Lost in the ether: missing perspectives within anaesthesia

Transcription of interview with Dr Rebecca Taylor-Smith

Speakers:

CG: – Clare Gilliam (interviewer)

RTS: – Dr Rebecca Taylor Smith (interviewee)

00:00
CG: *It's the fourth of November 2021. My name is Clare Gilliam. I'm interviewing Becki Taylor-Smith at her home in Worcester, on behalf of the Anaesthesia Heritage Centre for the project 'Lost in the ether: missing perspectives within anaesthesia'. So Becki, could you just confirm your full name and your title?*

00:20
RTS: Yep. So, Doctor Rebecca Taylor-Smith.

00:23
CG: *And your current role?*

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RTS: Yes, so I'm currently working at NHS England, although I am an anaesthetic registrar as well. So I'm not currently working in a hospital, but I'll be returning next September to clinical practice.

00:39
CG: *And your grade is ST6 [specialty training, year 6], so what stage are you in your anaesthesia training?*

00:44
RTS: Yeah. So I'm in senior registrar training, so a couple of years off consultant role now.

00:51
CG: *And you identify as a gay woman, is that right?*

00:53
BTS: Yes.

00:53
CG: *As a lesbian?*

00:54
RTS: Yes.

00:55
CG: *Thank you. So just to sort of set the scene a bit, I'll ask you some questions about your early life if that's OK. In what year were you born?*

01:05
RTS: 1988.

01:07
CG: *And whereabouts were you born?*

01:09
RTS: West Wales.

01:11
CG: *And did you grow up there?*

01:12
RTS: Yes, yeah. Grew up in West Wales near the sea. So that was lovely.

01:18
CG: *And can you tell me a bit about your family?*

01:19
RTS: Yes. So my father was a mechanical engineer. So he left school and went straight into an apprenticeship. And my mum did a variety of jobs. When we were small she was an aerobics instructor, and she later trained as a holistic therapist, and before we were

born she did a number of different jobs, some of it in local government. My parents lived in New Zealand for seven years, so they travelled a lot and worked in different jobs in that time.

01:50

CG: *So they weren't involved in medicine?*

RTS: No, not at all. Nobody in our family was actually.

01:56

CG: *And do you have siblings?*

01:58

RTS: Yes, I've got a brother, he's three years younger than me and he's a mechanical engineer as well.

02:05

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

02:09

RTS: Yeah, sure. So, as a teenager I identified as bisexual, and I didn't really have any role models or anyone around me, so it was- I'd sort of become aware of it, but didn't really know what to do about it. And then when I went to university there was a very good kind of LGBT [lesbian, gay, bisexual, trans] Society there, so I started going along to that. And I met my wife, well my now wife, in halls of residence, and soon realised that actually, I probably wasn't bisexual, I was actually lesbian. So the first year of university was a real kind of time that helped me realise that, I think.

02:57

CG: *Thank you. So what was it like growing up as a lesbian, or as bisexual as you felt you were at the time? How was that, being a teenager?*

03:08

RTS: So for me, I suppose my experiences- as I said I didn't have any role models as such and there wasn't really anyone around me who was identifying as gay or bisexual. And when I was a teenager, I had a boyfriend, so I suppose that was always the assumption, you know, "When are you going to get a boyfriend?, or you know, "How many boyfriends?", you know, all that kind of thing. So it was never really brought up. And when I started to realise that I liked women as well, I sort of didn't really know what to do with that information I suppose. It was one of those things that- I suppose boys liked it if

women would kiss, or you know, they were into each other, and so it seemed like a kind of popular thing from that point of view. But I couldn't see anyone around me who was in a relationship with someone of the same sex. And I remember when I went to college after school, so I would have been about 16, and there would be gay couples kissing in the common room and that was like a big deal, that was like, "Oh, did you see that? How cool is that?" Because it was this thing about, I suppose, freedom of expression, and that sort of thing being allowed, whereas in school I don't think people were really out because of fear of being bullied, perhaps, or being singled out as 'other', so it was great to see people kind of, you know, living much more in keeping with the way that they wanted to and expressing that. But certainly it wasn't something necessarily acceptable in my family, or I didn't really know because I hadn't really explored that until later.

04:47

CG: *So were you able to tell your parents?*

04:49

RTS: So yes, when I- I didn't tell them that I was bisexual. And then when I was at university, and I kind of figured things out a bit more for myself, I told my mum, and she didn't [coughs] take it very well at first, but was very much like, "Oh, I want you to be happy, and I want the best for you". But I think she was grieving her own kind of story for me. And then- so she- but she did accept it quite quickly. It's quite funny because she said, "Oh, you haven't told your brother have you?" And I was like, "Yeah, and he's fine with it, like most of his friends are, on the spectrum of some kind of bisexual or gay or, you know, questioning, I think, you know, he's of a generation that could probably get it a bit more". But she was surprised about- I waited a couple of years to tell my dad because he was living abroad at the time. And- but I ended up having to tell him over Skype, because he was still abroad, and he was absolutely fine with it. And I wasn't really sure how he was going to take it, but he was like, "Just want the best for you. As long as you're happy". So for me, that was kind of a very positive thing.

06:01

CG: *Yeah.*

06:02

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

06:10

RTS: Probably, yeah, it was about when I went to college, just leaving school, when I was about 16, and I was thinking about which A-levels to choose. And my mum had taken me to a careers advisor and I think they'd come up with maybe like pharmacy or

dietetics and kind of healthcare related things. And the chemistry teacher at the college said, "With your grades, you could do medicine" and I hadn't really thought about it. So I started looking into it, and then I could see how many different sub-specialties there were, and that kind of interested me because whatever I was interested in, I thought, "Oh, I could do that, in some way, through medicine". And "Yeah, that seems like a good career to do, and it's helping people, but it's also challenging". So yeah, I started exploring it a bit more, and the college that I was at had a really good kind of preparing for medicine, like lunchtime sort of class once a week. And so that helped quite a few of us who hadn't thought about it [inaudible] our applications together.

07:13
CG: *So this was a college where you did A-levels?*

07:15
RTS: Yes, that's right. Yeah.

07:16
CG: *And that was in West Wales, where you grew up?*

07:18
RTS: Yeah, yeah.

07:19
CG: *So you did your A-levels, and then... so where did you actually study medicine?*

07:25
RTS: Birmingham.

07:27
CG: *Can you remember what dates you were there?*

07:28
RTS: 2006 to 2011.

07:33
CG: *So tell me about your experience of medical school, just generally. Did you enjoy it?*

07:38
RTS: Yeah, it was good. It's hard. It's the type of thing- I think you have to love what you're doing, you have to really want to do it, to do that. And... because I had some friends

who did drop out, and I think they'd gone because of expectations, and not because they wanted to. So I think it's something that if you want to do it, you can get through that. It's quite- erm... yeah, it was a really sociable time. We had an LGBT Society at Birmingham Uni which I got really- well in the medical school, which I got really involved with. I was in a choir, with lots of friends, so it's really a good time to kind of get to know people, make lifelong friends, and also kind of hard work, and 'work hard, play hard'. I think that's how I'd describe it in a nutshell.

08:29

CG: *Yes. Positive- positive experience*?

08:32

RTS: Yeah.

08:33

CG: *So once you were at medical school how did you feel about your sexuality? Did you- you felt that you were able to be more open?*

08:42

RTS: Yeah, I think I definitely felt able to be more open around the university. In medical school itself not many people were out. And I was pretty open but I was probably the only out- openly out person in my year for a certain amount of time. There were a few people who, you know, came out later. So it didn't feel as accepted in medical school necessarily, kind of thinking about who was around me. And certainly on placement, I suppose you don't really get to know, necessarily, the doctors you're working with on placement, so it didn't really come up an awful lot. But you do sometimes see homophobic language or behaviour, which makes you not want to come out. So probably it felt more accepted university-wide, rather than specifically in the medical school.

09:38

CG: *But you felt comfortable being open in the medical school?*

09:41

RTS: Yes, I did.

09:42

CG: *Why? Why is that do you think?*

09:43

RTS: I think it's because I was heavily involved in the LGBT Society, which meant that I had a community there. And a lot of the people in that Society- not everybody was out but a lot of the people were- had been at university for longer, they were in the higher years, and they seemed to be doing OK and that was reassuring to me. But also, we had that support that if you weren't feeling OK about it, you could talk to each other about their experiences. So I felt very supported. And so I suppose that's why I felt comfortable, really. And also, I personally didn't want to hide it, because I didn't want to kind of live a double life as it were. I just wanted to be open, keep things simple and deal with things as they came up. Which worked for me.

10:33

CG: *Yeah. So as a student, did you experience any kind of discrimination yourself? First, perhaps, we could talk about discrimination because of your gender, simply because of being a woman? And then also because of being a gay woman?*

10:51

RTS: So I haven't really experienced any overt discrimination, I don't think, because of either of those things. I mean, being a woman in medicine, it's a lot more common than it used to be, but we still have comments that perhaps are not in keeping with the times. So as a medical student and a junior doctor, you do tend to get comments like "Pick your specialty so it's easy to have children". So there is very much an assumption that you will have children, and maybe you should tailor your career aspirations to that goal. And that's, yeah, that's pretty widespread. And apart from that, I don't think I had a lot of- any discrimination. As a gay woman, no overt discrimination, so I've never had anyone say to me that I couldn't achieve something or that I didn't belong somewhere. So for me, it's been a positive experience. But I will acknowledge that there are certain situations that I haven't necessarily been 'out and proud', because it hasn't always been warranted. So if I'm asked, then I'll say, but when you're around patients or new- I guess seniors, you don't necessarily say to them if it's not relevant, so, so yeah.

12:15

CG: *Just going back to those comments about choosing your career, and the assumption is that you would want to have children, how did that make you feel, when you are aware of those assumptions?*

12:27

RTS: I find it really irritating. Because I... yeah, I just think there's so much pressure on women to have children and fit a certain ideal, and we're not all necessarily going to do that. And, yeah, I know there are a lot of women who want children that can't have children, there are a lot of women who choose not to have children. And so by assuming that we'll have children, and I still get this now, when people say "Do you

have children?" and I say, "No", and they say, "Oh, not yet". And I just find that really... yeah, I kind of find it intrusive as well, because it then opens up a conversation about "Oh, do you plan to have children and when and how?" And actually, I don't think that's necessarily relevant, and I think to be childless by choice is an absolutely valid thing. And I just find, as well, it's not very creative. I think we could definitely have better conversations and more creative conversations that don't centre around the fact that most women will have children and all we must be thinking about is when and how we're going to do that, which is not always the case.

13:37
CG: *So the people who ask you those kind of questions about children, who are they?*

13:42
RTS: Oh, it's like everybody, it's colleagues, you know, who are the same kind of age and level as me, it's other theatre staff who, you know, nurses, it's well-meaning. It's patients, if I work on the maternity ward, they'll often say, "Do you have children?" "No. Isn't your baby lovely?" I perhaps don't hear it so much from seniors actually. And I think that might be because they're trying to be careful not to pigeonhole trainees or be seen to be sexist or discriminatory. So it's probably actually more people I'm working with on a day-to-day basis. It doesn't seem to come up in- and neither should it really- in kind of educational supervision conversations or career planning. Yeah, I've not really had it come up much in that sphere, which is a good thing, I suppose.

14:38
CG: *Yeah.*

14:40
CG: *So you graduated from medical school after- is it five years?*

14:46
RTS: Yeah.

14:48
CG: *At what point did you decide on anaesthesia as a specialty?*

14:52
RTS: Ah, so that's about my fourth year of medical school. So Birmingham gave medical students a lot of exposure to anaesthetics, for which I'm very grateful, because I hadn't considered it as an option before then. And I really enjoyed the skill mix, you know, being able to do lots of practical skills, but also put into practice that kind of physiology knowledge and see instant results and just got a buzz from doing anaesthetics and so I

chose to do it for my extra kind of student selected activities. And I found the anaesthetists I worked with were really kind of engaging, they were keen to teach, you know, you got a lot of one-to-one supervision, which was really helpful in kind of shaping my career options, really. And there were some role models or mentors in that field who were very keen and saying, you know, "You should do this, you'll be great". And that really helped me see a future in anaesthetics and go and apply for it. And so, yeah, it was a really positive experience during that kind of fourth year block of anaesthetics.

15:59
CG: *Mm. And so what date would it have been when you finished medical school?*

16:05
RTS: 2011.

16:05
CG: *2011, yeah. And then you started your- is it foundation training?*

16:11
RTS: Yes.

16:12
CG: *And where was that?*

16:13
RTS: That was at Worcester. So I started off with an intensive care and anaesthetics job. So that was a brilliant start to things and really helped me solidify that choice really, to go into anaesthetics. I had considered doing paediatrics, so I also did a paediatrics job in my Foundation Year 2. And somebody said, "Well, you could do paediatric anaesthesia". And so I thought, "OK then, I'll go- anaesthetics it is". And so yeah, that early experience, those first couple of years really helped me decide what to do later as well.

16:48
CG: *So can you just remind me again, what point are you at now with your training and how many years have you got left?*

16:54
RTS: So ST6 now, which... I'm currently out of programme, but I'll be going- when I go back in I'll have about two years left of training. But I have been training for 10 years, so I've

done some extra... I haven't gone straight through training, I've taken time out and done extra jobs and that's been really beneficial as well.

17:15

CG: *What kind of jobs did you do?*

17:16

RTS: So I did paediatric intensive care and paediatric retrieval, which is where you go in the back of an ambulance and go and get sick children who've maybe turned up to a small hospital and you provide intensive care in the back of an ambulance to transport them to a bigger hospital. I did a anaesthetics role where I did a lot of teaching, simulation teaching, putting people in a room with mannequins and making it as real life as you can, and train them to manage sick children. I'm doing this job now. And I also took a year out and did some paediatrics and A&E [accident and emergency] as well after my foundation years. So in total, I think I'll have about three and a half years out of training during these other jobs.

18:02

CG: *Mm. So you feel that was a- that was a really positive experience?*

18:05

RTS: Absolutely. I think those jobs have been fantastic, because they've enabled me to kind of step off the treadmill, as it was, and kind of pursue what I want to do. They've helped shape my CV and my thinking about what I want to do in my career eventually. And also, they've given me a bit of a break. Because being in training, there's so many hoops to jump through, and so much that you have to specifically do, it can sometimes be quite difficult to pursue other interests. And, you know, whether it's teaching, whether it's other specialties you want to explore. So to take that time out has enabled me to really kind of think about how do I want to do my career. But also, I took three months off and went travelling as well, so that's been really great, and that was before the pandemic, so I feel really fortunate that I was able to do that.

18:59

CG: *Where did you travel?*

19:00

RTS: Singapore, Australia, New Zealand. So, yeah, for three months away, which was, yeah, fantastic, really, really great.

19:09

CG: *So what is your aim? When you've finally finished your training [laughter], what is your career aim?*

19:14

RTS: That's the million-dollar question! So when I've finished training, I'm considering doing paediatric anaesthesia, which may involve a year working abroad perhaps, or somewhere else in this country, after I've finished my training. But I'm still in two minds whether to do that, mainly because it involves working in a major city and I want to live out in the middle of nowhere in the countryside. And so I'm also considering working in a smaller hospital as a general anaesthetist, but perhaps doing some more paediatrics involved in that, paediatric anaesthesia and teaching, so it's still evolving and I haven't fully decided yet, but I have a bit of time. So that's good.

20:00

CG: *So you don't regret having sort of spun out your training into 10 years?*

20:05

RTS: Not at all. Yeah, I think by the time I finished training, it will be something like thirteen, fourteen years of training. But I think in that time, it's really helped me to kind of grow in terms of growing my skills, but also life experience as well and just, you know, get a bit more creative and I think the more time I spend, the more people I meet, the more I realise there's no 'one size fits all' career path. And that's reassuring. And I think it's probably shaped what I want to do eventually, and if I'd gone straight through then perhaps I might end up doing a different job than the one I would end up doing, you know, fourteen years later. So, I think your priorities change over the course of your life and that then shapes the kind of career that you want. You know, and as well, I think the time I've had out of training has been some of the best things I've done and it's really helped open up my eyes to what opportunities there are. So, I don't regret it at all and I'd thoroughly recommend it.

21:05

CG: *Great. What about the working hours and the unpredictable lifestyle? How do you feel about that?*

21:13

RTS: Yeah, it's not easy. I think it's- it is difficult, and I have gone part-time, about eighteen months ago, and I think if I had just done my training straight through, then I would have stayed full time, and just got it done. But the longer I take to go through training, it's kind of given me a different mindset, in terms of rather than just "Right, let's keep working", you know, sometimes 70 hours a week and get to the end, rather than "Well, we've only- nobody's granted tomorrow" and we're made aware of that every day in this job

and it's just actually- it's about enjoying your life as well. And so by going less- part-time, I still work an average of 38 hours a week, but some weeks, you know, sixty-something hours. But it allows me a bit more time to spend with family and a bit more time to actually pursue other hobbies and interests, and so that does really help because I think, you know, the full-time hours, they do take their toll. And it does get harder to do night shifts as you get older. And everybody told me this, but when I was 23, I was like, "I can live forever, I'll be fine". And then when you realise that actually does get a lot harder, and you know, a lot of my colleagues are burning out and, you know, I've had elements of burnout as well. And so I think, you know, the hours do take their toll and the unpredictability, such as getting a rota at short notice, not being able to plan, it's not easy. But equally, working shifts is sometimes quite good for the flexibility. So there are pros and cons, I think.

22:55

CG: *How does it affect your social life? And your home life?*

22:59

RTS: Yeah, it's something that people have gotten used to. But still every year, my family is saying, "Oh, Christmas, what shall we...?" and I every year have to remind them that I don't get my Christmas rota perhaps until October or November and so we can't plan Christmas. This year because I'm out of training, I'm definitely having Christmas off because I'm not working weekends, so that is, you know, the first time in 10 years that I can say, "Yeah, let's book some leave and do something for Christmas". So that's really nice. Yeah, working one in four weekends, on average, means that I'm squeezing more into the other weekends, I suppose. And I also have a lot of hobbies. So the shifts make those difficult. You know, I have a dance class, I'm in a choir, and so for those things, they have to be quite understanding that I won't be there every week. But they do kind of understand because they're like, "Oh, yeah, you're a doctor, obviously you work shifts, that's fine". But it might mean, for example, that I spend a whole term preparing for a concert with the choir, and then I'm working night shifts for all of the concerts, so it's- yeah, but I think it's just- it's something that over time I've come to accept that it's- that's just how it is, and so it's- the option is to not do it at all, and then not have the enrichment of having all of those activities, or to just accept that, you know, you're sometimes going to have to miss out on things. And it's choosing what's important, because if you want a weekend off to go to a wedding, for example, then you're going to have to sacrifice other activities, because, you know, you can't swap all the shifts, you can't get out of it all, usually. So sometimes you do have to prioritise, what's most important.

24:44

CG: *What kind of dancing do you do?*

24:46
RTS: Ballet

24:49
CG: *And are you open about your sexuality with your colleagues currently?*

24:55
RTS: Yes, yeah.

24:57
CG: *And what difference does being open make to you and to your working life?*

25:02
RTS: For me, it just means that I'm being authentic, I suppose, I'm just- I'm being myself and I don't have to cover my tracks or remember what I've said, or- you know, because I'm just open about it. And I do find that sometimes it raises questions, but I think that's in terms of people are curious. I don't get that quite so much these days but going back in time, people want to know more. And I suppose that's... that might be helpful because if people meet... if they don't know any LGBT people, and then they meet someone who is and they get on with them, and you know, they seem normal, then that's a good thing. So for us to be open and visible and make it normal is a good thing. And I think often people just make assumptions. So frequently people say, "What does your husband do?" when they see my wedding ring. And I say, "My wife does this..." And "Oh, I'm so sorry, blah, blah, blah...", you know. But I think, OK, they do that once, they probably won't do that next time, hopefully. So you know, this happened the other day when I was in theatre, and a consultant said, "What does your partner do?" and I thought, "Oh, well done", you know, "Oh, my wife does this..." And he said, "Oh, phew. Because yesterday, I asked the theatre nurse what her husband did, and she said her wife did..." So I'm like, "Oh, you learned, that's brilliant". So I think to be open is to help other people to- you know, it's to normalise things and to learn, and so I'm happy to do that. But it does sometimes mean that if there's homophobia going on, it seems like it's up to me to challenge it. And I don't think that should necessarily be my burden to shoulder. I think we should all be challenging homophobia that's happening. And so there have been times where I felt people were looking at me to say something about it, and it's not just my job, it's all of our jobs to do that.

25:12
CG: *Mm. So do you- I think again, you've probably answered this question already - do you feel that you've ever experienced any form of discrimination during your current*

career? It doesn't sound like you have, but if you did, if you experienced something now, what do you feel you could do about it?

27:21

RTS: Mm. I think it depends on who it's coming from and it depends on the scenario. I think that, you know, there's a lot said in hospitals now about freedom to speak up and about challenging bullying and challenging racism and homophobia and other forms of discrimination. And, yeah, words are said, and then it comes down to actually how comfortable do you feel, going to the person who you're supposed to be speaking up to, or how comfortable do you feel challenging the person who is discriminating against you. And I know as trainees we often feel quite disempowered around these things, because we move around hospitals a lot, and our career progression sometimes feels dependent on who our supervisors are and the reports that we get from people. And so I'd like to think that it would be, you know, something- not easy, but there'd be a clear path to challenge it. But I know that being only human there are always these factors and certainly when I've moved to departments where I've been brand new and quite junior, I felt unable to challenge some things that are going on for example.

28:41

CG: *And what sorts of things have you felt that you wanted to challenge?*

28:44

RTS: So to give a specific example, I once went to a... so I was working on the maternity ward, and we had a caesarean section list. And before- at the start of the day, we do our team brief, and so, particularly for caesarean sections, we'll go through the list. And then one of the questions is, you know, partner's name, so that when we bring the lady in to have her- so we know who the partner is, they get changed outside, and we can call them in. And I think someone said "Dad's name?" And the midwife said, "Oh, no, it's two mums". And this was then this big deal about "Oh, two mums, oh wow, oh well, you know, takes all sorts, doesn't it?" And I was absolutely shocked about this, and then somebody said, "Oh, well, I hope she doesn't think I'm a lesbian" and then someone made another comment and it just seemed to get out of hand, people were kind of egging each other on, and it just seemed really unprofessional, and, you know, those mums wouldn't have had any idea, because everybody treated them, you know, as they would any other patient. But behind their back, in this other room, the comments were very different and I just found that really, really sad. And also really unacceptable, but I didn't feel able to challenge it because I was one person, very new to the department, you know, with fifteen other people stood around, egging each other on, and I didn't feel able to be the one to say, "Come on", you know. I think in a way that should have been the job, at the time, of the most senior person in the room to say, "Come on guys, it's not how we do this here, like, let's all calm down, you know, this isn't

a big deal", but unfortunately that didn't happen. I think then it becomes very difficult if you then don't challenge those things. And kind of I was beating myself up about it afterwards and wishing that I had, but it can be really difficult to do that, when you're so junior, and you know that you've then got to spend the whole day with these people you've never met before, after you've just kind of told them off, so [laughs] it can be a challenge.

30:39

CG: *Yeah. So you have at times- you've felt quite powerless to challenge comments. And people were looking at you to tackle it because they knew about your sexual identity?*

30:49

RTS: Yes, sometimes.

30:50

CG: *They felt that you're the person to challenge it?*

30:52

RTS: Yeah. Sometimes, particularly I think in medical school, if there were... yeah more so at medical school, if people knew, they'd be looking at me, and there were certain, erm... maybe... We used to do communication skills groups, and if people would assume that the actor's partner was, yeah a heterosexual relationship, then it'd usually be up to me to say, "Erm, could you say 'partner' instead? Because that's actually..." [laughs] I think it's a lot better these days, I think, you know, medical schools are really much more on to equality and diversity. And- but yeah, back then I often had to challenge these things.

30:58

CG: *Can you tell me about any specific complaints or disputes that you have instigated in relation to supporting another colleague?*

31:46

RTS: I have once challenged, when I was a medical student, there was a doctor who said, in front of a waiting room full of patients, something derogatory about another doctor who they'd just found out was gay. And so I did raise that with the head of department who was teaching us that day because I felt that was unacceptable, not only for the colleague who was involved, but for the waiting room of patients, who then might not feel comfortable to disclose their sexual orientation. And she handled it really well, I think. And- but other than that, I don't think, no, I don't think I've been involved in any other things.

32:31

CG: *And have you ever joined any campaigns or been involved in lobbying, pressure groups political activity? I think you mentioned the group at college, the... at university?*

32:42

RTS: Yes, so I led the LGBT society in medical school for a few years. And then I went on to be heavily involved in the Association of LGBT Doctors and Dentists. So I held a number of roles in that organisation, and I chaired it for- co-chaired it for three years. So that was, you know, a kind of- a national role, so very visible. And we also did a lot of work in terms of trying to get LGBT health issues into medical curriculums. We worked with the British Medical Association on some research, qualitative research for doctors, looking at homophobia and how much they'd experienced it. So yeah, lots and lots of activity through that field. I'm still an active member of the Association of LGBT Doctors and Dentists, and I now do mentoring as well for other LGBT- kind of medical students and junior doctors through that society.

33:42

CG: *Yeah. When you meet patients - this probably doesn't come up because there's probably not a great deal of time, I'm assuming - but are patients ever aware of your sexuality? Do you ever find yourself having any kind of discussion about it with patients?*

33:59

RTS: Not generally because of the nature of- yeah, as you say there's not much time and often patients I meet just before they have their surgery are very focused on surviving the anaesthetic, and so a lot of the conversation is very much focused on that. I do wear the NHS Rainbow Badge on my badge to, you know, try and show that, to make people more comfortable if they happen to be LGBTQI. But yeah, they wouldn't necessarily know that I am, and I think that's one of the things, is that I don't- people have certain stereotypes in their minds, and I don't usually fit that stereotype, which is why people assume I have a husband, for example. So unless I were to explicitly say to a patient, I'm sure they wouldn't know and it doesn't usually come up.

34:47

CG: *No. But I guess the badge might spark a conversation from somebody who knows what the badge is, and recognises the badge, and perhaps...?*

34:55

RTS: Yeah, that's my hope, is that, yeah, they will see that and hopefully feel comfortable and feel able to ask questions and so there's just that little symbol of, you know, "You're OK here" and yeah, if they don't know... [laughs]

35:11

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

35:25

RTS: I suppose, in terms of benefits, we're- we've sometimes had a different experience of life, and I think bringing lots and lots of different viewpoints and experiences into a team only helps to enrich it further. You know, if... I know colleagues who've had really difficult experiences in terms of being accepted within their own families, accepted within society, or who've, you know, undergone any kind of harassment or bullying. And so having those adversities gives you a different perspective, and even if you haven't had them yourself, being around people who have and being able to appreciate that life isn't easy for everyone, and these things happen, and they shouldn't but they do, gives you a different viewpoint to bring, and can help you understand other people within the team, understand perhaps similar discriminations they might have had, and, you know, there are different kinds of discrimination but a lot of people talk about racial discrimination within the NHS, and it's that kind of- to bring that conversation and not to feel uncomfortable about it. It's, you know, we need to talk about these things, we need to talk about discrimination and, you know... I don't know, do I feel more comfortable talking about discrimination because I've come from an LGBT background? And, you know, we talk about that a lot, potentially. And so it is one of those things that we may might have a diverse experience that can help other people, and realise that we're stronger together no matter what our different backgrounds are. And that actually we need to be talking about these things and inviting everybody into the team.

37:01

CG: *Yeah. Have you found, at any point in your career or in your training, have you found any role models?*

37:13

RTS: Yes. So I think there have definitely been role models throughout my career. And so I think that's helpful, particularly as you're looking forwards, I think... I'm trying to think of LGBT role models, and that's slightly more challenging than finding female role models, I think. And certainly when there's a lot of talk about choosing your specialties, that you can have children and all the rest of it, and not seeing as many women in leadership positions, that's where the role models come in a lot, I think, in terms of being able to look to those women who are in leadership positions, and who are managing to thrive as well I think, because there's almost this myth that if you want to do that, you have to give up everything else and work 120 hours a week and it's really stressful, and being able to see women who are in leadership positions who are managing to find balance

as well, is important I think. And so, yeah, there have definitely been a number of role models who've been able to display that, or even just the ability to be assertive without being considered aggressive, and I think that's a difficult thing for women, if you're assertive people say you're aggressive, and it's finding that balance, as well, of being able to advocate for causes or, you know, for change, and be accepted in that role as a woman, and not compared to how a man would do it in the role, but just accepted for who you are in that role.

38:46

CG: *That's brilliant. Thank you. You were talking about the fact that there aren't that many women in leadership roles in medicine. Why do you think that is?*

38:56

RTS: I think a lot of it is historical. So, you know, if we go back, you know, many, many years, most of the applicants to medical school were men, and then most of the qualified doctors were men. And now we're tipping the balance to be almost, I think, I don't know what the figures are now but you know, mostly women. And also, you know, the way things have been in society. So for many years it has been that, you know, women had children and stayed at home and looked after the children, which makes it more difficult to stay full time, for example, in medicine, to take on leadership roles, which are generally all-encompassing, and take a lot of your time outside of work as well. And so there's been a big societal barrier, I think, to taking on these roles. I think as well there's an expectation that a lot of the work we do is in our own time. So we have our clinical work, but a lot of the extra roles that we do, to build up the credibility to take on these other roles, is done in our own time. And I think with the current generation of doctors coming through, that's not necessarily something that they want to do anymore so, you know, if we go through the different- Millennials, Generation X, all these different generations have a different expectation of the work that they will do, and, you know, we're seeing the younger generations coming through, they want more portfolio careers, they want more variety, but they also want to feel that what they're doing is meaningful and they're making a difference and there's a reason for why they're doing what they're doing. And I'm really interested to see how this is going to shape leadership within medicine. What I'm seeing on the ground already is that people are going into those leadership positions much younger, we are seeing more women going into these positions, it's no longer that you have to reach almost retirement age and then chair the department, you know, we are seeing a lot more of that shift. So it will be interesting to see where it goes, I think.

40:47

CG: *Yeah.*

40:51

CG: *So are there any LGBTQ+ people who are important to you outside the specialty, or even outside your career?*

40:58

RTS: So the people who are in the Association of LGBT Doctors and Dentists, you know, they're all important to me, because they're people I've worked with for, gosh, more than 10 years now, and so while I may not be on the committee anymore, a lot of- you know, some of those people still are on the committee or are still playing an active role in the Association, and it wouldn't be what it was without them, so they're incredibly important to me, and we actually have a spin-off women's group as well, in the Society, and I think that's really good because it gives us that space to kind of meet up and chat and just kind of compare experiences and support each other, which is really important as well. So, yeah, I'd say that's definitely a source of important people, and yeah, a good support, if needed.

41:47

CG: *That's good. So I think we're just summing up now really. What do you enjoy most about your role?*

41:56

RTS: I think it's people. And it's just being able to spend that time with people when they are at their most vulnerable, it's a real privilege to be able to reassure them and help them. You know, when I meet patients who are either critically unwell or about to undergo surgery, they're usually very, very anxious and terrified about what's going to happen, and it's a real privilege to be able to communicate with them, and to reassure them that, you know, that they're in safe hands, that we'll do our best to look after them, and really, you know, help them to make peace with what's happening right now, and give them as good an experience as possible. And for those patients who, you know, I can't communicate with because they're so unwell, on intensive care, to communicate with their families, and to give them the best experience that they can have in a really traumatic and awful time, I think that's some of the best parts of my job, is that real communication and meeting people where they're at and helping them to come out of it in the best way that we can.

43:04

CG: *Yeah.*

43:05

CG: *So what would you say are the highlights of your career so far?*

43:08

RTS: Erm, the highlights have really been those times that I've had outside of training, the times I've been able to kind of go 'off-piste' and gain extra skills. You know, I've really enjoyed the paediatric retrieval work and that's been very exciting and fulfilling. I trained as a coach last year, so being able to spend some time with women in healthcare, one-to-one, and be able to help support them to be the best they can be, is really a highlight for me as well. So I mean, there are so many highlights, but yeah, they're just a couple.

43:46

CG: *What would you say has been the worst moment of your career so far?* [laughter]

43:52

RTS: Definitely the junior doctor strikes, I think. The government changing our contract and enforcing that upon us, at a time when morale was quite low, has been incredibly damaging to the profession. And it was a real low point where, you know, we're working hard, working for exams in your own time, and then the government comes and enforces a contract on you that you don't agree with, that you don't feel is safe, and the pay cut was a real low point, and I know a lot of people left after that and considered changing careers, so yeah, that would be it I think.

44:28

CG: *Mm. And when was that, what year was that?*

44:31

RTS: It was 2016.

44:33

CG: *Yeah. So how do you feel on the whole about your experience as an LGBTQ anaesthetist?*

44:40

RTS: Yeah, overwhelmingly positive. I think anaesthesia is a very inclusive specialty, and a very supportive specialty, and we look after each other, and so I think it's a brilliant specialty to work in as an LGBT person. I've not had negative experiences. So yeah, it's been good for me.

45:05

CG: *What positive changes do you think have come about for the LGBTQ+ community in the field of medicine generally?*

45:13

RTS: So I think in the field of medicine generally, I think there's a lot more going on around healthcare for trans patients, in terms of- I know it's not perfect, but, you know, gender identity clinics, and increasing awareness of referral to those. And of things like using pronouns, you know, that's so much more common now, where people actually consider these things, and I know that in my local hospital, they've launched a campaign to have on the patient's wristband their preferred name. And, you know, that was really sparked by an experience with a trans patient, where their medical record hadn't changed their name, but they preferred to be called by a different name. And, you know, so that's a really positive thing, that it's actually being considered a lot more. Because you can create all the, you know, equality and diversity modules that you like, but until these things really get infiltrated into people's behaviour and the culture or organisation, it won't change how we communicate with patients, so that's a really specific positive example that I've seen recently. And the other thing is, integrating LGBT health issues into the medical curriculum is key. Because, you know, we know that people in LGBT populations have adverse health outcomes and worse health outcomes than people who are heterosexual. So increasing awareness of that, and bringing it into education is absolutely key. And I think that is happening. So it's good.

46:42

CG: *So why is that, the less good outcomes?*

46:45

RTS: So if we look at things like mental health, so there are lots of studies that have shown higher rates of depression, higher rates of self-harm and suicide, particularly amongst the trans community, but definitely amongst LGBT as a whole, but also lower- perhaps lower uptake of screening, and increased rates of breast cancer amongst lesbians, for example. So there's lots of studies out there. And it's hard to pick apart because you can look at that and say, "Well, yes, you know, worse mental health because, you know, somebody's gay". And it's not, it's mainly societal attitudes that result in worsening mental health, for example. So it's looking at the causes of "Why?" and equally access to health care. Why are there health inequalities? And, you know, part of it that we really want to break down is people not going to their GP because they're not comfortable. And I know, I personally have had circumstances where I've been to the GP and said something about my wife, and they've corrected me and said, "Oh, do you mean husband?" and I've said "No, I mean, wife" [laughs]. Or, "What does your husband think?" So, you know, it's definitely not always a positive experience as a patient, and so if we can actually help patients to access healthcare, reassure them that when they do, they will be treated with respect, and that they will have equal access to health opportunities, that is key, I think, to reducing some of those inequalities.

It's very complex, lots of things to pick apart, but certainly access to care and being accepted, you know, that is a barrier at the moment. And so how do we... there's initiatives like Pride in Practice, from the LGBT Centre in Manchester, and that's really good because that's about GP practices displaying posters, for example, showing that they are on board with Pride in Practice, and, you know, that it's an inclusive practice, and that you can be who you are, and you can say... And the other thing is, we don't necessarily monitor properly, so we ask patients, perhaps, you know, their date of birth and their gender and their ethnicity, but we don't necessarily collect the data on their sexual orientation. And that means we could be missing opportunities to see where the health inequalities are. If we're not collecting the data, we don't know how to make it better. And so there's plenty to do still on that. Definitely.

49:11

CG: *Yeah. If you could start your career again. Is there anything you would do differently?*

49:16

RTS: Ooh, that's an interesting question. Erm... It's interesting, because I didn't take a gap year before I went to medical school, and I just wanted to get started and just... And I think if I could instil some wisdom into my younger self, it would be that there is no rush, as I've now discovered, taking many years of training, and that it's about the journey, not the destination. And so I think sometimes, we can go to medical school at 18, come out at 23 and have, you know, almost like the weight of the world on your shoulders in terms of responsibility. And that's quite young. And actually, you know, there's a whole world out there and having skills before going into medicine and having more life experience is not a bad thing. And so, you know, that's something I might consider doing differently. But then I would never have met my wife, probably, because we started uni at the same time, we were put in the same flat in halls and that's how we met. So it's interesting, the different turns we take, and how things might turn out different, so... Mm.

50:18

CG: *Yes. Mm. So what would you say to young people today who are aiming for a career in medicine?*

50:26

RTS: So I would say that it is still a great career. There's lots and lots of opportunity. It's challenging, but it's varied, but go into it with your eyes open. You know, the hours are challenging, there's been a real-terms pay cut over the last 20 years, and the respect isn't necessarily what it was, so... It's going into it making sure that you're OK with those things, and making it work for you, as well, for your life and the way that you want to live

your life. And so my advice would be talk to lots of people, and really get to know what you're letting yourself in for.

51:01

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

51:08

RTS: So I'd say yeah, do it. It's a really great career. It's a really inclusive specialty. So yeah, you can definitely find a home in anaesthetics, and, you know, for me being open has been the best policy. You know, it's not necessarily- everyone's got different backgrounds, different circumstances, but I've certainly found it, you know, the easiest option to just be open and I've always been accepted. So, yeah, go for it.

51:37

CG: *Brilliant. Thank you.*

END