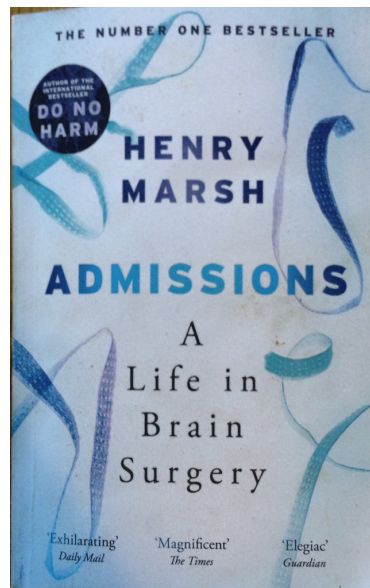


Admissions:
a neurosurgeon's life of devotion,
struggle and resignation

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How much can autobiographical reflections help us face our larger shared problems of humanity? This essayed review explores *Admissions*, a very personal and long-term view of healthcare.

Henry Marsh, a veteran and pioneering neurosurgeon, has recently published two books since his retirement from the NHS. Both have received excellent reviews from major media critics and have rapidly become best sellers. It is easy to see why: Marsh writes vividly of his exacting and edge-of-life work with humanity, philosophy and compassionate humour. His strong opinions are buttressed by sharp observation and deep thought. He writes self-knowingly as an emotional man striving for the detachment that is necessary both to make sense and to save himself. Often he alternates dilemmas from his work with those from his life – switching from the operating theatre or intensive care unit to his struggle restoring a derelict ancient cottage, for example.

Marsh never uses the word 'holistic' but his descriptions and thinking are enriched by their many levels and aspects of engagement. He seems a sensitive man doing extremely demanding and dangerous work, and I suspect that his sometimes bluff manner might impatiently avoid such a term; 'holism' is so often lost to vagueness.

This second volume, *Admissions*, is rather less technical and more human than the preceding *Do No Harm*, focusing less on the neurosurgery and more on his experiences and thoughts of caring for others, and then on his spectered fear of personal decline when he is no longer able to do this.

These are *Admission's* main themes and Marsh introduces his own writing with three quotes from long-deceased thinkers. The quotes are repeated here as a useful way to introduce Marsh's two main themes. His own exceptional clarity merits extensive quotation.

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Medicine is a science of uncertainty, and an art of probability...

– Sir William Osler

Marsh's thinking about how we construct and instruct knowledge, and then how we may best live creatively with uncertainty, is wise, pragmatic and humble. His long experience has led him to a very different view from the current trend of risk-phobic professional micromanagement.

Doctors are now subject to a regulatory bureaucracy that simply did not exist forty years ago and which shows little understanding of medical practice. The National Health Service in England ... is chronically starved of funds, since the government does not admit to the electorate that they will need to pay more if they want first-class health care.

He sees our increasingly stringent methods of governance as departing far from important realities:

Many of our medical decisions – whether to treat, how much to investigate – are not clear-cut. We deal in probabilities, not certainties. Patients are not consumers who, by definition, always know what is best for themselves, and instead must usually accept their doctors' advice. Clinical decision making is easily distorted by financial gain for the doctor or hospital ... Increasing litigation drives over-investigation and over-treatment – so-called defensive medicine ...

... but doctors deal with probabilities, not certainties. Sometimes, if you are able to make the right decision, you have to admit that you might be wrong ...

All good sense, surely? But what Marsh found, increasingly, was management whose systems eliminated such sense:

The feeling that there was something special about being a doctor had disappeared – it was just another job, I was just a member of a team, many of whose members I did not even know. I had less and less authority. I felt less and less trusted. I had to spend more and more time at meetings stipulated by the latest government edicts that I felt were of little benefit to patients ... We would often look at brain scans and decide whether the patient should be treated or not without any of us having ever seen the patient.

These depersonalising reforms meant that:

... we lost a lot – above all the friendly working relationships that can come when you work in a small organisation where everybody knows each other on a personal level and work together on the basis of personal obligation and friendship ...

Marsh has clearly given much thought to how empathic humanity might creatively co-exist with high-risk high-technology:

The moral challenge is to treat patients as we would wish to be treated ourselves, to counterbalance with professional care and kindness the emotional detachment we require to get the work done. The problem is to find the correct balance between

compassion and detachment. It is not easy. When faced with an unending queue of patients, so often with problems that we cannot help, it is remarkably difficult.

But Marsh found diminishing scope in the evolving NHS to seriously consider such seminal issues:

So instead ... a small fortune is spent on management consultants who subscribe to the ideology that marketisation, computers and the profit motive will somehow solve the problem. The talk is all of greater efficiency, reconfiguring, outsourcing and better management...

These are not mere abstractions. Marsh offers us many vignettes illustrating the frustrating absurdity and craven pathos of a system groaning under its top-heavy and rigid regulation.

Partly for respite – to re-own and reaffirm his professional skills and identity – he travelled: to the USA for academic exchange, and to the much poorer and medically primitive Ukraine and Nepal to offer his expertise as a charitable project. In each of these places he saw, and worked in, very different ‘systems’ (if you can call impoverished chaos a system) to the NHS. Both richest and poorest nations had severe problems, mercifully (if relatively) lacking in our NHS. His vivid descriptions of care amidst corruption and severe poverty have a starkness that is shocking and heart-breaking.

He has quite as much, though different, dismissive mistrust of a consumerist-capitalist system. After a reluctant visit to a sky-scrapered, plush medico-legal claims office he wrote:

I had to wait for a while, and looked with sour awe at the City under a clear blue sky. Babylon! I thought – the heart of an extravagant culture, consuming itself and the planet, sheathed in glittering glass...

For all his personal frustrations with the NHS, Marsh's overall view is sober and conditionally optimistic:

It is true that socialised health care, as the Americans call it, has many faults. It tends to be slow and bureaucratic, patients can become mere items on an impersonal assembly line, clinical staff have little incentive to behave well and can grow complacent. It is often starved of resources. But these faults can be overcome if high morale and professional standards are maintained, if the correct balance between clinical freedom and regulation is found ... The faults of socialised health care are ultimately less than the extravagance, inequality, excessive treatment and dishonesty that so often come with competitive private health care.

But then we have this:

The government, driven as always by the latest tabloid headlines, has set up an increasingly complex system of bureaucratic regulation based on distrust of the medical profession and its professional organisations. Of course doctors need regulating but

they need to be trusted as well. It is a delicate balance and it is clear to me that in England the government has got it terribly wrong.

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We should always, as near as we can, be booted and spurred and ready to go.

– Michel de Montaigne

Neither the sun nor death can be looked at steadily.

– La Rochefoucauld

At the centre of *Admissions* is a chapter titled ‘Making Things’, in which Marsh describes the deep satisfactions he gets from making furniture and the formidable challenge of personally reconstructing a long-vacated, now collapsing, ancient cottage. He relishes the attention he must pay, the understanding and skills he must develop, and the sacrifices he must make. Through these he gains a sense of personal transcendence, together with a slow, deep pride that comes from patient mastery. Marsh clearly sees the personal sacrifices, skills and identifications he brings to these domestic projects as akin to what he wishes to bring to his publicly accountable work. His strong, assiduous – even obstinate – tenacity fuels his vocational spirit and his personal *raison d’être*.

I like to joke that my most precious possession, which I prize above all my tools and books, and antiques that I inherited from my family, is my suicide kit, which I keep hidden at home.

At the end of the book he returns not only to this premonition, but also to what precedes it – what makes life worthwhile. Clearly kinship, fraternalism, making things and personal purpose are all things that have spirited Marsh's life. And his perception that he felt these things were perishing in his later years in the culture of the NHS is what so dispirited him.

More specifically, in our inevitable declines:

A doctor's duty is to relieve suffering as well as to prolong life, although I suspect this truth is often forgotten in modern medicine. Doctors are frequently accused of playing God but, in my experience, the opposite is more often the case. Many doctors shy away from decisions that might reduce suffering but which will hasten a patient's death.

Almost at the end of *Admissions* is this defiantly libidinal sentence:

The only meaning of death is how I live my life now and what I will have to look back upon as I lie dying.

And at the very end, his last sentence:

It is enough that I am well for a little longer, that I have been lucky to be part of a family – past, present and future – that I can still be useful, that there is still work to be done.

Surely this wisely opinionated and personally emotional book has much to tell us beyond Marsh's particularly interesting life and work.

Admissions. A Life in Brain Surgery. Henry Marsh (2018). Weidenfeld & Nicolson

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