

Clarity at twilight

Scarlett McNally reflects on what's become clear, as a diagnosis of myeloma potentially brings her surgical career to a premature close.



Scarlett McNally, RCS Council Member

Beware, this is no heroic surgeon-turned-patient story. Some shortness of breath cycling up hills suddenly decompensated into heart failure from restrictive cardiomyopathy. I have myeloma (bone marrow cancer) with light chain cardiac amyloidosis (meaning malignant cells overproduce antibody protein fibres, deposited as amyloid in the heart). My world is an un-surgical blur of tests, medication, chemotherapy, information, and awesome NHS staff and systems. As I potentially finish my career, I have found surgical clarity about some things.

First, why does surgery still feel so binary – full-time or not? Experienced surgeons can go part-time, some owing to strange new pension changes. Younger surgeons in training, however, face numerous hurdles. Relationships, self-esteem and prospects suffer. A surgical career can flourish alongside toddlers, teenagers, grandchildren, disabled children, elderly parents with dementia or ill

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health. We should welcome parental leave and flexible training/working. No one is perfect every day; excellent education and teamwork lead to consistent good results.

Second, why do we allow throw-away comments? Every surgeon should support and respect future talent. Every student

should get scrubbed. The resources on the RCS website at rcseng.ac.uk/study and rcseng.ac.uk/career can help. Bias leads to bullying ‘by mistake’. Many people don't see how they come across – an immediate gentle challenge is OK. At another time, consider asking if the perpetrator is OK. That works in Australia: www.surgeons.org/respect.

Third, why is up to half of junior doctors' time wasted? I trained healthcare assistants into 'doctors' assistants' in two weeks. Safe, keen and welcomed, undertaking defined non-registered administrative/clinical tasks at band 3 (£18,000 per annum; £9.70 per hour). The job description is on my website: www.scarlettmcnally.co.uk.

Fourth, why do journalists and the public see health as interventions and rarities? Seventy per cent of NHS spending is on multiple long-term and potentially preventable conditions. The five big 'proximate causes' are smoking, nutrition, lack of exercise, alcohol/drugs and pollution. I was lead author for the 2015 Academy of Medical Royal Colleges report *Exercise: The Miracle Cure and the Role of the Doctor in Promoting It*. As primary prevention, exercise reduces risk of dementia, depression, heart disease and bowel cancer by 30%. As secondary prevention, it reduces complications and is part of treatment. This includes surgical conditions. We should change environments and expectations. Curriculums should incorporate the rapid motivational consultation skills in www.movingmedicine.ac.uk and NHS inspections should count cycle facilities.

Fifth, why isn't society honest about the economy? I get out in daylight now. I see other disabled, unemployed people. Some older people quietly self-fund their care from their

property, now suddenly worth a quarter of a million pounds. Future generations of older people, without the property boom, will need others to provide care for them for an average of ten years. This dwarfs other industries. We need to harness society and education to reduce the UK's massive social care spend (£100 billion annually).

Sixth, pollution. Myeloma doesn't normally happen in fit women. In my case, it's either bad luck or divine retribution. Myeloma is linked to industry and toxins. Urban dwellers, like me, are exposed to excessive air pollution, most of which is from traffic: tyres/brakes produce particles, burning fuel generates toxins. Where infrastructure and culture allow walking and cycling for people of all ages, this can improve fitness, strengthen community connectedness and reduce pollution levels. Let's advocate for that.

The RCS leads on excellent surgical education. Value yourself, every person and each moment. Then any future will be OK.

Resources

Unconscious bias guidance and e-learning:
bit.ly/e-unconsciousbias

Flexible working information:
bit.ly/LTFTWorking

Women in Surgery network:
bit.ly/WinSNetwork

Surgical care team guidance:
bit.ly/SCTGuidanceDocs