At the hospital

Find the healthcare workers depicted by icons in the key

It’s not just clinical staff who burn the midnight oil to care for patients. In fact, healthcare workers other than nurses, midwives, and doctors make up more than two thirds of the NHS’s total workforce in England. These include more than 40000 cleaning staff, not counting workers in cleaning and laundry services that are contracted out. Chefs working for NHS England whipped up 131 million meals requested by inpatients in 2021-22, porters might take 30000 steps a day doing hospitals’ indispensable work, and estates services staff maintain 5192 hectares of land owned by the NHS. The work of staff other than nurses, midwives, and doctors keeps hospitals and health centres running. Although their contributions behind the scenes are essential, and several initiatives highlight the ways in which these key workers underpin the function of entire health systems, they too often go unrecognised. Hospital work depends on a team that is much more extensive than we imagine.

This year, in an effort to celebrate all healthcare workers, we draw your attention to some of those whose efforts might go unnoticed. Poring over the scenes behind these walls will not solve the problems with healthcare (and there are many), but greater recognition and appreciation of the colleagues working alongside us might help all of us feel seen.

Jennifer Rasanathan, clinical editor
rasanathan@bmj.com
Riddhi Shenoy, editorial registrar
Tom Nolan, clinical editor, The BMJ
Cite this as: BMJ 2022;379:o3017
Unsung heroes: appreciating colleagues who work alongside us

As 2022 draws to a close, we want to recognise healthcare workers whose efforts may go unnoticed despite being integral to the delivery of high quality patient care. From reception to the canteen and the lab, staff share their experiences with Zainab Hussain.

Cyril Schaegis

Receptionist, Newham Hospital

Although covid-19 had an impact on many people’s lives, it led Cyril to his current role as a receptionist at Newham Hospital in east London. After being made redundant in his previous post at a finance centre, he joined the hospital in a role giving out food to inpatients during the first wave of the covid pandemic in March 2020.

He says, “Of course, the pandemic was a very difficult moment for everyone. But realising that I could go back to work and make a difference for some people felt very rewarding to me.”

Cyril, who is originally from France, enjoyed looking after patients on the dementia wards the most. As he was living abroad from his family, he says that it gave him comfort to think that someone would look after his grandparents like a member of their family, so he wanted to offer the same to patients here.

“I was doing quite a lot with the older patients—they obviously didn’t want to be at hospital, they wanted to be home,” he says.

“They’re not eating what they’re used to, and it was important for me to be nice. “One patient recognised my French accent when I was serving coffee after lunch one time, and he kept asking me to speak to him in French because he enjoyed laughing along with my accent. It was a very cute experience. I just wanted to offer some distraction from their sickness.”

Cyril says that the experience, though difficult at times, has made him more determined than ever to continue working in healthcare. “A hospital can be a place of pain, suffering and sickness,” he says. “But at the same time, it’s a place where babies are born and people get better.”

Realising that helping people during difficult times gave him a sense of purpose, in January this year he joined the hospital’s reception team, where he greets patients every day and enjoys the hustle and bustle of the main entrance.

“Staff are trying to do their absolute best so that patients leave with more hope,” says Cyril. “Working here is very, very rewarding.”

Zainab Hussain, The BMJ
zhussain@bmj.com
Cite this as: BMJ 2022;379:o2842

Hamera Elahi

Play specialist, Newham Hospital

Hamera fell into her role—where she plays with children to keep them calm during hospital admission—by accident. She was offered the chance to be a play worker instead of the job she’d initially applied for in the neonatal unit. She has now worked at the Rainbow Centre, the hospital’s paediatric unit, for more than 12 years, having been promoted eight years ago to be the centre’s play specialist.

Hamera says, “I enjoyed my job straight away, because I enjoyed the children I would see on a daily basis. You will see different children during the week, and then you build a relationship with them.

“You see them through their journey—from them being really, really sick to then going on and finishing their treatment. We do a ‘ring the bell’ ceremony when they finish treatment, and it’s nice just to see them go home and be cured as much as they can be.”

She finds it the most difficult when a child’s condition isn’t curable, but she’s practised accepting that this is part of the real world. She explains, “It’s just something that we as professionals have to not let interfere with our care for the children and make it as good for them and the family as possible, making the experience as pleasant as we can.”

One of her favourite memories relates to a little girl who was receiving treatment for leukaemia. Her mum had laughed with Hamera, telling her that the little
Girl would always ask for her as soon as she walked into the hospital. She would also walk around the house with a scarf on her head, pretending to be Hamera. “It was so sweet that the little girl was associating me with play, and not just associating hospital beds with injections and medicines and procedures that she has to have,” she says.

Things became more challenging during covid, as Hamera felt pressure to not spread covid among patients and spent sessions with each of them separately while the play centre was closed. Thanks to some charitable donations, however, patients were given bags with toys, games, and other activities.

For the first time since the pandemic began, Hamera is planning to organise a festive party for her patients. She says, “Play forms a very big part in children’s rehabilitation, and I think not a lot of people realise how important play is in hospital.”

**Rudi Keyser**

Head of catering, Great Ormond Street Hospital

Rudi felt as though he was coming home when he was offered the head of catering role at London’s Great Ormond Street Hospital last December. He had spent six months visiting the hospital’s Lion and Elephant wards 11 years ago.

Rudi is passionate about providing the best possible experience for the patients. “Having lived the patient experience myself drives my passion,” he says. Uninsatisfied with the traditional hospital food delivery service—where, although food is freshly cooked, it’s left on trolleys for an hour or two before it’s served to patients, who then might not eat it straight away—Rudi worked on developing a “food on demand” app whereby patients can order their choice of food and receive it warm within 15-20 minutes. “It’s very heartwarming, how we can change the smallest little piece of food delivery to get patients excited about food,” he says.

He recalls one of his favourite experiences with a patient, where he personalised a food menu for a little boy who was at the hospital for a heart transplant.

After asking the boy a range of questions, from his favourite football team to where he’d most like to go on holiday, Rudi personalised a menu for him including fun facts about his hometown, about Hawaii, and about the Liverpool football team.

Rudi says, “What was really heartwarming was when the clinical staff reported that the little boy wouldn’t stop talking about the hot dogs he was going to have at lunch time, or the spaghetti bolognese he was going to have for dinner. He put on weight, which was definitely required for his upcoming heart transplant, and he just felt excited about food again.”

Rudi adds, “To highlight what drives me is receiving ‘thank you’ cards from patients—because never have I ever considered a patient at a hospital writing a ‘thank you’ card to the catering team.”

Anita Pun Magar

Associate practitioner (trainee biomedical scientist), the Royal London Hospital

Anita has worked around the clock for the past two years since starting a role analysing and reporting tests on patients’ samples at the Royal London Hospital. She says, “My role allows me to play an integral part in healthcare, as it is a crucial part of treating and managing patients.”

“The most rewarding part of my job is knowing that I’ve made a genuine impact on people’s lives, and the exciting part is that I’m faced with new challenges every day.”

Covid put Anita’s team under immense pressure. “My laboratory coat was substituted for scrubs and PPE, as we were in the process of upgrading the trust’s fleet of blood gas analysers—which were vital in managing covid patients,” she says. “We also implemented extra blood gas analysers on the newly refurbished Queen Elizabeth Suite covid wards, which rapidly monitored patients’ blood gas statuses to support clinical decisions involving oxygen ventilation and metabolic status.”

She adds, “We were deployed to support ICU technicians to maintain these analysers and ensure that they were running at full capacity at all times, even though we didn’t normally work in clinical areas.”

Although Anita’s role doesn’t require direct contact with patients, she’s experienced heartfelt moments with other clinical staff who have shown their appreciation after she trained them to use the analysers, helping to make their jobs easier.

“Having colleagues approach and email me first hand to disclose this, in addition to making genuine good friendships, just makes what I do that much better,” she says. “I’m proud to be a part of that team, playing a vital role in the resilience of the NHS to fight covid and other medical conditions and diseases—whatever they may be.”
The forgotten workforce: “They talk about doctors and nurses but forget about the laundry”

Ever since the NHS’s foundation, ancillary staff have been largely ignored in narratives about the health service. Jennifer Crane looks at archival accounts showing both passionate dedication to the service and despair about working conditions.

Porters, cleaners, receptionists, chefs, laundry workers, and other ancillary staff have represented a huge proportion of the NHS workforce since the service was founded. In 1969, domestic and maintenance staff represented 44% of the NHS workforce, administrative staff 7.1%, and professional and technical staff 3.5%.

Despite this, ancillary workers—who are non-medical and non-clinical but support the NHS’s medical and clinical work—have often been forgotten in policy discussions and omitted in representations of the NHS on radio and television. In historical debates about the NHS we hear little from housekeepers, security staff, healthcare scientists and technicians, or maintenance staff, despite their critical roles. By digging carefully into archives we can find traces of committed and passionate voices of ancillary staff, particularly from the 1970s and 1980s.

Ancillary workers have always been a hugely diverse workforce in terms of gender, race, and ethnicity. Just one year after the NHS was founded, the Ministry of Health, the Ministry of Labour, and the Colonial Office were desperately recruiting hospital staff from the Caribbean, including auxiliary staff and domestic workers, and the number of women coming from colonies and former colonies to work for the NHS grew until the early 1970s.

While successive governments recruited ancillary workers, these staff often faced very poor working conditions and dismissive treatment in the hierarchies of medical spaces. Nonetheless, many ancillary workers have taken great pride and pleasure in their work, recognising themselves as critical to the patient experience.

Lack of consultation

Although ancillary staff were critical to the early NHS, they weren’t consulted or allowed to shape this new institution. In 1944 the wartime coalition government used a white paper to announce its intention to “establish a National Health Service, which will provide for everyone all the medical advice, treatment and care they may require.”

From the outset, trade unions representing ancillary workers argued that they hadn’t been adequately consulted about what form the NHS should take. The Association of Scientific Workers, representing laboratory and technical staff, complained that the white paper contained “no recognition of the value of the Emergency Laboratory Service nor any indication of the degree to which these Laboratories will be continued and developed in the new service.”

The National Union of Public Employees—representing many cleaners, laundry workers, porters, and kitchen staff—wrote that in the white paper, “nursing and subordinate staffs, who are no less essential [than doctors] to the administration of such a Health Service as envisaged,” were given a “cursory reference of a single sentence.”

“Happiness supreme” or hidden discontent?

Journalists were interested in exploring the NHS from its earliest days. When visiting hospitals and care settings they often noticed the important roles played by ancillary staff, even if they rarely documented these in detail. The Picture Post, a photojournalism magazine, had lobbied for a national health service in the early 1940s and took significant interest in this new institution. Until the magazine’s closure in 1957 its journalists visited hospitals and captured the working lives of NHS workers, such as porters passing notes to medical staff or even catching a man falling down from a heart attack.

Some Picture Post articles focused on the contributions of ancillary staff to hospital life. A feature from December 1950, “Christmas Day in hospital,” looked to reassure anyone anxious about “a relative, a friend, or just ‘those poor people’” spending Christmas in hospital. The feature included 16 rich images spread over six pages. Nine photographs depicted patients and their visitors.

Of the remaining images, the hospital’s chef assumed a central role. He was said to find great pleasure in this work: it gave him “happiness supreme” to cater for sick people.

It’s worth emphasising that, while this Picture Post article did showcase a member of the ancillary staff, this was a white, male

BIOGRAPHY

Jennifer Crane is a lecturer in health geography at the University of Bristol. She was a public engagement lead on a Wellcome funded project, the Cultural History of the NHS, at the University of Warwick (2016-19) and has published articles about campaigning and the NHS in the journals Endeavour, Social History of Medicine, and Contemporary British History. She recently co-edited Posters, Protests, and Prescriptions: Cultural Histories of the National Health Service in Britain (Manchester University Press, 2022).

474
head chef. The staff supporting him, probably including many women and people from minority ethnic groups, weren’t pictured or mentioned.

Nonetheless, the Picture Post also twice published short letters from ancillary staff in the NHS who were more critical. In 1955 it published one simply reporting, “I am a cleaner in a big hospital, but I have been refused permission to use the hospital’s indoor swimming pool.” No further information was provided. In 1950 it published a letter from a chef arguing that tuberculosis was almost an “occupational disease” for hospital chefs, given their “long and/or irregular hours and the heat” of cooking.

These kinds of critiques of hierarchies and poor working conditions were made more explicitly by trade unions. In October 1954 Bryn Roberts, leader of the National Union of Public Employees, wrote that a “constant change of ancillary employees” was “producing a state of chaos throughout the National Health Service.”

Visibility and action

By the 1970s the wages of NHS ancillary staff were lower than for the average worker in Britain—and real wages for all NHS staff dropped by a further 19% in 1975-79. In the 1980s Margaret Thatcher’s governments undertook controversial reforms to outsource ancillary work such as cleaning.

Ancillary staff took industrial action, and national think tanks and the media began to pay more attention to the poor wages and working conditions. In 1973 the King’s Fund (then the King Edward’s Hospital Fund for London) published the results of a project looking at the “shopwindow staff” in hospitals: telephoneists, receptionists, and porters. The researchers organised focus groups at 66 hospitals and heard that staff felt “stretched” and that their work was “nerve shattering.”

In their accounts these workers made very clear the kinds of institutional hierarchies hinted at in the earlier Picture Post articles: they felt invisible and “tight at the bottom of the ladder,” “frowned upon by everybody,” and not treated “like a human being” but rather “like a piece of furniture.” Yet, despite these working conditions, “shopwindow staff” did believe that they played a critical role in patient care. Memorably, one participant suggested that “we’re either dedicated or daft.”

Ancillary staff who were interviewed during strikes and protests gave similar arguments to the media: that they were hugely dedicated to patient care but faced unmanageably poor working conditions. One mother wrote to the Daily Mail in 1982 about her daughter, a cleaner in a men’s hospital ward, who cleaned the ward “single-handed from 8 am to 3 30 pm over a 12 day period with a 30 minute unpaid lunch break—all for £1.43 an hour!”

While the views of ancillary staff were typically represented in the media during this period through short quotes, one unusual documentary gave them greater voice. Over 25 minutes, Yorkshire Television’s The Halifax Laundry Blues (1985) featured lengthy interviews with women working at laundries serving three hospitals in West Yorkshire. Again, the women discussed a conflict between pride in their work and their working conditions. They emphasised that the work was “hard” and “tiring” but also “very, very rewarding.” They felt pride in keeping their patients clean, comfortable, and dignified, and they recognised themselves as critical components of the NHS workforce.

As one interviewee stated, “They talk about the doctors and nurses et cetera, but they forget about the laundry—without a laundry you haven’t got a hospital.” Notably, the interviews in this documentary were all with women.

Loving the NHS; hating its conditions

In recent years, popular television and academic researchers have aimed to make the hidden labour of ancillary staff more visible. The hard work of porters and catering staff is central to TV documentaries such as Casualty 24/7 and Island Hospital.

These programmes emphasise that porters are “essential to the smooth running of casualty” and show the impact of staff absences. Some TV representations celebrate the work of ancillary staff by sharing positive stories, while others make their challenging working conditions clear; many do both.

In a 2020 episode of the BBC’s Matron, Medicine, and Me, two porters listen to NHS patients’ “funny stories” but are also shown to walk for as much as 12 hours a day in their roles. In The NHS: A People’s History (2018), a porter sings as he works but also notes having had to work for multiple private providers during his career, concluding that he’d be “very sorry if [he had] to leave the NHS.”

Much has changed for ancillary staff since the NHS was founded in 1948—and much has not. Ancillary staff face huge workplace hierarchies and challenging conditions working in the NHS. They continue to work in a cost of living crisis, many forced to use food banks because of low wages. Strike action by cleaners this summer continue to work in a cost of living crisis, many forced to use food banks because of low wages. Strike action by cleaners this summer in response to this received limited media coverage.

Like medical staff, many ancillary staff say that they “love” the NHS, but they also need it to change. They need better pay, better conditions, and better visibility to make their own demands. This is critical if the NHS is to fulfil its early promise: to be a service “for everyone,” where staff are valued and able to provide compassion and care, as well as treatment, for patients.

Jennifer Crane, lecturer in health geography, University of Bristol
j.crane@bristol.ac.uk

Cite this as: BMJ 2022;379:o2774
I tried to survive as a doctor in The Sims 4

The games journalist Jordan Oloman joins some 33 million people worldwide playing a social simulation game—while he chooses to live as a medical professional.

Like many people during the pandemic, I craved normality. Being a freelance video game journalist, I turned to the thing I knew best and started a game in the life simulator The Sims 4, playing a freelance writer. The results were surreal, funny, and a little bit profound. So when The BMJ asked if I had experience with Sims medicine, I started another (virtual) career, wondering how divergent this microcosm of nonsensical reality could get.

**Get to work!**

Unlike the scramble for medical places in real life, becoming a doctor in The Sims 4 is shockingly simple. I create my Sim, open up my in-game phone, pick “find a job,” select “doctor,” and just like that, I am a medical intern, earning 18 Simoleons ($) an hour with no training necessary.

My editor puts out a call on #medtwitter to see if any Sim gamers are in the real life medical specialty. We’re inundated with replies, and I gain a group of mentors to help me make sense of my medical career.

My Sim lives in a rat infested one bedroom flat in San Myushino, a virtual capital city. The rent is suspiciously cheap at $300 a week. “When I was a medical student I also moved into a rat infested house, but that was in London and with the help of four housemates to cover the bills,” says Jon Hilton, an acute medicine and intensive care trainee.

**Diagnosis**

Surprisingly, only eight illnesses exist in the world of The Sims, but it’s still a humbling process to get right. The accuracy of your diagnosis is under incredible scrutiny at all times; if you misdiagnose even one patient, they get up from their bed and fade into the ether (literally).

Sim medics perform tests on patients for advanced degrees of diagnosis (“weak” to “compelling,” which then narrows the possible illnesses you diagnose). Later, they graduate to diagnosing and treating the patients, with the ability to use more complex machinery like x ray imaging and treadmill tests.

Some conditions are simple enough: “gas n giggles,” for instance, has the patient giggling uncontrollably and breaking wind. But even with these signs, I struggle. Most signs point to several different ailments, and you can only ever pick one to diagnose. When my Sim is tired (or I myself am), diagnosing triple threat—a strange condition that features the same coughing as llama flu and the dizziness of starry eyes—is a nightmare.

When the backlog of patients becomes too much for some people, I get a notification that tells me: “Patient left… Tired of waiting for proper medical care, a patient has taken their health needs elsewhere—likely into their own untrained hands.”

**Career progression**

Eventually, I’m promoted to the role of registered nurse. This period comes with major concerns about my work-life balance. I can only achieve my promotional goals if I force my Sim to stay for an extra hour. But this means I can barely recoup the energy, hygiene, and sustenance necessary before the next day’s shift.

My Sim arrives at work depressed or overcome with rage at the fact that he isn’t following his dreams. I spend most of the day using the stuffed dinosaur in the waiting area as a punchbag. A few days later, I find other staff members calmly queuing up behind me to beat the blue triceratops, who has become our plushy martyr.

The food is a trio of green, white, and brown food blobs. It nearly always makes my Sim ill.
Over time, my Sim became increasingly erratic and difficult to control. He’d started bringing in books and a violin to work without my realising. I’m mortified when he plucks out his instrument and starts playing in front of patients between tests. The patients, surprisingly, don’t bat an eyelid. Sometimes my Sim’s colleagues quietly take the patient off my hands.

And no matter how hard I try to keep up, the front desk is always a mosh pit of patients. “Theme Hospital got it right,” says Hilton. “Once the doors open, the patients will keep coming. There’s no pause button for real hospitals.”

Time off

Every day my Sim eats the same thing for lunch: the dubious sounding premade meal costing £16 from the vending machine, which he begrudgingly heats up in the staff room microwave. Even on the highest graphical settings, it looks like three items you might pick up in Minecraft: a trio of green, white, and brown food blobs. It nearly always makes my Sim ill.

On shift, I receive daily text messages from one of my Sim’s friends sharing gossip, asking for romantic advice, and inviting my Sim to parties that he can’t attend. Within the intensity of the shift, these interactions felt like taunts, reminding me of the social contracts I could build if only my Sim wasn’t bagging up sick, eating microwave meals, and sleeping off the damage.

“This sounds like my life,” says Lisa Rampersad, a fellow gamer and surgical trainee at Forth Valley Royal Hospital in Scotland. “Non-med friends, unless they have known you pre-med, find it difficult to maintain the friendship. Medi friends know that they can drop a message and you will reply eventually or just leave it on read. And at some point, you will emerge from hibernation and reply.”

One day, I return from work as a medical specialist to learn that my cat, Dilbert—which I bought to kill the rats—has run away. I feel both guilt and genuine relief to have one less responsibility. It feels like a breaking point, so I book a few paid vacation days earned from my overtime. My annual leave is instantly approved. “I think I might start looking for a job at your Sim’s hospital,” says Hilton, “I gave work over six months’ notice about my own wedding, and I still wasn’t sure they’d give me the time off.”

My Sim reconnects with his sense of self. We read books, practise violin, and clear more than 30 patient samples that we’d taken home in an unintentional biological data breach.

Somehow, finally, I reach the top job: chief of staff. I am never told how many staff, but I am making £2800 a day—155 times my starting salary and equivalent to two and a half months’ rent. However, I haven’t moved and have become quite fond of the rats.

But great power comes with unpredictable responsibilities. Within one day as chief of staff, I am diagnosing patients, making a house call, delivering a baby, analysing stool samples, comforting a colleague, and fixing the hospital’s toilet. “Without the home visit, this almost sounds like a standard day for the on-call medical registrar,” says Hilton.

Coda

I clearly wouldn’t last a day as a real life doctor, but the difficulty of the in-game job reminded me of how eternally grateful I am for the enduring compassion of the NHS. Earlier this year (in real life), I spent a night at the Royal Victoria Infirmary’s emergency department after my partner suddenly became ill. The experience was naturally worrying but also extraordinarily humbling and profound.

While waiting, we saw a steady barrage of misplaced anger and a startling number of ignorant complaints and general impatience from members of the public. It became remarkable to watch the same (clearly very tired) doctors and nurses emerge each time from the double doors to face their ongoing battle with the backlog once more, yet still speaking to people with an empathy that seemed beyond human. And not a violin in sight.

Jordan Oloman, freelance journalist
olomanjordan@gmail.com

Cite this as: BMJ 2022;379:o2721
# The gift that won’t keep on giving: ban coal as punishment at Christmas

GIVING THE BLACK STUFF TO SUPPOSEDLY NAUGHTY CHILDREN IS DAMAGING THEIR HEALTH AND THE ENVIRONMENT

Once linked to energy security and considered a welcome gift for keeping warm over the winter months, coal has since taken on a thought-provoking association—encapsulated in the character who each Christmas rewards good children with gifts but leaves the miscreant ones with lumps of coal.

Coal gifted as punishment for supposedly naughty children is perpetuated on social media (see #coalforchristmas), and lumps of coal are widely available from major online retailers to encourage this practice.

Our younger authors (LHB and MHB) point out that “[coal] is a fossil fuel and so giving children [coal means] the adults are being the naughty ones.” We need to “Be kind to the world.”

**Coal is bad for the environment and for health**

Targets set by the UK and ambitious worldwide goals such as the fossil fuel non-proliferation treaty depend on reducing the consumption of fossil fuel.

Coal is a non-renewable fossil fuel; its extraction and combustion exacerbate the climate crisis and have been shown to have a negative impact on children’s health. At school, children learn about sustainability and individual responsibility to protect the environment. It would be good for goodness’ sake if coal was left in the ground.

**Children need care not coal**

Giving children coal at Christmas as punishment will not improve so-called naughty behaviour, and it could have a negative impact on mental wellbeing. The pandemic, war, cost of living crisis, and climate emergency have all affected children’s mental health.

Time spent fostering positive friendships as well as connections between different generations improves self-worth, and might combat anxiety. As Winnie the Pooh suggests, the festive season is a “togethery sort of holiday.”

**Being naughty is good for the planet**

Young people aged 10-24 years make up a quarter of the world’s population, so their collective voice is loud.

Swedish student Greta Thunberg, widely known as an environmental activist, has drawn the attention of adults in power with her impassioned speeches about the climate emergency. Recognising that children “can’t save the world by playing by the rules,” Thunberg inspired millions of children to go on school strike and attend climate marches—surely these children deserve to be on the nice, not naughty, list?

**Alternative gifts for children**

To ease anxiety over the climate crisis, children might be encouraged to create or source recycled or upcycled gifts, expand their dietary choices by trying out plant based foods, and go on walks or bike rides in nature (sometimes referred to as ecotherapy).

Other gifts that could support children’s wellbeing include novels with tales that inspire or reassure, and, possibly, for those who are ready to take on the responsibility, a small pet such as a stick insect.

**Santa should phase out coal**

The suggestion that children on the naughty list only deserve coal is outdated and potentially harmful to the environment and children’s health. Making or choosing gifts that connect children to people of all ages, nature, and animals can foster emotional, physical, and mental wellbeing over the festive season and could make a lifetime of difference.

Tamsin Holland Brown, paediatrician, Cambridgeshire Community Services NHS Trust, Cambridge
dtamsinhollandbrown@gmail.com
Lilac Holland Brown, student
Marigold Holland Brown, student, Thriplow Primary School, Cambridge

Cite this as: BMJ 2022;379:o2970
Doctors on film

Medicine is surprisingly marginal in cinema, considering how intense life and death dramas can be. Critic Anna Smith discusses films that impressed her, and our columnists—and editor—have their say.

Doctors have been the heroes of action films, disaster movies, and thrillers—think Harrison Ford in The Fugitive, Naomi Watts in The Impossible, or Tom Cruise in Eyes Wide Shut—but when it comes to films set in hospitals or surgeries, most fall into one of three genres: comedies, psychological chillers, or true life dramas. The last is a particularly rich seam, and the basis of my first choice.

The Diving Bell and the Butterfly (1997) is a creative adaptation of the memoirs of Jean-Dominique Bauby (played by Mathieu Amalric), a journalist who had locked-in syndrome after a stroke. It’s an emotive insight into the power of innovative medicine.

My second pick is Awakenings (1990), Penny Marshall’s drama based on neurologist Oliver Sacks’s work with catatonic patients. It features heartwarming turns from Robin Williams and Robert De Niro. It teeters on the brink of melodrama, but is effective in highlighting the power of innovative medicine.

The Oscar winning Dallas Buyers Club (2013) is also based on a true story. After being diagnosed with HIV, Ron Woodroof (Matthew McConaughey) finds out about experimental drugs from a doctor (Jennifer Garner) and smuggles them into the US while petitioning to be able to take the HIV entry inhibitor peptide T.

Doctors don’t always come off well in movies featuring psychiatric hospitals or wards, but the setting can provide psychologically unsettling dramas, such as The Mad Women’s Ball (2021). It’s set in the Pitié Salpêtrière Hospital in the 19th century, and focusing on neurologist Jean-Martin Charcot’s clinic, it weaves fictional characters into its feminist narrative. And, of course, you’ll be familiar with One Flew Over the Cuckoo’s Nest (1975), the five Oscar winner, in which Jack Nicholson’s Randle McMurphy fakes insanity and stirs up trouble, much to the fury of Nurse Ratched (Louise Fletcher). Watching the patients take over the institution can be rather satisfying.

The BMJ view

Kamran Abbasi, editor in chief, The BMJ

Awakenings was released while I was a medical student and I watched it mostly because Robert De Niro starred in it. I’d also developed an unexpected and brief interest in R D Laing—although that didn’t put me off beginning a career in psychiatry before switching to hospital medicine. I was also grappling with mastering the neurological examination which made the film even more relevant. Importantly, Awakenings is based on real events and shows us the limits of medicine as well as that health professionals can care even though we can’t always cure.

Rachel Clarke, speciality doctor in palliative medicine

My absolute favourite medical movie is Wit, a feature length drama based on the play of the same name. It stars Emma Thompson (left) as a brilliant professor and John Donne scholar with advanced ovarian cancer. She submits to brutal and essentially experimental hardcore chemotherapy, using caustic wit to deflect the cruelties of her treatment at the hands of her doctors. I was shown it on day one of medical school and wish every medical student could watch it too—it’s stunning on what matters in medicine.

I’m one of those infuriating viewers who audibly grinds my teeth at medical inaccuracies. I can’t bear to watch ludicrous resuscitation attempts, impossible physiology, and every diagnostic conundrum ending up being lupus.

David Oliver, consultant in geriatrics and acute general medicine

I would pick The Best of Men (2012) about the pioneering work of Ludwig Guttmann with disabled servicemen at Stoke Mandeville Hospital, that in turn led to the creation of the Paralympic Games.

Helen Salisbury, GP

I’ve discovered that I have watched very few medical films but did recently see the 1970s classic M*A*S*H, set in a surgical unit just behind the front line in the Korean war. There’s lots not to like about it—the sexism in particular has not aged well—but it is still brilliant. The surgery is grim and gory, a commentary on the Vietnam war at the time, and the surgeons are insubordinate and heroic. The film is very funny—a dark humour that most doctors will recognise from their worst night shifts when, if you didn’t laugh, you would have to cry.

John Launer, GP educator and writer

Akira Kurosawa made three movies on medical themes and they are all masterpieces. One is Drunken Angel, about a dedicated community doctor who has an alcohol problem (as Kurosawa himself did). Another is The Quiet Duel, about a war surgeon who acquires syphilis from a scalpel injury during an operation. My favourite, however, is Red Beard, a portrait of the relationship between a gruff traditional physician and his new trainee, who is impossibly haughty and arrogant at first, but gradually comes to recognise why his teacher is respected and adored by his patients.

Anna Smith, film critic, London
Twitter @annasmithjourno
Cite this as: BMJ 2022;379:o2720