Lost in the ether: missing perspectives within anaesthesia

Transcription of interview with Dr Nick Francis

Speakers:
CG: - Clare Gilliam (interviewer)
NF: - Dr Nick Francis (interviewee)

00:00
CG: *It's the 15th of November 2021, and this is Clare Gilliam interviewing Doctor Nick Francis, on behalf of the anaesthesia Heritage Centre for the project 'Lost in the ether: missing perspectives within anaesthesia'. And the location of the interview is the headquarters of the Association of Anaesthetists at 21. Portland Place, London.*

Hi, Nick, can you just confirm your title, your full name and your current grade?

00:29
NF: Yeah, so it's- yeah. Doctor Nick Francis, and I'm ST6 [specialty training, year 6] at present.

00:34
CG: *Thank you. So ST6 means you're in higher specialist training?*

00:39
NF: Yeah, so about 18 months off becoming a consultant, if all goes to plan.

00:43
CG: *And whereabouts are you currently working?*

00:45

NF: So I work in Newcastle and- well, I live in Newcastle. I'm actually currently based in Northumberland, so a little bit north of the city. And I've yeah- been based up in the North East since about 2004.

01:00
CG: *And you identify as a gay man, is that's right?*

01:02
NF: That's right, yes, yeah.

01:05
CG: *In what year were you born?*

01:06
NF: 1985.

01:08
CG: *And whereabouts were you born?*

01:09
NF: Born in Guilford. So this end of the country. And yes, I grew up in a little town called Godalming, just outside Guilford, and lived there, certainly right up until I went to school, so my family is still based down there.

01:26
CG: *So can you just tell me a little bit about your family? What did your parents do?*

01:30
NF: So my dad was, until very recently, a barrister. And I remember very clearly growing up with Dad being there in the evening, but not very much the rest of the time, actually, and he would he would get up at a frightfully early time and get the train into work. And my mum was an academic, but I had two older sisters, and from pretty much the point they were born, she kind of took a sort of role in looking after us. Which kind of later in life I think became a little bit of a bone of contention between my parents. But yeah, I was the youngest of- well, I am the youngest of three with two kind of evil older sisters [laughs].

02:10
CG: *So your parents weren't- was your mum in medicine? Did she work in medicine?*

02:14

NF: No, so I'm the only medic in the whole family, until very recently. My dad was a medical negligence barrister, so spent a lot of his time in his professional life initially kind of defending doctors quite a lot of the time, often against things like the GMC [General Medical Council], or internal trust investigations. And then, as his career went on, ended up often running things like public inquiries, and sort of- his sort of 'pièce de résistance' of his career was leading the Mid Stafford Hospital Inquiry, which sort of happened in the early to mid-2000s. And looked at a hospital in Mid Staffs, where, you know, thousands and thousands of patients had died, needlessly, it was found, because of quite severe trust mis-management. And it became known as the Francis Report. So I grew up, all the way through medical school, hearing my name kind of being used in that sense, and it's still now- I'll- even yesterday, sat down with a nurse in the coffee room, and she sort of sidled up to me and said, "Oh, was it- did your dad do the Francis Report? We did it during- we did it during nursing school, and I've heard it so much". So yeah, I've kind of grown up not so much in his shadow, but certainly, you know, very proudly associated with, you know, a really important piece of work that has, yeah, changed even the system I currently work within, for the better I hope. So...

03:42

CG: *Mm, wow. Quite an inheritance [laughter]. Are you happy to talk to me a little bit about when you first became aware of your sexual orientation?*

03:52

NF: Yeah. So I think... I mean, I've always subscribed to the idea that sexuality is something much more nature than nurture, and I suppose it was- it was always there. And I think it was probably around the age of about eight, I began feeling that something was different, something wasn't quite right. And in a strange way, and I guess this is a societal thing, it felt wrong, something felt intrinsically wrong with this, and I- you- as a child, feel incredibly sort of anxious, I guess, because you're growing up as a- as something different, and you can't really put your finger on why it's different, and you don't have a name for it. But you know that you have feelings and emotions that don't seem to be in step with your peers, and with the way that you're being told constantly and fed constantly what is normal, so you feel outside of that. So I think, yeah, from an- I went to a private school, but- initially quite close to where I lived, but my parents sent me to boarding school, in essence from the age of eight. So I think for me it was- and it's something I've even struggled with much more recently than that. But I think the combination of being aware that something wasn't quite right, but then also being kind of torn away prematurely from my family, and sent away to what ended up in quite an austere sort of environment to live in, I think it did quite a lot of psychological damage to me actually going forward. And it's only really much more recently, in really the last kind of three to five years, that I've started being able to address that. But yeah, so I

think probably eight years old was around the time that things started to just not feel quite right.

05:44

CG: *Mm. Why did you go to boarding school?*

05:46

NF: So this has again come out more recently. I didn't understand at the time, and when I was, you know, when you're eight years old, you kind of don't really understand why it is that you're being sent away. And that's very much what it felt like. It felt inside that I'd done something wrong, and that that's why I was being sent away. So... and I carried that kind of almost sense of guilt with me all the way through life until recently. And you know, me as the 35-year-old Nick can very much see that my mum, I think, had just lost her tether with looking after us, and really felt that she wanted to go back to university, and my dad was working very hard. And his father was very keen for us to- all of us to kind of go to boarding school. So I think it was a combination of, yeah, my mum needing some space, and my rather overbearing grandparents having an influence on, you know, my parents' choices, and- but you know, I still have no doubt whatsoever that my parents, yeah, 100%, had, you know, my best intentions at heart. And, you know, and if it had not been for the experience that I'd had, you know, in private school, I'm not sure I would have been able to get to the level that I am now. I'm not sure I would have been able to go to medical school, so it's a double-edged sword, really. But yeah, I certainly early on carried a huge amount of blame through and a lot of guilt for that. And at the same time thinking that you're somehow different. You start thinking, well, maybe that's why, maybe it's because I'm, you know, I'm different in some way that my parents have decided I need to just be sent away. So yeah, it was- it was not an easy time, those early years, definitely.

07:22

CG: *So yeah, so, as you say, being sent away like that must have reinforced your feelings of guilt and blame...* [emergency services vehicle siren in background]

07:29

NF: Totally, you start burying stuff down and you start feeling that "Oh, I need to be different, I need to be better". Because I think as a child, especially at that kind of age, you don't have the emotional maturity to kind of think logically or laterally about these things and if the assumption is "Oh, I've done something wrong". The only thing you have control over in that situation is you, so you will- and certainly as I did you, you just try and be a good child, try and be good, because, you know, "I've been sent here because I'm bad, so if I'm good, I'm going, you know, I'm going to sort of work my way back into my parents affections", you know. And, you know, I should point out at no

point did my parents- were my parents unaffectionate or unloving or anything like that, but it was just that really difficult situation to be in. And, you know, it's all very easy looking back at the age of 35, and saying, "Oh, should have done this differently". But, you know, I'm sure they did the best they could at the time.

08:21

CG: *How did it affect your approach to work, to your schoolwork?*

08:26

NF: I worked very hard. I think I was, you know, reading back through my school reports more recently [laughs], I think I was, you know, often described as lackadaisical. And, you know, I did try and work hard, but I think I was fortunate enough to be int-, you know, bright enough that I didn't need to actually apply myself, and my teachers often got at me for, you know, if only I worked harder I would do even better, but I kind of- I kind of got the grades that I needed to get to kind of- just about coast through, and that's, you know, I mean, that's something that's followed me through, even into my anaesthetics exams, to kind of always leave everything to the last minute but, because I was always getting the grades that I needed, I never felt I needed to work any harder than that [laughs]

09:11

CG: *Lucky you!* [laughter]

09:14

CG: *So when did you first become interested in medicine? How did that come about?*

09:19

NF: It was very accidental actually. I'd... the thing I was really interested in, growing up and you know, as a younger man, was acting. And what I always wanted to do was go to drama school and become a professional actor. And my parents were incredibly in favour of this as well and, you know, I did school plays and some short films with some friends as well, you know, was doing OK. And, you know, the only drama school I wanted to go to, because I kept on being, you know, you kept on being told that the only decent drama school is LAMDA [London Academy of Music and Dramatic Art], you have to go to LAMDA in London. So tried and tried and tried, you know, from the age of like, 17 onwards, like auditioning, auditioning, auditioning, and just never getting in. And then tried RADA [Royal Academy of Dramatic Art] as well, didn't get in. And my parents, you know, quite sensibly, said "Well you need to go to university and do a proper degree first, just in case this doesn't work out. I'm sure, darling, you're going to be fine, but you know, just a little sort of- just a little thing in the background".

10:15

NF: So, I wasn't ever particularly interested in university, but at school, you kind of do all these kind of aptitude tests for things like that. And the one thing that came out was psychology, and I was like, "Well, you know, I mean, fine". So I applied to various different programmes and got into psychology, sort of, bachelor's degree at Newcastle. So I went there and I did my degree, and merrily kind of applied for various drama schools while I was still there. And then finally, I think in my second to last year there, was accepted into drama school in New York. So the plan was very much that I would finish my degree, and I would move out to the States and, yeah, I would start my career there. And, you know, drama school in the States is a whole different sort of kettle of fish to how it is in in the UK. I mean, it's private university fees, plus you're not allowed to work as a foreign student. So it- as my sort of practical head started sort of kicking in towards the end of my psychology degree, I started thinking "God, I mean, how am I going to support myself? And I'm going to get deported as soon as I finished this degree, and I'm going to come back to the UK and no one will want to see my showcase work. I'm just going to be another unemployed actor, with a degree that doesn't mean a thing in the UK". [emergency services vehicle siren in background].

11:32

NF: And- so I started thinking more practically about what my future was going to look like. And just decided I didn't have enough self-belief at that point to follow that career through. So, so I went kind of cap-in-hand to my dad and said, "Do you know, I don't think I really want to do this anymore, and I know you've been, you know, incredibly gracious, and wanted to pay for it all, but I think- I think I need to do something else". And sort of had a bit of a soul-searching few months. And actually, while I was doing my psychology degree, a lot of the- a lot of my friends were medical students, and they always seem to have a much more interesting university life, in that they were kind of almost like going to work every day, while I was doing kind of, you know, four hours of contact lectures a week, and all my friends at med school were going into hospital every day, and they were wearing nice smart clothes to go in, and it seemed like a proper degree. And the main thing in the back of my head was I need to- I'm not going to be able to go out with a psychology degree and get a job that you know, is going to pay well, and be able to support myself, because that was a- you know, that was something I really wanted. But I thought "I need to get a degree where I've got a job at the end of it". And that seemed like the sensible option at the time, and I'd already quite, you know, I'd quite liked science, sort of, well, biology when I was at school. So I said, "Well, maybe I'll just apply for medicine".

12:53

NF: And so, the aim at that point was to try and get out of Newcastle, I thought I'd done it for like three years, and, you know, I should try and find a, you know, I should try and use this as an opportunity to move. So I applied to lots of medical schools, including Newcastle, and as it turned out Newcastle was the only one I got into. So that worked out fine, so I just ended up staying on, and that's how I ended up in medicine. It was

kind of relatively accidental, but actually, as time went on, certainly throughout med school, and then subsequently, I, you know, really fell in love with it. And it was much less sciency, and much more people-focused, than I ever really ever imagined it to be. And I still, even now, having, you know, qualified in 2013, I still get a buzz out of going to work every day. I still look forward to what I'm doing at work. And you know, even if it's an exhausting day, I still come back and feel like "Well, I've achieved something, I've done something". So, yeah.

13:50
CG: *So, so it was a good choice.*

13:51
NF: Mm

13:51
CG: *Yeah. So did you have to do the full five years?*

13:55
NF: Yeah, so I'd- because I took a quite scenic route into medicine, and I got it on the basis of having a sort of, I call it a 'light science' bachelor's degree, because psychology I think, while it was a BSc, it's not quite I think in the same league, at least scientifically, as something like, you know, pure chemistry or, you know, physics or something like that. So, but they let me in on the basis of that. And yeah, just did the full five years. And I'm glad I did, rather than anything more accelerated than that, because I found those first two years of med school, which at Newcastle were very, like heavy science based, very difficult. And really things like statistics and chemistry, I found quite hard to get my head around. So I kind of needed that time to kind of- to kind of get through all of that. But yeah, thankfully I did.

14:47
CG: *And did you enjoy the social life at university?*

14:49
NF: Well, it was a bit different the second time round because I think I did all of my partying, and late nights, and rolling into lectures at 9am straight from a nightclub the first time round, and I kind of felt I was going back the second time... My dad, you know, again very graciously agreed to kind of fund me through university both times, but I did have much more of a sense of obligation the second time round, whereas I really couldn't screw this up. So, I thought I needed to go to all my lectures, turn up on time, you know, not fail anything. So I think I was a bit more studious that time round. And I was, you know, I was four years older than the majority of my peers as well. So, I kind of felt like

the granddad of the year, so I kind of had an obligation to kind of, to work harder. [laughter]

15:34

CG: *So, once you were in university, well either the first time round or second time round, how did you feel about your sexuality? Did you feel that you were able to be more open?*

15:44

NF: Yeah, so I think, you know, I'd ended up before that being at two quite sort of 'ish' austere boarding schools, like all boys' schools, so they will never even as I was kind of growing to kind of accept my own sexuality, they were never places where, realistically, anyone at that time certainly, and possibly even now, would feel that they wanted to be open about their sexuality. It just would have made life too difficult. So as I- when I went at 18 to do psychology at Newcastle it was the first time, you know, I'd been in this sort of environment full of people my own age, from all sorts of different backgrounds, you know, posh people, people from, you know, very working class backgrounds, people with all sorts of accents, you know, people of all different races. And, yeah, it was just a really exciting environment to be in. So I kind of, I probably slightly over compensated at that point. And, yeah, I ended up sort of being a complete... I became very effeminate actually when I first went to university, because I felt it was almost the first time I could be open about who I was. And that was a- it was kind of, I don't know, on one hand it was nice, because you felt you could experiment with sexuality, you could be- you could slightly make yourself into it, you know, something a bit different, or be a bit more open. But then, you know, it almost made me behave in a more stereotypical way. And it made be almost put myself in more of a box, you know, rather than being an individual. So it- I guess maybe that's just something I needed to go through. But then I ended up, yeah, kind of developing and working out kind of who I was in a way, and kind of carving my own identity. And then, yeah, by the end of that three years, I'd kind of calmed down a little bit. But I was speaking to someone the other day who said, as a gay person in Britain, you know, even now, certainly, we never had the opportunities when we were in our teens of going through those, you know, drunken fumbly teenage adolescent years. So most gay people end up having to do it in their twenties and thirties. Which is possibly why, you know, there's almost this sort of slightly hedonistic kind of, you know, free-lovey type feeling about gay men, especially in that age group, because they never had the opportunity when they were a bit younger. So yeah, I certainly had fun at med school. And yes, and kind of felt like I was beginning to grow up and become a bit more of an individual at that point, I guess.

18:24

CG: *Yeah. Thank you. So did you, as a student, did you experience any kind of discrimination?*

18:31

NF: Not really from people I was sort of directly working with or people I was directly socialising with. I think what possibly I noticed was that the safest place to be was in this almost very effeminate, very sort of overly stereotype place, because it's almost like a protective shield around you. You can- you feel like you're almost invincible when you're this kind of massive queen. And so I guess I used that almost as a form of protection, people kind of see what they expect to see and it became almost less kind of threatening to- or what I perceived as less threatening to straight people. And yeah, I think, in my head, straight people found the idea that gays were just kind of surreptitiously secretly among us, and they look and talk like us, and they behave like us. And I felt like at least if I was extremely flamboyant and open, at least people could see miles off who I was, and therefore kind of put me in that box. So I didn't think, yes certainly as a student, I didn't feel particularly discriminated against and certainly not by my peer group. Yes, by adults and maybe my parents- sorry of my friend's parents. That happened a few times. And yeah, a few of those episodes kind of, yeah, certainly shaped me and shook me in a way. But yeah, it was, it was still this kind of relatively free environment. And it would have almost been considered a little bit uncool for people to kind of discriminate against you, certainly with the people I was socialising with.

20:16

CG: *And your parents were cool?*

20:19

NF: No, no. I mean, my dad absolutely was, and I kind of got to uni at the age of 18 and felt, "Oh I'm going have to just do it now, I can't sort of- " I made an active decision, I was going to tell them now I'd moved out. And so I thought, "Well the first person I'll tell is my mum", because we were always very, very close and so I thought, "Actually, she'll, you know, she'll understand it, and she'll kind of, she'll get it". And that was probably the biggest mistake, actually. So I- we went on holiday, I remember, because my parents split up just before I went to uni. And me and Mum went on holiday together to the Caribbean. And I remember trying to work out, "When am I going to tell her? If I tell her at the beginning and it goes terribly wrong, we're going to have to get through a whole week together of not talking. And if I tell her at the end and it goes badly, then it will look like I'm trying to run away, so I'll tell her on the second to last night". And I thought it was going go fine, I remember telling her in a sushi restaurant in the middle of St. Lucia. And I remember she just stared at me and burst into tears and started wailing across the table at me in this crowded restaurant. And just kind of through the tears telling me that, you know, I was going to go to hell, and that I was probably going to get AIDS

[acquired immunodeficiency syndrome] and die, and live a very, very sad, lonely life. And, and I think, you know, at the time that was very damaging, clearly. And I kind of, "Oh, God, this is, you know, I've really made a huge mistake here, I shouldn't have said anything, and I've really upset her". But I think again, in hindsight, she was very much dealing with her marriage breaking down, her kids leaving home, kind of feeling that she was a bit redundant. And I think, you know, it was probably not the time she needed to hear about it [laughs]. But, you know, not that that's an excuse. And like, luckily, we've- you know, we've got on much better now, but I mean, there was about a period of a year after that, where we didn't talk at all, like, we barely spoke a word to each other for the year. And she kind of gradually came around to the idea, and now it's not an issue at all. And yeah, my- both my sisters, my dad, completely fine, you know, certainly to my face, about it.

22:15

CG: *Mm. That's good. So, you graduated from medical school, in what year was it?*

22:24

NF: 2013.

22:27

CG: *And so at what point did you decide to go into anaesthesia as a specialty?*

22:32

NF: Well, I'd always quite liked it at med school, and I think people talk about, you know, role models in their choice of specialty. And I just remember finding most consultants that I, you know, worked with as a student, you know, certainly clinically, utterly disinterested in me as a student, and in me as a person or what I wanted to do, they just kind of wanted to witter on about how great their specialty was and, you know, how most people were probably not intelligent enough to do it. And so I kind of felt a bit turned off about most things. And I think I'd started med school thinking I was going to be a neurosurgeon, and then rapidly worked with surgeons and worked out I didn't really want to certainly work in that particular environment. But I remember certainly working with a lot of anaesthetists as a student and spending time in theatre, and they'd often be teaching us about exciting stuff like resuscitation and things like that, and it very much felt like they were the most personable, friendly, kind, kind of balanced people, often a bit mumsy, and, you know, it was quite a female-heavy specialty, and that always seemed like it was probably going to be a nice place to work therefore, and yeah, they- all the role models I had, kind of, were either from intensive care or from anaesthetics, and so it had always been kind of, in my mind as something to do. And pretty much all the way- pretty much from my fourth year of medical school, I was pretty intent that that was what I was going to apply for. And so,

the nice thing about that was I spent my two foundation years basically just doing stuff that was going to make my application much stronger, and so I didn't in the end have a huge problem getting into it, and, you know, the North East was never, you know, a hugely popular place to work, most people wanted to work down south, so actually, by the time I came to apply, you know, it was just was a natural fit and you know, I felt like I just sort of walked into a nice job and I've been very, you know, very well looked after ever since then in the region.

24:38

CG: *Mm. So what was it about the neurosurgeons, the environment, that put you off?*

24:46

NF: So, I think, before you've worked in an environment, you know, in medicine, you kind of, all you have to go off is the kind of slightly romanticized view about what it is and even now I get irritated- I mean, I don't watch a lot of sort of medical dramas or documentaries, because I just find it irritating, and the thing I still find very annoying is that most, kind of- for example, the fly-on-the wall documentaries, things like, kind of '24 Hours in A&E' or 'Hospital' kind of pretty much focus on the surgeon as being the god of the hospital and nothing else mattering in that patient's journey, that somehow patients just magically turn up anaesthetized on an operating table, and the surgeon just turns up and does something amazing and saves a life and that's it, the patient just goes home. And, you know, clearly that's not real life, and it doesn't take account of the, you know, hundreds, possibly, of other, you know, professionals who've had a role in that. And yeah, I find- I mean, I'm, you know, my sub-specialty area is neuroanaesthesia, so I- you know, my future is pretty much just neurosurgeons, but certainly on the- [laughs] certainly on the other side of it in a way. So, and I find that I've had a lot of friends and colleagues who've entered and then unfortunately left surgery and surgical training because, certainly female friends, who've just still found it, you know, a toxic kind of male dominated environment, that just has been the slowest of all to really catch up to the idea that, you know, people have lives outside work, people don't necessarily take a traditional route through training, you know, people have got other priorities other than, you know, their job 24 hours a day. And the surg-, it's very sad to see some, you know, really talented female surgeons kind of falling by the wayside and going to other specialties. Because I think that it is clearly making some progress, you know, they've had at least one female president of the Royal College of Surgeons, the late Clare Marx being relatively recent. And yeah, so there is- there's clearly- it's clearly making progress, but not nearly as fast as, you know, other medical specialties. So I think it was always going to be a slightly difficult environment to work in for me from that perspective. And to be fair, as a surgeon I respect hugely while I was a very junior doctor said to me, "Nick, you have absolutely no aptitude for surgery, and I'm glad you're never going to apply" [laughter] so I was told at an early point to maybe think about something else.

27:20

CG: *Yeah. But you see a lot more female anaesthetists?*

27:23

NF: Yeah, and I don't know what the actual figures are, but certainly, previously, it was very male dominated and male heavy. And I think that's really- that's changing, certainly. And, you know, I'd say at least half of my colleagues, if not more, are female. I think anaesthetics favours- has always been favourable for women who, you know, often had more of a traditional childcaring role, because of its episodic nature; you can work part time as an anaesthetist very easily because you come in, do you work and leave, and that kind of episode of work is closed. Whereas, you know, most other specialties don't have that luxury. Most of-, you know, most specialties in a hospital setting, you've got patients under your name, you've got on-call commitments that kind of drag on. And we're lucky in that sense that we don't have to worry about that. So- and I've got quite a sort of short attention span, and so it's always, as a specialty, kind of favoured people who think like me, I guess [laughs].

28:27

CG: *So you enjoy your work?*

28:28

NF: I love my work, yeah. I mean, I, you know, have, you know, now I've done anaesthetics since 2015, and, you know, every day is a little bit different. But equally, it's also in a nice way, often very the same. And, you know, I get to work with a really fabulous team, every day, you know, people I, you know, really love and respect and, you know, it doesn't matter which hospital I go to in the region, if I've worked there before, it's just like stepping back into your old family. And it's all very nice and informal, we don't all have to be sort of stuffy and on parade the whole time. Because, you know, in the main, we're a relatively hidden specialty, and I like that. It's, you know, it does feel like a little kind of family at times, and even when it's, it's tough, I think I compare anaesthetics a little bit or theatres a bit like very much the opposite of A&E [accident and emergency], and the reason I would never do A&E is that it doesn't matter what time you come on shift in the emergency department, it's hell quite a lot of the time, and you walk in and there's a seven hour wait with patients, you know, more patients than there are rooms to put them in, and it doesn't matter what time you come on, it always seems to be like that. Whereas in theatre, it doesn't matter how horrendous the night shift was, you know, four theatres running, you know, blood coming out of every door, eight o'clock comes round and it's almost like that slate's been wiped clean and you've got everything's fresh and new again, and it doesn't matter- yesterday's irrelevant, we've just started again and I like that. I like that fact that we just start again every day. And

so there's a kind of comforting familiarity to that. And you know, I've, yeah, I love it, you know, very much and I hope to make a nice long career out of it.

30:18

CG: *Have there been many differences to your workload since the start of the COVID [coronavirus disease] pandemic?*

30:24

NF: Do you know what, in honesty not a huge amount for me. My- obviously I know a lot of colleagues who were redeployed and had training very badly disrupted, and people who were redeployed to ITU [intensive therapy unit]. I was quite lucky in the sense that when COVID started, I was in quite a small district general hospital, which is actually where I'm based again now, where I was one of the more senior people there. And I just about made the cut-off that because so few people- so few other trainees that I was working with were actually trained to do obstetrics that I was considered valuable enough to not be sent to ITU and because they needed me to kind of fill the obstetric rota to look after maternity patients. So I just spent the first six months of COVID doing C-sections [Caesarean sections] and epidurals, and do you know what, the lovely thing about it was, it was almost like the pandemic wasn't happening. And that's what I quite liked about it, because you would come in, and however awful the news was, and ITU was completely full, and we were ventilating patients in corridors and all the rest of it, women were still getting pregnant, still coming in, still having babies, just like's happened for centuries, and nothing was different there. And I quite liked that, because it was almost a form of escapism from the pandemic. The other thing that was quite nice was while the whole country was in lockdown, I still got to go to work, I still got to go in, at least socialise with my colleagues, even though obviously we all had our own personal traumas going on outside of work, but you could be guaranteed we'd come to work, someone would have a smile on their face, and you know, you'd be able to talk about something anything other than COVID in the coffee room every day. So from that sense, it was almost a form of escape. But I didn't feel that, you know, really at all, during the pandemic, I had, you know, I was very lucky in the sense that my training, you know, proceeded as normal. And, you know, I think- I count myself very lucky for that.

32:15

CG: *Mm. Life continued, for you.*

32:16

NF: *Absolutely* [laughs]

32:16

CG: *New life, new life as well.*

32:18

NF: Absolutely, yes.

32:21

CG: *Are you open with your colleagues about being gay?*

32:24

NF: Yeah, and I wasn't when I first started. Again, I think this is a, you know, this is a marker of the times. When I first started as a foundation doctor, I didn't really tell anyone, and it was only, kind of, as I got to know, certainly senior colleagues, consultants, who would ask and then I would say. And then now very much everyone, you know, I wear my Rainbow Flag on my badge with pride and, you know, everyone knows I'm gay, and that's never been an issue. When I got married in, sort of, 2015, and obviously I had a wedding ring on, I... patients would often ask, kind of, you know, just making passing conversation in the anaesthetic room, "Oh, what does your wife do?" And I remember initially, I felt so embarrassed about making someone feel awkward about having sort of- having got that wrong, even though clearly, you know, it was never- that would never be an intentional offence that anyone would ask. So I would just- I would just go along with their misapprehension, and say, "Oh, my wife does this", you know. And then it only became- after we'd been married a few years, that I started thinking, "Well, actually, (a) it's not their fault, that's not anyone intentionally kind of making a mistake. But equally, I don't need to feel ashamed about that, and equally I need to find a strategy to answering that sort of question. So I would just correct them and say "Oh, actually, you know, my husband's a doctor as well". And, you know, "And he does this..." and I kind of felt at the back of my head that the more I normalised this conversation, and the more I normalise that kind of turn a phrase, that I'm a man and talk about my husband and not being weird about it, that more and more people, you know, would just start to feel that this was normal, and it wouldn't just be this really awkward conversation. And actually, that's stood me very well, kind of going through time, and I, you know, I would still talk in those terms now.

34:18

CG: *Yeah. So what made you decide to be open with colleagues?*

34:26

NF: I think, partly because the sort of environment we work in, in anaesthetics, in theatres, is a kind of very flat hierarchy. I, you know, I don't have my boss and I'm an underling, we all kind of work as a team and certainly as I've become more senior, that's become much more the case. You know, we all refer to each other by our first name and it just

felt inauthentic to not be open about who I was, and certainly to lie about who I was, because a lot of my day is spent chatting to colleagues, of all levels, of all disciplines, and, you know, it's- we all become quite close because, you know, especially if you're in theatre with a consultant, and, you know, it's a six-hour case, like, you know, there's only so much work you can talk about. So we all talk about our private lives, you know, to a degree as well. So, yeah, and it was, yeah, it is- you know, it doesn't define who I am but it's a big part of my identity. And yeah, certainly not talking about it, yeah, again, I just wouldn't- I just felt would not be authentically me, and, you know, I'm, you know, I'm not a very closed-off person, I'm quite a sort of chatty open person. So yeah, that it just- it wouldn't have fitted with who I feel I am.

35:38

CG: *Mm. So, how easy has that been, being open?*

35:43

NF: Absolutely fine. And, you know, to the extent that, and maybe this is just virtue of, kind of equality and diversity training actually having an effect, or just society in general not having an issue. I think probably it would be more the latter. But yeah, it's never been- I've never felt sort of on the back foot, or that someone's, you know, taken a personal slight to me, you know, referring to my sexuality. I mean, there's a time and a place, I think, in general, to talk about your personal life. And there are certainly people that I only, you know, maybe know on the fringe at work, that I wouldn't talk about the inner intimacies of my personal life, but in the main it's been very positive.

36:26

CG: *Mm. Do you feel that you've ever experienced any barriers or discrimination in your career?*

36:36

NF: I think I've been lucky, in the sense that I've chosen to work in a specialty that is, and has always been, regarded as, you know, very open and very inclusive. And I say that from the sense that, you know, I think basically becoming a welcoming environment to women, and to support the likes of people working less than full-time, people working flexibly, it's been one of the early adopters of that. That comes with an acceptance of all people who might not quite fit the kind of straight white heterosexual mould. So yeah, from that sense, it's never been an issue. And people have almost been more at pains to point out how not an issue it is, which has been great. I think, had I chosen another specialty, it would have been completely different. I think had I wanted to train as an orthopaedic surgeon, I couldn't think of anything worse. But that, you know, I think- unfortunately, I think, and I say this, from the experience of friends and colleagues, is a much more toxic male environment, which sees itself as very 'alpha

male', and I think I would have very much not been open in that sense, and I would have not felt able to be who I wanted to be, and who I was. You know, I know very much that, you know, many of my friends and colleagues who are orthopaedic surgeons are not like that. So I'm not tarring that entire specialty at all. But what I, you know, I still see that kind of talk, that kind of locker room boy attitude with a lot of those groups that I work with all the time. And it's, you know, I made a very active decision, I didn't want to be part of that. So, so I've been very lucky and I think that's really testament to how this specialty, you know, treats its trainees, treats its workforce.

38:40

CG: *Mm. If you were to experience any kind of discrimination, what kind of support would you be able to access, do you think?*

38:48

NF: It kind of very much depends where it came from, and you know, I remember a case, a couple of-, oh just a year or so ago, where I was quite new to a trust, and I was sitting in the coffee room, and I was just sort of minding my own business in the corner. And I started, you know, hearing- because it was quite loud- a conversation between some of the nursing staff, you know, mixed group, male- men and women, that was going on next to me. And it became quite evident that they were talking about the 'This Morning' presenter Phillip Schofield who had recently come out as gay. And the kind of terminology that was being used, referring to him as a faggot, referring to him as a nonce, you know, that was getting louder and louder. And I kind of- it became very apparent that effectively what they were doing was talking about a gay man in extremely derogatory terms, but of a volume that kind of purveyed this kind of level of entitlement, this like level of righteousness to that conversation, it wasn't something to be ashamed of, it was something that they felt able to kind of voice in those kind of terms very openly. And I remember feeling really sick to my core. I felt really- I felt personally discriminated against. And, you know, I- it's not that I like or particularly respect Phillip Schofield, but it was more the nuance of where all of this came from. And I remember having to go out and just kind of stew about it and just felt really upset. And for better, for worse, I felt rather than speaking to anyone directly about it, I just wrote about it on Twitter [laughs] and basically just explained kind of vaguely that's- that this has just happened to me, or I had just experienced this. And do you know what was so lovely was that actually one of the consultant anaesthetists in that trust saw this, and rang me straightaway- or actually wrote me a message straightaway and said, "Look, I'm appalled to hear that this has happened, and, you know, if you want, this is something that is not in any way, shape, or form something that is condoned in the trust, and I don't just say that from a policy level, this is culturally just not something that goes on here, or certainly not something that's acceptable here. And if you want to push this forward, I'm more than happy to kind of literally walk with you through this

whole process, to whatever ends you would like it to be". And I think- and I decided- I said, "No, I- you know, I find the kind of terminology and I find that kind of mindset relatively contemptible, but for me it's something I'll get over, it's fine".

41:27

NF: But I was just very heartened to have, on something that had been quite informal, you know, to hear and feel so supported. And actually, that's the thing that's lovely about anaesthetics, certainly everywhere I've worked. that whatever your problem was, pretty much, there's always a consultant in the department, there's always someone senior in the department that you can go and speak to, that you can go and bend the ear of, that you can go and basically kind of just try and hash out kind of what you want to do. And maybe that's just a North East thing, because I've got a colleague based down this end of the woods who had a very different experience, you know, in a big teaching hospital here in London, where there wasn't support, and actually where the culture wasn't like that, where it was completely different. So I feel very fortunate, again, to work in an area that, you know, certainly works and behaves like that. So, I've- those kind of levels of informal support have been invaluable, for lots of different reasons, you know, not just because of my sexuality, through my career and, you know, part of the reason I've wanted to stay in the specialty is, whenever something's gone wrong, either at work or in my personal life, there's always been, you know, there's always been help there, and there's never been a shortage of it.

42:50

CG: *Mm. That's good. So have you ever had to sort of stand up for a colleague or have you ever had to make any kind of formal complaint or anything like that in support of a colleague in the LGBTQ+ community?*

43:05

NF: I've- I remember, erm... So actually, this good friend of mine who texted me one evening, not that long ago, actually, and said, "I don't really know, I don't really know what to do about this, because I've come into theatre, and I'm new in the trust", and it's a big, quite scary teaching hospital. And it's an all-male theatre and anaesthetics team, which was quite rare, you know, and there was a- he said, he described you know, one of the theatre staff, one of the male theatre staff, had come in wearing a kind of rainbow kind of flagged hat. And the response from one of the other members of theatre staff had been, "Oh, you'd better be careful, wearing that outside because you're probably going to get effed up the arse [laughs]". And this colleague, this friend is gay, but not particularly open about it, but certainly doesn't hide it. And just, you know, so that was the kind of the initial kind of insult and was quite taken aback by this. So he kind of wandered back into the anaesthetic room and the male anaesthetic nurse then started speaking to the male consultant anaesthetist, and said, "Oh, what do you think about that guy? Do you think he really does take it up the arse?" [laughs] And

so my friend just was- he said, "I feel incredibly offended and upset by this and should I feel-" and the thing that got me and the thing that actually made me upset about it was that he felt- he felt guilty. He felt guilty for not standing up for himself and for the whole community. He said "I feel like a lesser person, because I allowed it to happen, and I didn't- I didn't stand up for me, I didn't stand up for you, I didn't stand up for all of us. I just let it happen".

44:49

NF: And I- you know, so we talked about it and I said, "Do you know, obviously you didn't say anything. I wouldn't have said anything, you were in a- you know, you're clearly in a really hostile, unfriendly, kind of dangerous environment where you have no kind of obvious peer support. So clearly, it was the right thing to do not to say anything, but it doesn't mean you don't have to do anything about it now". So we kind of, we talked it through and saying, you know, "What else? What could you do?" And I said, "Look, I think there are various people, X, Y, and Z in the department, you should go and speak to about if you want to, and you're clearly upset enough that I think it probably should be escalated. Because actually, you know, you can't- you've obviously felt upset and who knows, you know, this kind of attitude needs to be kind of nipped in the bud". And I think it's one thing holding a relatively reprehensible view, it's a complete other thing to be able to voice that kind of without impunity. So, so yeah, so I advised him to go and speak to someone, one of the quite senior consultants in the department, which he did. And thankfully it was taken relatively- well it was taken very seriously. And yeah, he was called for a meeting with the senior consultant, you know, head of department and the director of the theatre directorate, and he sat down and recognised who the theatre directorate manager was. And he said automatically he knew that this would all be OK, because the directorate manager's husband was the head of equality and diversity for the trust [laughs]. So he was like, "I'm sure this will be taken seriously". He was quite worried that this would be- that it would be very difficult, therefore, to work with any of these people again, you know, you've raised a formal complaint in quite a public way, you know, and actually I think what was quite classy was that actually, it wasn't like that. And actually every- no one was kind of sacked, or kind of cautioned, but people were just re-advised about the way they needed to behave in public and it was just a gentle nudge, which I think is all that people needed. It wasn't therefore awkward for him to kind of go forward about this at all. But I think actually he felt, as I think we all did, that we all felt quite empowered, that actually, even 10 years ago, this would have been brushed under the carpet, this wouldn't have been a complaint that would have been taken forward. And the fact that it was taken so seriously now, even in what sounds like a relatively toxic work environment, is quite heartening. So I feel that we've, yeah, we've made a little bit of progress with that. And it was, you know, I'm so glad that there was a decent outcome from it.

47:16

CG: *You mentioned the Rainbow Badge and the Rainbow Flag. Can you just describe what that's all about, the Rainbow system?*

47:22

NF: So I think, you know, for me, it's always just been a visible symbol of, you know, whether... yeah, it's been a visible symbol of the community. And that's whether you identify as a member of the community or identify as someone who is an ally of that community. And I think that's what's nice about it, it means everything, and it means nothing. And I think that's the kind of quite powerful nature of it. I think it's a shame that it's been kind of watered down, and used as a kind of 'clap for the NHS' kind of, you know, because of all the hard work in COVID kind of idea. I think, don't get me wrong, I think it is amazing that, at least initially, the public were at least nominally behind the NHS and I think that's great. But I think what it has done is watered down the meaning, to the general public especially, about what that flag means and what went into the people that kind of made that flag possible, and gave it meaning to the community. So, from that sense, I think we've possibly- we've probably gone back a little way.

48:29

NF: For me, the- a good friend, Mike Farquhar, actually was one of the architects of the initial Rainbow Flag badge, and had a very simple idea that just by wearing the badge somewhere on you, as an NHS worker, you could show to colleagues, to visitors, to patients, to relatives, that you were a safe space, that people could be themselves around you, they could talk to you, they could feel that even if they didn't want to talk about it, they could be in a safe space with someone who was an ally to the community. And so I started wearing one very early on. And I think probably the really- the time I really kind of got what it meant to people was- I remember going to pre-assess a lady who was coming in for her second kidney transplant and was relatively unwell. And maybe that kind of- maybe that kind of health situation puts you in more of a kind of sanguine, kind of, you know, pensive state. But I was just going through some sort of boring admin details with her at the bedside, and she said, "Oh, I like your badge". And so I said, "Oh, yeah, no, I've only just been wearing it a few months actually". It's- you know, I kind of left it at that. And there was a long pause and then she said "Oh, well, my son came out to me a couple of weeks ago, and you know, I guess in some way I've always known that he's gay, but his dad's really struggling with it, and I don't really know what to do, and I'm trying to look after my own health, but feel my family's falling apart, and he's obviously been dreadfully hurt by us, and I don't know how I'm meant to be, like, I don't know how to talk to him about this". And so we actually spoke for about an hour, just about how she was feeling, and maybe some insight from me, and from the experiences that I'd had with my family, and maybe some reassurance to her that she was actually doing a good job, and actually probably all her son wanted was to know that he was loved and that he was, you know, still her son and that she cared about him, and that actually his sexuality didn't

define her relationship with him. And I think she got a huge amount out of it and I think, you know, she got through the operation absolutely fine. But I think she went under anaesthetic knowing that actually, even if she didn't wake up, even if things went awfully wrong, that she'd had that opportunity to speak to her son, even on the phone briefly, which she did before she came to theatre, and that she could be- feel a bit more at peace about it. And so this tiny little piece of metal, bit of coloured metal, you know, enabled that. And so it's so much more than just a badge, so much more than just a flag. And like I say, it's a shame that the meaning has been in some way watered down now [laughs].

51:16

CG: *Yes. So how did it make you feel, that episode with this woman?*

51:21

NF: It was just wonderful, and I felt that there was a purpose to me being open about my sexuality now, because it wasn't just about me anymore. It was about- it was about other people, it was about other people's families, you know, and people who weren't even gay, you know. It was about being a visible, in inverted commas 'normal' member of society, you know, I didn't have two heads, you know, I, you know, wasn't a sort of raving lunatic, I was just exactly the same and just as valid as everyone else. And I think, you know, being visible, but being unashamed about it is, you know, a huge- a huge marker of progress, I think. And something I know is not the case elsewhere in the world. So I think I feel incredibly lucky to be able to have that, you know, to be able to be open and be able to have had that experience.

52:13

CG: *Yeah* [unclear] *good thing. Have you ever joined any campaigns or been involved in any lobbying or pressure groups or political activity in relation to your sexual orientation?*

52:24

NF: No. And I think, you know, this is probably where my involvement, I guess, with the community is possibly different to other people's and, you know, I don't think either way is wrong or right. I'm of the relatively cynical view that we talk about the gay community or, you know, the LGBT community, as a kind of homogenous group. And I don't- I don't see it as that. I think, certainly, our kind of forefathers and sisters in the '80s and '90s- it was a very different environment now - sorry, then - and so I don't see it as a community anymore. I think- so- and for that reason, I don't see it as something to fight for. I think a lot of the gay community, or you know, what is called as the gay community, is actually quite toxic. You know, I think a lot of gay men, particularly on the scene as it were, are very divisive, and, you know, the opposite of inclusivity. And so, again, it doesn't seem like something that I personally want to fight for, I don't want to

fight for people to have the right to be horrible to each other. I don't, again, believe so much in the idea that gay people should be part of a ghetto. So the whole idea of safe inclusive gay exclusive places, to the exclusion of women, to the exclusion of straight people, to the exclusion of families, you know, and I have been into many bars and clubs that are very much like that. I don't see that as progressive, you know, I- and maybe it's naive, but, you know, I see the ideal being almost like a world where we don't see colour. A world where we don't see sexuality, you know, it's not a defining issue because we care so little about it, it means, you know, your sexuality means nothing to me and mine means nothing to you. I just want to be in a world like that. I want to go to a pub where I can hold my partner's hand or I can kiss my partner, and it not be a huge deal. So yeah, so I think for that reason, I just try and assimilate myself in the world at large rather than try and force myself to be part of a specific community like that.

54:59

CG: *Mm. Do you think we'll get there? Do you think we'll get to that world eventually?*

55:04

NF: I think we're getting there. And I think, you know, possibly the reason that, you know, people don't feel as much need now to march, to protest, to, you know, have direct activism in, you know, in support of LGBT people is because to- and certainly it has been my experience, through much of society now, it is very normalised, you know, and some of that through legal protection, and some of that is just through gay people just becoming normalised and just part of the world.

55:38

NF: I was on a bus in Scotland a couple of weeks ago, and there was a group of, you know, screamy, sort of shouty teenage girls, which is my kind of- one of my sort of more- slightly more difficult groups of society [laughs], who are all kind of climbing over the seats and kind of shouting at each other, kind of at a high volume. And they were kind of, you know, as confident 13, 14-year-old girls are, started, kind of- found these couple of guys that were on the bus and started just chatting to them. They weren't being nasty, they were just chatting and just being chatty teenagers. And one of them was like "Oh, so you gay?" to one of these boys, and he was like, "Oh, no, actually, I'm not, this is actually my housemate". And- and he said, "Oh-" interestingly because he was a bit older - he said to her, "Oh, would you care if I was?" And she was like, "Oh, God, no, I've got like four gay friends". And this is like a 13-year-old girl. And actually, I remember just feeling so relieved. Because I just thought, you know, yes, you know, teenage girls can be irritating and annoying and shouty, but actually, you know, we've done it. Like kids and teenagers just don't give a toss about people's sexuality now. Whereas that was absolutely not- it would not have been like that at all, I mean, you could not have been openly gay at the age of 13, 14, when I was growing up. So I kind of feel that we've

made so much progress. Yeah, absolutely, there is a huge way to go and, you know, yeah, there is still a lot to do. I feel in a way that as a gay white man, that I still have the same, and probably more privilege than certainly a lot of my white female friends. And I think it's probably harder, you know, people will disagree with me, I think it's still probably harder to be a woman in British society than it is to be a white gay man. So we've still got it OK. There's other things to do as well, I absolutely think there is more progress to be made in, you know, furthering the rights and, you know, furthering the rights of LGBT people. But there's a lot of other issues to deal with as well.

57:53

CG: *What benefits do you think LGBTQ+ staff bring to a team, just generally, any kind of team or perhaps within the specialty of anaesthesia?*

58:03

NF: I think, I mean any diversity within a team has to be a good thing. You know, gone are the days where, you know, an entire firm in a hospital was made up of kind of middle-aged white men. I mean, we are so much more diverse now than even we were ten years ago. So I think, you know, diversity of race, diversity of sexuality, of gender, of, you know, socio-economic background, is just becoming much more prevalent now. So, I think, like with any of those other groups, bringing in another perspective is absolutely, you know, crucial to be able to kind of, I mean, certainly in healthcare, to be able to give a, you know, a decent service to our patients.

58:54

NF: Yeah, I had a case [laughs]- had a case this weekend where a young straight male patient came in with a sex toy still inside him that wasn't able to be removed at home. So he had to come and have a general anaesthetic to have it out. And I just think that 10 years ago, that wouldn't have been something that we could have even talked about in theatre, it would have been absolutely horrific and ridiculed. But actually, as it was, you know, this guy had absolutely wonderful service and really kind of compassionate, kind of understanding, you know, you know, kind of care, that I just don't think would have been possible before. And to the extent that, you know, he- you know, wasn't gay but I think everyone in theatre even now, even kind of people who are quite a bit older than me, still had this sort of idea that, you know, this kind of sex-positive attitude, that "Well as long as it's kind of safe and consensual and legal, we don't really care what happens at home and we're just here to look after you" and you know, we had a bit of a laugh about it but with the patient, not at his expense. So I think that is something certainly in my field of work, where having a more diverse kind of open-minded team has absolutely made, you know, the working environment better for patients. So yeah, it was a very positive step forward.

01:00:11

CG: *Mm. What kind of support networks are available for LGBTQ doctors? Are you a member of any kind of staff network?*

01:00:22

NF: No, and again, for the same reasons as before, I think it's never been something that I've kind of felt the need to be part of. But again, really, because I've always felt, you know, included at work, and, you know, I don't like to- I don't like to present myself as different to my friends and colleagues, I like to just present myself as one of them. And I kind of, again, feel that by, you know, becoming not too active, but I guess becoming marginalised by being part of a special interest group, that you can sometimes almost have the opposite effect, than what you would like to, certainly in the environment I work in.

01:01:05

CG: *And have you ever found any role models in your career?*

01:01:09

NF: Oh, absolutely. As in gay role models, or...?

01:01:12

CG: *Any.*

01:01:12

NF: Yeah, no. So I mean, you know, I think part of the reason I became so attracted to anaesthetics was that, you know, mainly female anaesthetic role models that I worked with as a student. And I remember one particularly lovely anaesthetist called Frances who just took an interest in me, and actually, you know, really made me feel that I could do it, you know, I was so put off initially, the idea of doing anaesthetics because everyone just said "Oh the exams are so hard, and you're not very sciency, and you're not very good at maths", and she actually really sat me down and said, "No, you're absolutely- you know, you've got this far through medical school, you absolutely have the aptitude to pass the exams, you just need to work hard, and you know, you obviously know how to do that". And I saw her work, and so this was someone who could have just been your friend's mum who'd be cooking you spag bol after, you know, picking you up from swimming at the weekend, who, like, loved her gardening and loved her family and loved her horses, but still watched her in an emergency and just kind of went straight into kind of from mum mode into kind of just absolute ninja mode, and, you know, absolutely led the team and was this kind of lighthouse of kind of, you know, this lighthouse, this sanctuary in a kind of, you know, absolute melee of crisis. And I just loved the fact that you could be someone who was personable and friendly and kind, but also be this absolute boss when it came to kind of managing a

crisis, and I really look up to people, and I really do still look up to people, who can- who can do both. And that's certainly something that I would love to emulate as a consultant going forwards. I think I struggle with a little bit. But yeah, it's just that kind of that combination of, you know, and I think the reason- yeah, I've always- I've always had a lot of female friends and so I've always had a huge respect for women and I think absolutely what women have to put up with, so I think watching a woman, juggling all of that, and still being amazing, was just absolutely, you know, magic to see. So yeah, yeah, she was- still is, you know, one of my biggest role models, and she's recently retired, actually, but she always keeps slightly updated on what I'm doing [laughs], just to see how I've got to..

01:03:28

CG: *Yeah. So just summing up really, what do you enjoy most about your role?*

01:03:38

NF: I think the team that I work with, you know, I get to come in every day. And you know, I can be a bit of a diva at work and a bit stroppy. But my- you know, especially my nursing team, that just kind of don't pander to it, but just look after me. And you know, because we know each other so well, we often end up in really dicey, unpleasant situations together. You've always got the sidekicks around you who will mop up after you, who will look after you, who will big you up in a crisis and tell you when you've done well, and also tell us- tell you when you've not done well. And there is no harsher criticism or feedback than from people that you really respect. So yeah, the team I work within is the reason I keep coming to work every day. I've, in the last few months, had really terrible kind of, you know, experiences both in work and outside of work, and it's those people that have made me get out bed in the morning, who have enabled me to keep coming in every day. And yeah, so I think that's probably the primary reason. The other thing is, I feel that I have a skill that people always want. So, people don't tend to ever be disappointed to see in an anaesthetist in a crisis [laughs]. So I always feel, you know, I feel kind of privileged to be able to do that. And then, from a patient perspective, I just think that I get to be there, at the best and worst times of people's lives, which, you know, they make whole TV programmes and documentaries about this, and I get to live that for real, I get to be there, for someone at often, their weakest, most vulnerable moments, and give them, if nothing else, support, pain relief, you know, maybe even save- have the opportunity to save their life or be part of that team. And that's an enormous privilege that I think very few people get the opportunity to have. So, you know, and I take that very seriously and it's, again, the other reason I keep coming into work, because, you know, my current partner is a banker, and earns four times what I do, but goes into work and doesn't make anything. And he always says, "However bad my day is, I talk to you about what you've just done in your day, and it makes me- it gives me some perspective in life about what's important". So, yeah,

I feel that I'm going in and making a difference, and I'm actually making something happen. And I think, you know, not that many people in life have that opportunity.

01:06:30

CG: *Mm. Are you happy to tell me about your worst moment, the worst moment of your career?*

01:06:41

NF: Ahh... Inside or outside of work [laughs]?

01:06:43

CG: *Inside.*

01:06:43

NF: Inside work. So yeah, so I had to- I think possibly... it's weird, because it's kind of... it was positive for me, but very negative for the patient. I was on call and it was quite a busy evening in theatre, and I was coming on to the night shift and in a sort of big trauma centre. And, yeah, a sort of- our kind of emergency phone went off to say that there was a 'code red trauma', so like the worst-case scenario trauma, so probably a patient that's bleeding, being brought in. And I knew that we didn't have enough theatre capacity to take another patient to theatre at the same time. We had two patients on the table, and we just did not have enough staff to open a third theatre. So I was kind of on the phone to my consultant who was in the other theatre about what we were meant to do about this. And so we're rapidly trying to get the- to try and get the surgeons to hurry up so that we could free some theatre staff up, and I sent another colleague down to A&E to go and see what was going on. And it was a relatively young patient who'd been stabbed. And unfortunately his heart and stopped at the scene. So the air ambulance doctors had had to cut his chest open at the scene, which is sort of fairly brutal, but sometimes lifesaving procedure. And they'd managed to get his heart to start beating again but he was now bleeding obviously, very, very heavily. So that's the state he was brought in in, and so I was getting kind of various updates from downstairs, and my consultant finally finished her list and she went down, and was kind of relaying to me what was going on. And this patient was extremely unwell, and obviously needed to come to theatre to have some life-saving surgery done. So he came up. And, you know, I've seen people bleed before, you know, I've done a lot of work in obstetrics, and you know, ladies in labour can bleed a lot, but I've never seen torrential blood loss like this. And it was just the thoracic surgeons were there and just unable to get in control of this bleeding out of his chest. And you were just watching this young life kind of fading away in front of you. And we were doing everything we possibly could, but it looked like it was a losing battle. So they did finally manage to get the bleeding to stop, but he was in such a terrible state. He was- he kind

of popped off to intensive care and I went home at the end of the night shift at thought, "Oh well, you know, that'll probably be it".

01:09:12

NF: And I came in the next night and my consultant, new consultant, came to see me and said "I'm really sorry but he's going to have to come back to theatre". And I said, "Oh-" but we went to go and see him and I said, "Oh, you know, there's no way that this is going to go very well", like, and we all had a team chat about it and I said, you know, "He's in such bad shape that I'd be even surprised if he'll make the journey to theatre, let alone get off the table at the other end. And is this..." And we had a long chat and I said, "You know, I just- I just don't think it's- I just don't think it's fair on the theatre staff to bring someone to theatre who's going to die on the table. I think that's a really distressing thing for people to have to deal with". And yeah, so they... we kind of ummed and erred about it and then decided actually that there was no other way for this guy, you know, we had to kind of do everything we could for him. So we brought him to theatre and unfortunately he did pass away on the table.

01:10:07

NF: And I remember as we were going in, before we started, that I looked at my consultant's face, and he looked at me and he- it was the first time I'd really- and maybe it was because I was more senior than maybe I had been years before- but we were both very scared. And it was, you know, I think sometimes we- I always say, anaesthetists are a bit like cabin crew, like, when your anaesthetist look scared, you should be really scared. And so when my boss looked really frightened, I realised that he was going through his own issues as well. And we needed to- as a team, we needed to step up to do what we could. And more to support the whole team, not just the patient. And so when the patient died on the table, which doesn't happen very often, like I kind of just intrinsically knew, and it's because we get on very well as a team, we're a very close knit team, I just intrinsically knew that I needed to step up and be there to support the team. So, I kind of felt like I kind of took the lead at that point. He was tired, my consultant was tired, like he was fed up, like he felt very responsible for what had happened. So I kind of felt like I could take the lead at that point, to kind of support the team through what was obviously very distressing for them. And it was dreadful, because it's the- I think it was the first time I've ever had a patient die on the table like that. But he was- my consultant was so incredibly grateful and wrote- I mean, he didn't even copy me into this email, but it was then sent to me by a colleague, he said, "Oh, you know, you should see this email that he's written about you". And it was just the most lovely sort of, just heartfelt email he'd written to my boss to say thank you for what I'd done and "Thank you for the support that you've been". And so, in a sense, it was a terrible outcome, but I think I felt very heartened that actually, as a team, we could, you know, say that we'd done everything possible for this patient, we'd all kind of gelled together as a team, and it really made me realise, that episode, that we'd, erm-, yeah, we'd really kind of gelled together, and it really made me realise that that's why I do

what I do. You know, it's not just to save lives, it's to support, really, you know, a big team like that. Yeah, it was- that was a very meaningful moment.

01:09:53

CG: *Yeah. I was going to ask you, what the highlights of your career have been so far.*

01:12:36

NF: I think the highlights, yeah, I mean- it's difficult to call that a highlight, because the outcome was so dreadful. But yeah, that is certainly one of them, in the sense that it's the time the team really worked really well, they often don't work that well. But that was a great opportunity for that to happen. You know, I've been there for, you know, so many babies being born. And actually, you know, that's a really lovely time as well. You're there for the happiest moment in people's lives. Equally, I've had the opportunity to hold someone's hand as they died, and they didn't have any family around them and they- it was just the two of us in the room, and just to kind of- to be able to be there for someone as they slip away, just to make someone feel that they're not alone. Because I still think that's probably my biggest fear in life is someone passing away- is be- is passing away and not, you know, not having anyone around me. So yeah, being able to be there for that person, when they passed away, I think was just incredibly powerful as well and I think that that was a huge highlight. And I think that, as well, it doesn't kind of matter- it doesn't sometimes- we don't always need to have fancy equipment and technology to be good doctors. I think sometimes it's just being there for someone. And again, it goes back to that part of our job, which is the most important, you know, one of the most important for me, is that privilege of being there for people at their most vulnerable, which we are, probably more often than not.

01:14:21

CG: *Mm. Yeah. What would you say to young people now who would be interested in a career in anaesthesia?*

01:14:32

NF: I think, away from everything else. anaesthetics is about people, and it irritates me endlessly when people- when people say that, you know, anaesthetists don't have to talk to their patients, or anaesthetists don't need to be able to communicate, because your patients are asleep the whole time. Because actually, you know, our, you know, our patients are- we have to have some of the most difficult conversations with our patients about the risks that they're taking, about the rest of their surgery or their procedure, about the risks of their recovery afterwards, talking to their families, you know, when things go wrong, you know, communicating with colleagues as well, often difficult colleagues, frankly, from lots of different disciplines, lots of different departments. And you as the anaesthetist have to be the person that brings all of that

together. You know, in a crisis, often you're the person that's looked at to coordinate the whole team to work as one together. And so you need, at the end of the day, and more than anything else, anaesthetics is a people specialty. So if you can't communicate with people, or you don't want to, then it's probably not the specialty for you. You know, you've got to have a degree of, you know, you've got to have a degree of academic rigour, but pretty much everyone that goes to medical school will have that to start with. So I think, yeah, if you're someone that enjoys communicating, enjoys working with your hands, but also using your head, so it's a nice combination of practical and cerebral, then yeah, it's absolutely the specialty that I would recommend, and I can't think of a specialty I would rather do.

01:16:24
CG: *And how about anybody- any young people in the LGBTQ+ community who are interested in a career in anaesthetics, would you give a positive message to them as well?*

01:16:34
NF: Yeah, absolutely. And I think as, you know, hopefully, I've pointed out, you know, I've never had a real negative experience from my colleagues or felt discriminated against, you know, while at work. And, you know, I'm lucky to still be able to say that anaesthetics is a specialty that really is made up of a hugely diverse and, you know, very heterogeneous kind of group of people. And it is- it's welcoming, it's progressive, it's a specialty that actually values the differences in people. And I still feel that now, very much as much as I did when I started doing it.

01:17:18
CG: *Right. I haven't got any more questions [laughter]. So unless there's anything else you'd like to add or to emphasise?*

01:17:30
NF: No.

01:17:30
CG: *No?*

01:17:30
NF: I think that's... Probably talked enough!

01:17:32
CG: *Thank you very much*

01:17:33
NF: No, thank you.

01:17:33
CG: *Thank you.*

END