it's like, "Well, I can walk, but the amount that I can walk is utterly useless for achieving my goal". You know, if I'd gone out to do the Lewa Marathon, it probably would have taken me a year to walk that distance. And it would have caused me incredible pain, it would have caused me misery, because, you know, I was looking for a sense of achievement, and, you know, walking ten steps in a game reserve, yes, whilst the environment is nice, would not have given me that sense of achievement.

56:46

JW: And it taught me to kind of just ignore what people were saying, because actually, what they were saying was coming from quite a sort of ignorant background, in the sense that it taught me I've got the same goals as I had before, I've just got a slightly different method of reaching them. And I might have to do it in a way that raises eyebrows, or that leads people to judge me. And I'm so glad I did, because it was such a changing- a sort of changing point, and particularly for me, who'd lost all their confidence. And, you know, it's incredibly hard, not being confident when you've- when you're really different. And when you're almost constantly subliminally told that you should- you're in an environment you shouldn't be in, and you don't fit in, and "What are you doing here?" And you have comments, like, I can remember this person, when I had just gone back to work, and he looked at me in my wheelchair, or looked at me with a stick, and was like, "Oh, gosh, you- you're not a great advert, are you?" And it was like, you know, he- it was a flippant comment, he was- thought he was making a joke. But I think it's a classical example of where banter is a two-way thing, you know, and that his comments stayed with me for, well, probably for ten years. Because it destroyed me that day. He had no idea how hard I'd fought to get into work, and to be at work. And it was just- it was really, really difficult. So, you know, I think it's incredibly powerful now, ten years on from that, to use those experiences to help educate people about why certain things matter, and how they matter and how it's different. And, you

know, going back to the Gruffalo, you know, showing the mouse that is the projection rather than the actual- the projection. It's really important.

58:44

CG: *Yes. I'll go back to your sporting activities in a minute. But I just wanted to talk a little a little bit more to you about your experience of working as a disabled person within the specialty of anaesthesia. What adjustments had to be made at the hospital?*

59:01

JW: So the first hospital I worked at was a lot smaller than the hospital I'm working at now. And my mobility was a little bit better, because through having two children and an injury that's in your pelvis, my condition did get worse. So before, I could manage to hobble around with a stick, whereas now I use a wheelchair pretty much, sort of, full time for mobility, but I will stand and I will walk around small areas, but I just don't do it with confidence. Or if I do it too much in a shift, then I really struggle at the end of the shift. So the main adjustments have been in my working hours, so I work less than full-time. And I also- I never did more than one shift in a row. So I would just do Monday, Wednesday, Friday or Monday, Wednesday, Friday, Sunday, and then maybe not work the next Monday. So I would split my shifts so I always had a break. In terms- I always feel bad when people look at my wheelchair and go, "Oh, gosh, it must be really difficult for you". But it's not, because my wheelchair is more for getting from A to B. I can stand up to get something out of a cupboard. So I feel bad that the sort of society's perception of me is different. So they- people assume that it's harder for me than it actually is. Although, you know, I'm not denying it is incredibly hard. I often burn my hand when I'm trying to get a cup of tea from the boiler that's above the sink or whatever. So, you know, I'm not saying that my situation is not hard, but I feel bad that people assume that it's harder, but I also then feel a bit cross in the sense that, you know, if I couldn't stand then there are adaptions available like a standing chair. So, you know, in anaesthesia, we're lucky, lots of our patients are on trolleys that are movable up and down. And I think you find, like, ways and tricks of being able to cope. So I can't stand for very long, but if I put my elbows on the bed, which often is required because of the airway that we're holding or whatever, or I lean my hip against the bed, I can stand for a lot longer than I should do. These are ways that I've found to kind of overcome some of the issues.

01:01:18

CG: *Yeah. So would you use your wheelchair within the theatre?*

01:01:21

JW: Yes.

01:01:21
CG: *Yeah.*

01:01:21
JW: Yep, yeah, yeah. So my wheelchair comes everywhere with me these days. In the early days, it wasn't so required. But that was before I had two children [laughs].

01:01:32
CG: *And how supportive are your colleagues with the adjustments that need to be made?*

01:01:37
JW: So I think in the early days, I raised quite a few eyebrows. I think, when I turn up to a new placement, it's always a bit of a stressful environment. And I, you know, I would say that's for me and for them, because, you know, I've had colleagues say, "Gosh, I've never worked with someone in a wheelchair before, like, what am I going to have to do?" And I think the hard thing for me is that you meet people on the first day, and they look at you with absolute fear. And it's really hard to- because I think they're frightened of what you're going to expect them to do. Or you're- they're frightened of what they might have to do in order to carry you along. And very quickly, people learn that there's no carrying required- -and that I'm definitely independent, but it's that getting over that initial hurdle is psychologically very difficult for me. And I still struggle with it to this day, which- sometimes I wish that I could just be invisible, because there is nothing worse than having a conversation with someone at the end of the phone, and then you turn up and they look at you, and frown and sort of say, "Oh, gosh, are you OK?" It's like, "Yes, I'm fine. I've just given you that very sensible bit of advice over the phone, and I've come to review the patient you asked me to see." [unclear] sort of, you know, I feel like I'm constantly having to justify my place in the world. And the other day, I was just in the corridor, in the middle of a quite a difficult scenario where I was on one phone, I was on a computer, and I actually had another phone in my lap where I was looking something up. And someone walked past me, stopped me in the middle of this chaotic environment, and said, "What on earth is that?" and like pointed to my wheelchair. And I just- I was completely speechless, because the scenario I was in was very stressful. And I was multitasking. And, you know, my wheelchair had absolutely nothing to do with the...

01:02:21
CG: *No. Was this a member of staff?*

01:03:18

JW: This was a member of staff. Yes. It's really interesting. A lot of the- I would say probably 99% of the negative comments or the difficult situations I've been in have been staff-related rather than patient-related.

01:03:53
CG: *So you would say that you have been on the receiving end of discrimination?*

01:03:58
JW: Absolutely.

01:03:59
CG: *Overt discrimination?*

01:04:00
JW: Overtly, you know, and I feel bad in the sense that I don't want to say bad things about people. But discrimination isn't about being nice or being unkind. It's about attitudes and beliefs that need to be challenged. And I'm someone who's quite quiet. And for me, this has been huge. But I do believe that beliefs need to be challenged and I get really sad that in 2021 we're still encountering these attitudes, because I think these attitudes then overspill into how we treat our patients. And I, you know, I read a paper recently in BMJ open [British Medical Journal open access] of how people with an intellectual disability, about how their admissions to intensive cares during COVID was reduced by 50%. And I think that's- that is evidence that there is discrimination going on. And I think these things really need to be challenged but it's quite hard being a lonely voice, being someone who's different, being someone who's had to almost justify their own position in their profession to then turn round and sort of almost be that vocal. But I also feel that if I'm not vocal then nothing will change.

01:05:21
CG: *Yeah. So what, in an ideal world, if you were arriving in a new environment, what would your- what would the ideal reaction be from somebody? Would it just be to completely ignore the fact that you're in a wheelchair?*

01:05:34
JW: No, I think that's, sort of, that's an unrealistic and unsafe desire, you know, I completely recognise the fact that I have a disability and that impairs my ability to climb stairs, it impairs my ability to perform certain tasks, it impairs my ability to work certain rotas, in terms of like, you know, I'm a nightmare on a rota, because normally you do Friday, Saturday, Sunday. I can't do all those three shifts in a row, even to this day, I only do two. So I recognise that I am difficult in the sense that some things are a challenge for me. But I- the thing that makes me really sad is that people only see the difficulty. They

never, ever see the positivity that my disability has brought to my career, brought to my- brought to my job. And, like, I just feel sad that I have to constantly remind people of that, and I wish that people would see the chair and go, "Oh, that's something that's different. I wonder what she can bring to my department, I wonder what our department can learn from her". So, you know, I would never want a difference to be completely not acknowledged, because patient safety is incredibly important to me. As someone who has really suffered at the hands of medicine, I would never, ever want that to happen to one of the patients under my care, you know, especially if this is something that could have been risk assessed, or something that could have been taken on board beforehand. So I would definitely never want it to be not acknowledged, I just want the positive/negative side of things just to be wiped clean. And just to be more open minded, you know, be more accepting of the fact that I'm in an anaesthetist who has done their entire anaesthetic training with a disability. And that has brought a lot to the places that I work and the people that I work with, not like, "Oh, gosh, you're different. Why should you be here?" You know... [laughs]

01:07:50

CG: *Yes. When you experience direct discrimination, what are you able to do about it?*

01:08:01

JW: So I think actually, direct discrimination is quite easy to deal with. I would say that indirect discrimination is just impossible. So direct discrimination is very straightforward to challenge, I feel, because you can use practical experience or practical situations to kind of almost expose the person who you are talking to, expose their ignorance or expose their misconstrued belief. Indirect discrimination is really difficult, because you're often seen as complaining, or you should just like, "Just chill out, it's fine". No, it's not fine. It's an attitude that needs to be challenged. And I think indirect discrimination is absolutely rife in medicine for all of the protected characteristics. And I think we are a worse profession, because we- you know, I- it makes me sad that we're not- you know, I believe that we should be looking inward, we should be looking for these 'mouse projections', as I've mentioned in the Gruffalo example, that we need to actively seek those. You know, if we want to be inclusive, we need to seek out those projections out and we need to then relate them to the mouse- to the mice that you know, that they relate to in that that sense. And it makes me sad that the medical profession is so resistant to do that, you know, it's like we're not racist, we're not sexist, we're not this. Everyone is so keen to say that- what they're not, but no one's saying what we are actually- we are actively seeking out areas where we are just discriminatory in our attitude. And I hate the fact that only real direct discrimination is considered important or considered valid. Indirect is- people are just blind to it and they want to continue being blind. It makes me really sad.

01:10:11

CG: *Mm. Have you ever joined any campaigns or been involved in any lobbying or pressure groups?*

01:10:16

JW: So I've recently taken over as the co-chair of the Disabled Doctors Network. So it was set up in 2018, by a colleague of mine, and I joined the network at that point. But unfortunately, she's recently had to step down due to health concerns. So I'm co-chairing with a colleague. And I don't really feel very qualified for the job, in the sense that it's really difficult, but I feel it's an area that I'm passionate about, driving change in- so we work to- we're all volunteers, we just work to support doctors with disabilities, and also try to put pressure on, sort of, the various different organisations such as HEE [Health Education England] or GMC [General Medical Council] and the royal colleges, to improve advocacy for disabled doctors, because I feel like sometimes we're the last protected characteristic in the closet, you know, we don't like to put heads above the parapet. We receive a lot of criticism and we're perceived as somehow less good than the rest of our profession. And while I appreciate if you were- if it was a stair climbing championships, yes, I would be less good. But medicine's not that one-dimensional, medicine's incredibly multi-dimensional, and I feel that my disability and my experience of, as I've talked about, my accident, my injury, my rehab, my psychological injury, that makes me such a more effective doctor than I was, pre my injury,

01:11:56

CG: *Yeah. Absolutely, yeah. Can I just asked you how patients respond to you as a disabled person?*

01:12:03

JW: So actually, it's one of those things that when I went back to work, I was absolutely terrified that patients would perceive me as a lesser doctor than my colleagues. And actually, it's one of the things that I'm so glad has been completely blown out of the water, in the sense that I often receive a very positive experience from patients, people really respect you for the fact that you are different, and that- I think, for patients, I display a vulnerability that has not been displayed by the medical profession before. You know, my wheelchair is an obvious vulnerability, and a little do they know that there's actually a lot more to the wheelchair than they can actually see. But, you know, I think it's generally really well received by patients, and I'm so grateful to people who've made- have stopped me or who've spoken to me. I remember, I reviewed a patient on the ward in the middle of the night and one of the other patients called me aside and said how pleased he was to see me working in my profession, you know, obviously in the middle of the night, and while it made me chuckle at a time, you know, it's experiences like that drive me, that make me realise that actually medicine is

completely the right place for me. And although my career in anaesthesia has been tricky, and has taken much longer than most, it's absolutely worth- absolutely worth it. You know, I found particularly working in paediatrics was really cool, because obviously you're at the child's height, you've got something that's interesting, you're less intimidating as a doctor, and also to the parents, you know, you- you're not this perfect superhuman doctor, you're this person who has a disability but is working despite that. And I think if you're the parents of a child that's been given an uncertain or unknown prognosis in terms of what they may be, I think it just opens people's eyes and gives people hope. Which is, you know, I again, I feel a bit embarrassed about because I don't feel that I offer that, but...

01:14:17
CG: *I'm sure you do.*

01:14:17
JW: ... you know, I think it's another thing that you know, it's- wider diversity in the medical profession is absolutely essential.

01:14:27
CG: *Do you have the opportunity to meet other doctors with disabilities?*

01:14:33
JW: So, I haven't met many, but through the Disabled Doctors Network, I have the opportunity to meet different doctors. But we- I'd say we're pretty rare breed. So I'm hoping- I really hope that through me talking to you, through me, talking to different audiences about what my disability brings and why inclusion is important, I really hope that next time I go to a conference, there'll be a few of us sat there, it won't just [be] me. You know, I've had ten years of going to conferences and sitting on my own, being quite isolated from a huge crowd in a room. And I really hope that the medical profession can see what I bring to the- to the world and invite more people like me and

01:15:26
CG: *Yes. Do you have any role models?*

01:15:32
JW: I think I don't have a specific role model in terms of people that I want to follow. But I would say a lot of my- the people that inspire me come from my sporting world, because there's people like Rob Smith, who's an incredible wheelchair racer, who- he has got a significant impairment and he basically taught me how to be a wheelchair-using parent. He guided me, he was there at a really difficult time for me. And also, the amazing Mel Nichols who is a Paralympian, she has just completed a handcycle

around the UK, or around Britain. And I love the fact that she just- she doesn't take standard challenges, she just makes up her own. And she just rocks her difference within this world. And I love the kind of way that she just takes a challenge and just makes it her own and absolutely thrives within it. So I think they're two people that have been a big influence. Obviously, my parents, my grandparents, my family in general, and I mean my husband is a very straightforward person [I would say?]. He's my rock, and I'm the grasshopper that jumps around him [laughs].

01:17:01
CG: *Yes.*

01:17:01
JW: I think it's- I'm very lucky to have that, like nurturing environment in order to be able to kind of just get on really.

01:17:11
CG: *Just kind of summing up now really... You've already talked about what strengths you think a person with a disability can bring to the specialty of anaesthesia. Have you had any sort of- any more specific positive experiences of talking to patients about your disability?*

01:17:30
JW: I think - so I'm both an anaesthetist and intensive care specialist - and I think sometimes you're seeing people at literally the worst point in their lives, whether it's as a patient or whether it's the families and I think that air of vulnerability helps them to engage or to listen with what you're saying. And it's not like an overt obvious thing, it's like a sort of almost like that kind of subliminal message. And I think as well, you know, I have a really vivid memory of when I'd had my surgery, I was in recovery, and I was literally screaming in pain because I had so much pain. And I can remember the nurse- recovery nurse stroking my hand and talking in a very soothing voice of "It's going to be OK, we're going to get this sorted and you're going to be- you're going to feel much better". And I think I have incredible memories of that time, very intrusive memories, very disturbing memories. But one of the things that I'm always able to soothe myself with is the memory of that voice. And I then have tried to use that, because obviously, in intensive care, sometimes you're dealing with people who are literally on the edge of life. And it drives me to treat them in a much more- much less medical way, in a much more human way.

01:19:03
JW: I remember my consultant, the other day, I was talking to a patient that was sedated, they were unconscious, but I still told him that I was going to examine him and I still spoke to him. My consultant said to me, "What on earth are you doing? He's sedated,

he's not aware of his surroundings". And I said, "Well, you never know. You know, and- I also- if I'm the last voice that he hears, I want him to hear a soothing voice. I want him to hear a calming voice that tells him that I'm in control and that, you know, we are doing what we can". And I think often in intensive care we are in these situations where personally we're very stressed because it's a very stressful situation. I have really intrusive memories of the anaesthetist doing the nerve block, of her tutting when she was frustrated with the fact that she couldn't find the right place or couldn't- she was very frustrated with her- I believe her performance. And those tuts literally live with me today. And I feel that's really sad because that's- doesn't need to be there. It doesn't- and I try and use that experience that I had, that's left me with this- because although my symptoms are controlled, I still have PTSD, I still struggle with some of the symptoms from time to time. And I really try and use that experience to then- the way that I treat my patients, I will always talk to them in a calming voice, I will always make sure that I don't talk over them, I will always make sure that I'm talking in a positive, kind way, not a scary, "I'm frightened" way, because the way that they may remember that, we don't know what they'll remember. But looking at the incidents of PTSD and intensive care survivors, I would say that we've got quite a lot of work to do in that area.

01:21:01

CG: *Yeah. So what would you say to any young disabled person today who's considering a career in anaesthetic- anaesthesia? [laughter]*

01:21:13

JW: So, so what I would say to someone wanting to pursue a career in anaesthesia, I'd say anaesthesia is an incredible specialty, and, like, it's one that I love, but I think that's really important. I think that, you know, when you are looking at what career path you're going to take, you need to find what you love, and you need to follow that. And if you stay in that environment, of you're doing things that you love, you're not going to go wrong, you know, and that's very individual, that's very personal to an individual. And I think it's really important to sometimes challenge some of these preconceptions, in the sense that I think sometimes there's this fear that medicine's going to train all these doctors that aren't actually capable of being doctors, but you're not going to stay in an environment that you're not thriving in. And you're not going to, you know, if there's a job, say, you know, when I left the military I was incredibly sad, but I left the military because I couldn't do the job. And I don't want to be someone who doesn't pull their weight or doesn't- You know, and I think that's what the majority of disabled people feel like in medicine, in the sense that, you know, they're doing- they're following that career path, and they're really passionate about it, and to just say, "Oh, you're not very good at that aspect", is to forget the fact that they're actually really passionate and they're probably the person that you want in that specialty, not, the one you want to drive

away, but unfortunately society has driven us away in the past. And it's about time that the tables were turned.

PART 2

01:22:48

JW: One of the reasons why I think I've got so into my sport is that actual pain from physical exercise is really nice because it's not neurological pain. And it actually- it drives me to be- to push myself and push myself, because actually this pain is quite enjoyable. It's there when you're exercising, and then it goes when you're not exercising and, you know...

01:23:11

CG: *Do endorphins have a role?*

01:23:12

JW: Oh, yeah, absolutely. You know, I described myself, pre-accident, as a workaholic with an endorphin habit. And I'm now the workaholic with the endorphin habit again. It's taken me a little while to sort of re-imagine who that is, and what that looks like. But I think my sport brings a lot to my- brings a lot to my medical profession, because, you know, my sport is somewhere that I'm going out and I'm challenging myself, and I'm looking at new ways of trying to achieve things. And it's- whilst it helped at the start with the Lewa Marathon, it's helped me continue because I can- you know, if I have a situation like that woman that stopped me in the middle of the resuscitation commenting on my wheelchair, I can go on the water, so I do a lot of kayaking these days. And I can just smash my blade into the water repeatedly. And just almost like physically rid myself of the frustration of that scenario, and just go back to work the next day with a- well the following time I'm in work, with a clean sheet. And it really helps me to kind of physically remove those frustrations and keep me calm, because I think it is really hard sometimes not to get overwhelmed by those frustrations, because it's not fair. It's like "You wouldn't do it to anyone else. Why have you just done it to me?", you know. And you might be- you might feel like, "Oh, well, I didn't realise" and it's like, "I know but I'm constantly that person who has to deal with the other people who don't realise". And I think as well there's the subliminal messages of "You shouldn't be here, you should go home, you should...", you know, do have a real lasting effect. And now I've learned to acknowledge them a little bit more and not take them personally. But that's taken real time and real effort, and no one teaches you how to do that. There's no course you can go on to kind of overcome these things.

01:25:04
CG: *There should be!* [laughter]

01:25:04
JW: Yeah.

01:25:06
CG: *Can I just ask you again about your sports? So it's canoeing, wheelchair marathons?*

01:25:10
JW: So yeah, so I did a lot of triathlons. So I went from the kind of wheelchair marathon into- I like swimming so in 2015 I became- I captained the first all-female team to do the Arch to Arc Challenge. So that's, you run from Marble Arch to Dover, you then swim the Channel and then you cycle to the Arc de Triomphe. So, the running part I did in a race chair, the cycling part I did on my handbike and the swimming part, I just- we just do as swimming, but I didn't kick my legs because...

01:25:43
CG: *You're relying on the- most of the power coming from your arms I imagine?*

01:25:46
JW: Yeah, I mean, fortunately, I always wanted better upper body strength. So [laughs], I've got it now!

01:25:52
CG: *You've got it! So does that come the wheelchair...*

01:25:54
JW: I think being a wheelchair user and, you know, you just want to live [lift?]- I want to exercise the muscles that work, and you know, my upper body muscles work much more effectively than my lower body muscles. And I've had lots of opportunities, so obviously did the Arch to Arc, I then took part in the Invictus Games in 2016 and 2017 in the three triathlon sports. And then in 2017, I got introduced to paracanoe. And although I've probably got a bit of a chequered history, in that sport, in that I wasn't as successful as maybe I wanted to be, but I- it's, it's given me a sport that I absolutely love. And I- yeah, I try and paddle as often as I can. And I've recently been appointed as one of the She Paddles ambassadors, which is great because I- my experiences of trying to promote inclusion within medicine are translatable to inclusion within paddling and I think it's something that brings me an inc- tremendous amount of joy. I've had to learn techniques such as mindfulness to try and sort of help me overcome some of my

psychological injury plus, being different in medicine has taken quite a lot of- of work for me personally, mentally, and I just find that paddling brings me so much joy. I'm in nature, I can just enjoy where I am at that point in time, at that moment. And it doesn't matter what the weather's like, what the season's like. There's always lots to be seen and lots to enjoy. And I think I feel really lucky to have such an incredible sport that I've, you know, I really- because I- although I enjoy the cycling, the wheelchair racing and the swimming, nothing brings me joy like the paddling. So I feel really lucky to have my sport. And I also think, you know, that sort, you know, of preparing for races, and things like that, have then helped me to sort of prepare for changing jobs or, you know, a difficult shift, to sort of unwind after that. So [whether there's sort of?] mental preparation techniques and things like that you're going to and- I had a difficult placement recently that I sort of needed to psych myself up before I went in. And I just used my pre-race tactics and it worked quite well [laughter].

END