"I wasn't going to vow to 'obey' my wife other than on matters of fashion" Des Spence on royal institutions, p 982

We need leaders, not leadership fads

PERSONAL VIEW **Michael Jenkins**

According to my Belbin team role inventory, an assessment used to gain insight into an individual's behaviour in teams, I am a mixture of a "company worker" and a "resource investigator." So, I'm an affable fellow who doesn't rock the boat, and although I come up with some nice ideas, I never actually get anything done (unlike my "completer finisher" wife). At least I presume that these roles are correct: I must confess that I filled in the four page questionnaire in about two minutes before our meeting on management skills. And I was not the only one.

Team roles, team building, personality types, and the like have been a cottage industry in the hugely expanding world of management advice during the recent boom years. Both private and public sectors have embraced the opportunity to be involved in such away days. The desired outcomes, including increased productivity, efficiency, and governance, have probably been achieved to varying degrees, and I fear that several organisations have found themselves a year on from their development sessions wondering what has actually changed.

Now, we are in a new financial environment. Private businesses are struggling to keep staff and find customers. These days advice from the chiefs of these businesses is to work harder, longer, and more efficiently—and hopefully you'll keep your job—and by the way, our away day to Bristol Zoo is cancelled this year.

Similarly the NHS, which has also embraced luxurious development programmes, is facing huge efficiency changes. There is QIPP (the quality, innovation, productivity, and prevention programme), and now general practitioners are required to rapidly shape the new commissioning agenda. Watch this space for how this unfolds, with localities and consortiums and boards and support agencies. Strong leadership, it is said, will be vital in these times of increased efficiency and effectiveness and frozen funds.

"Leadership" is a relatively new term in the NHS. Management, a previously new term, is now a dirty word, with too many images of clipboards and emergency department waiting times. Leadership is the new grey. Managers can be leaders, but so can clinicians, patients, innovators, and advocators—any stakeholder. The NHS loves talking about strong leadership. It loves it so much that Andrew Lansley recently wrote a letter to GPs urging those interested to develop their leadership skills through the National Leadership Council.

"Leadership" is a relatively new term in the NHS. Management, a previously new term, is now a dirty word, with too many images of clipboards and emergency department waiting times

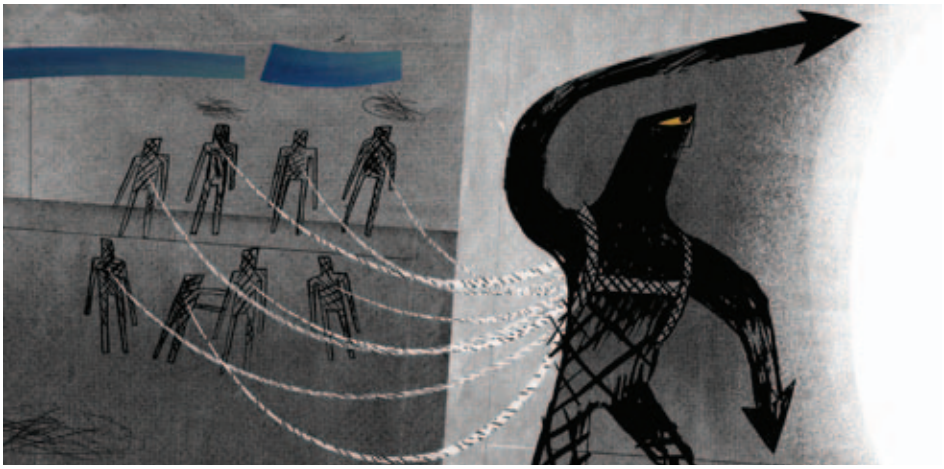
I've skimmed the executive summary of its first annual report. It makes familiar but slightly vague reading, with lots of positive tones about quality, passion, "world classness," and "superbness." What it lacks, however, is a way of measuring how much the investment in developing leadership will bring the NHS in return.

If, for example, the NHS finishes a year so many hundreds of thousands of pounds underspent, will that be because of investment in good leaders, or will it have been because of better recruitment, less waste, fewer staff, operating theatres open longer, more innovation, and so on? Do these things actually result from better leadership? And in turn, is this better leadership simply the result of people stepping up to the challenge and recognising our difficult financial times rather than investment in leadership by the National Leadership Council?

To get an answer, you must look at theories of measuring impact. Unsurprisingly, this is a vast, largely qualitatively tested, and rather boring ocean of jargon. My favourite ideas include the leaders asking themselves how often their team willingly works together to reduce conflicts or how often their people willingly embrace the organisation's mission statement. If the answer is "always" then you are doing very well. It's not exactly what we would consider robust evidence. Alternatively, you could start looking at models to evaluate usefulness. But how will we be able to evaluate whether evaluating our investment in leadership is good value? And can we afford it?

I take you back to the luxury of Bristol Zoo and other unlikely conference centres where we have talked about "what leading means to us," probably in small groups. And I take you there via Silicon Valley, which is full of young, tech savvy, billionaire, chief executive punks who snowboard to work and buy all their workers a Frappuccino at 11 am. Are they good leaders? How would we know other than the fact that despite Facebook being free to use, it is worth billions.

The NHS is a team, like any other organisation. It is large, sometimes nebulous, and often unruly. So there is no doubt that it needs leaders, or as Belbin would probably call them "chairpersons" or maybe "shapers." Those leaders among us should now come forward—and they normally do. If they need some nurturing and structure then that should also be encouraged. And if that requires investment then it must be done wisely and thoughtfully. So there we are. Leadership is important. After all, if we had a world full of "resource investigators" nothing would ever get done.



ROB WHITE

Michael Jenkins is GP, Riverbank Medical Centre, Weston Super Mare mrjmjenkins@yahoo.com

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REVIEW OF THE WEEK

Schooling about senility

How can we better empathise with patients with dementia? **Lawrence C Kaplan** was inspired by the educational value in this theatrical performance

An Evening with Dementia

A play written and performed by Trevor T Smith

Wexford Arts Centre, 7 May 2011; The Plough Arts Centre, Great Torrington, Devon, 17 June; Arden Theatre, Faversham, Kent, 30 June and 1 July; Yvonne Arnaud Theatre, Guildford, 6 October; Number 8 Theatre, Worcester, 15 October; and the Cotswold Playhouse, Stroud, 21 October

Watch a trailer at www.youtube.com/watch?v=se0f6K0pgyY

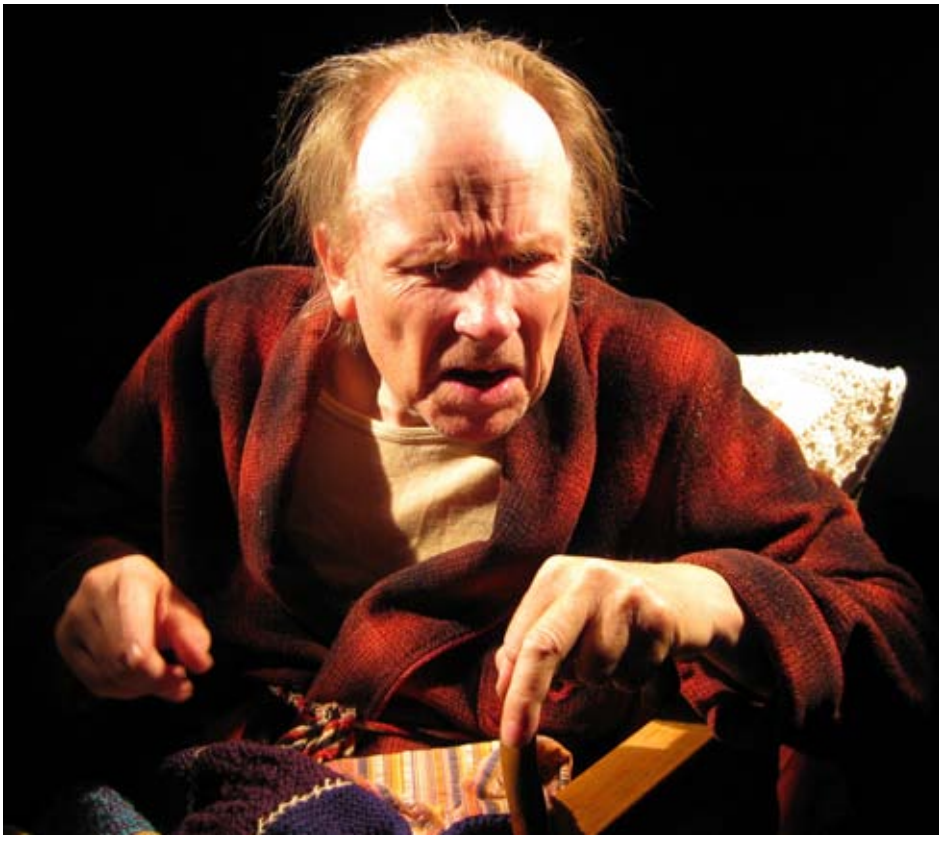
Rating: ★★★★

When I was a medical student in the 1980s the most enduring advice I received was never to be afraid to imagine what it must feel like to actually have my patients' illnesses—not to sympathise but to empathise. Gaining that insight can be difficult, however, because it often requires the student to discover new things alone, without the teacher helping to separate illness from its context.

An Evening with Dementia, the award winning new play currently on tour throughout the UK, can teach clinicians and non-clinicians alike about dementia in ways that I have rarely seen achieved in the classroom or in the clinical setting, let alone the theatre. More than a play, it is a powerful lesson. It enlightens, inspires, and, most importantly, teaches what people with advanced dementia might want others to understand if they could be the teacher. Here is a theatrical production that takes on a compelling subject in ways that are informative and entertaining.

Written and performed by the British actor Trevor T Smith, this one man play invites us into the inner thoughts and struggles of an elderly man who simply wants us to know what it is like to have dementia. The play opens with an elderly man sitting alone, speechless, seemingly oblivious to the entering audience. At first struggling, then with growing confidence, he begins to speak. His story unfolds with tasteful humour and wise and piercing irony, and is never maudlin or self pitying.

In one hour Smith weaves many episodes of this man's life into strained memories. We see clarity in his earlier recollections, but he loses continuity in his more recent memories. He shares his frustration clumsily, explaining the tools he uses to maintain his dignity in a world of strangers. We witness his recollection of a young man who visits him often, sometimes with others by his side, who asks him to kiss a strange old woman and meet a baby for the first time. We surmise that this is his elderly wife and family. We struggle with him, as he tries to make sense of these things, ultimately only remembering the real name of his son when he tells us about this young man crying for "no apparent reason."



Trevor T Smith: dementia with didacticism

No one feels awkward sharing this intimacy: on the contrary, we become deeply interested in what he has to tell us and want to learn more. We are led through the labyrinth of memory loss, at times experiencing it ourselves, trying to unravel the confusion of being unable to recognise familiar faces or voices. There are plenty of places to laugh, but never uncomfortably, as well as to pause and think of our own frailties.

The character, a former actor, ponders at one point: could he now play King Lear when for so long he hadn't felt ready for that role? For a moment the audience prepares for a cliché, yet the parallel power in Shakespeare's play of a man struggling to connect again to his past is riveting and beautiful. He tells us that he can now, because he "knows what it means."

At perhaps the most poignant moment in the play, he joins us in the audience, and together we wait awkwardly for his play to continue.

This play enlightens those who know (or perhaps should know) about dementia, because it provides the human context for a condition we think we understand. And where it departs from clinical convention is where it introduces poetically philosophical moments.

An Evening with Dementia began as a sell out show in the 2010 Edinburgh Fringe Festival. I envision that it will find a deserved place as a powerful teaching tool in health professional training. It has portability but also the theatrical power and vision that even our best textbooks can't achieve. It also has the same unmistakable quality to inspire as our best teachers do.

Lawrence C Kaplan consultant in neurodisabilities and professor of paediatrics, Great Ormond Street Hospital for Children, London larry_kaplan1@yahoo.com

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BETWEEN THE LINES **Theodore Dalrymple**

Memories of lunar caustic

As every doctor knows, it is one thing to dry out an alcoholic and quite another to get him to stop drinking afterwards. Maybe it isn't even the doctor's role to do so: after all, are they their patients' keepers?

In any case, some alcoholics have so destroyed their lives, and for so long, that they might as well go on. What will they do if they give up drinking? Malcolm Lowry (1909-57), author of *Under the Volcano*, seemed not to fall into this lamentable category. Strikingly good looking, he was only 47 when he died, a talented and famous author, and might have written many more books.

On the other hand, heavy drinking seems to have been so large a part of his experience of life that he had almost nothing else to write about. He started drinking when he was 14, and never gave up for long. He died having taken too many sleeping pills as well as drink, though whether deliberately or by accident no one knows for certain.

"Lunar caustic" is another name for silver nitrate used as a cautery. Was it his memory of his time in hospital or his alcoholism that he was trying to cauterise with it?

His novella, *Lunar Caustic*, was first published posthumously in 1963, but he had started writing it in 1937. It recounts his time in Bellevue Hospital in New York, to which he was admitted in 1936, probably in a state of delirium tremens. "Lunar caustic" is another name for silver nitrate used as a cautery or antiseptic; I remember using it early in my career in an attempt to stop persistent epistaxis. Was it his memory of his time in hospital or his alcoholism that he was trying to cauterise with it?

Lowry admitted himself to Bellevue voluntarily, his ward companions being a Jewish refugee and an innocent seeming adolescent boy who had cut the throat of a little girl with a broken bottle. "Gee, it was only a little scratch," he said when asked why he had done it. No reason is forthcoming.

AP/PA

Lowry: committed alcoholic

I have known more than a few patients who broke their lover's jaw or skull with "just a slap."

The conditions in Bellevue are awful; it is a world of brutality, where the staff bark orders at the patients and therapy consists mainly of intermittent basket weaving. The doctor, Dr Claggart, recognises in Lowry an educated man, not frequently encountered among the patients, and singles him out for philosophical conversation.

According to Lowry, there is little difference between the staff and the patients. It is the world that is mad, not the lunatic. He says to the doctor: "You're as resigned as your wretched patients, and you not only stand for it, but persistently your technique is to try and adjust them back to the system—just as you might imagine wounded soldiers being patched up to be sent back to fight by surgeons who had been smashed up themselves."

This is R D Laing *avant la lettre*: the madman is simply one who has seen clearer and further than the so called sane.

Lowry is discharged from Bellevue, not because he is deemed fit to go but because, as a foreigner, he is not entitled to public assistance. Not that it makes any difference, for within minutes he is back to drinking, never having resolved to stop: "He was elated now, feeling the fire of the whisky."

Theodore Dalrymple is a writer and retired doctor

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MEDICAL CLASSICS

The Captured Womb

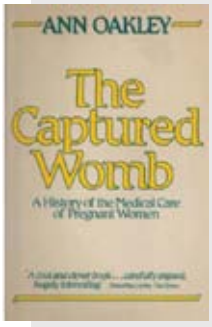
A book by Ann Oakley, first published in 1984

"The wombs of women—whether already pregnant or not—are containers to be captured by the ideologies and practices of those who, to put it simply, do not believe that women are able to take care of themselves." If Ann Oakley sounds at times a touch histrionic, it does not detract from the fascination and importance of her historical account of the medicalisation of pregnancy. *The Captured Womb: A History of the Medical Care of Pregnant Women* was one of several critical feminist views of motherhood and medicine that Oakley published in the 1970s and '80s. She charts the professional dynamics and later technological developments by which pregnancy became "a distinct type of social behaviour falling under the jurisdiction of the medical profession."

Nineteenth century motherhood texts authored by men "systematised what was taken to be the everyday experience of pregnant women" and began advising restrictions: less socialising, less corsetry, and fewer "conjugal enjoyments" (a somewhat presumptuous male euphemism). The 1930 Departmental Committee on Maternal Mortality and Morbidity reported, "The patient herself is often her own worst enemy whether from ignorance or apathy, ill health or prejudice, etc, and until she is able and willing to co-operate, doctors' and nurses' attempts to assist her can never be fully effective." And in the aftermath of the second world war, maternity care became a professional battleground between hospital consultants and general practitioners, who, then as now, were motivated by financial incentives: seven guineas for two antenatal and one postnatal exam, and for attending the delivery when necessary and possible.

In the early 20th century no simple pregnancy test existed, and doctors were determinedly diagnosing pregnancies with radiography or the Aschheim-Zondek method of injecting a woman's morning urine into a mouse over three consecutive days, then dissecting the animal to see whether its ovaries had been enlarged by the oestrogens of pregnancy. Medical practitioners would otherwise have had to "place some reliance on women's own opinions as to whether they were pregnant." Heaven forbid.

"Any imaginative person might have been expected to observe that 'there is not so much difference after all between a fetus in uterus and a submarine at sea.'" With a hint of irony, Oakley quotes Ian Donald, the Glasgow midwifery professor who first applied ultrasound, or sonar as he preferred to term it, to a woman's abdomen in the mid-1950s. Oakley questions its routine use and highlights how the white coated physicians, intrusive machinery, and supine females in several black and white photographs show "the representation of pregnant women as objects of mechanical surveillance rather than recipients of antenatal care."



Oakley perceives "the motive of professionalization and professional dominance" and "the state's interest in reproduction" in the growth of pregnancy care, which is further evidence, she asserts, of "the medicalisation of life." Before supposing that Oakley's 27 year old evocation of state orchestrated medical control of women's bodies is merely a curiosity from another era, we might pause to consider, for example, the recent High Court of England and Wales's ruling on women's access to abortion drugs (*BMJ* 2011;342:d1045).

Andrew Moscrop GP trainee, Department of Primary Health Care, Oxford
andrewmoscrop@yahoo.com

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Royal institutions: for better, for worse

FROM THE FRONTLINE

Des Spence

My granny had a picture of the Queen in her kitchen. My granny scowled at me as I recounted my story of spending my commemorative jubilee coin on sweets, and her gnarled knuckles whitened as I suggested the monarchy be abolished.

On the day of the wedding of Charles and Diana I remember the sweltering heat, the waft of warm sherry, and the fact there was nothing else on the telly. I didn't believe in fairytale weddings either. However, like most men I was persuaded to marry and then later convinced that it was my idea. I made only one stipulation: I wasn't going to vow to "obey" my wife other than on matters of fashion. We were pressganged into a monster white church wedding but insisted on no wedding list, feeling this was mercenary. We laughed as we opened 20 sets of cut crystal glasses. The young foolishly have little respect for traditions or institutions.

But institutions, be they political, legal, financial, medical, or social, are the very bedrock of any civil society. Indeed, it is the lack of mature and independent institutions that allows tyranny to reign in parts of the world. Institutions embody shared values, collectiveness, conformity, duty, professionalism, conservatism, a connection with the past, and the sense that no individual is greater than the whole.

Medicine has its stuffy, grey royal colleges. Oak panelled rooms house long tables covered with trays of teas and coffee, indistinguishable by taste or colour. Administrators write newsletters that nobody reads, full of photos of people whom nobody knows. Flaking oil paintings depict a family of identical but unrelated people. Stripy polyester ties, glasses, and coasters carry emblems and silly Latin slogans. We pay our fees, which seem excessive even when paid monthly, to receive the newsletter to tear up for the hamster's bed, and a journal full of irrelevant and ridiculous papers that seem almost spoof. The presidents will kneel before the Queen to receive a state service honour.

But for all the vanity and foibles of the colleges, on occasion they rouse, work together, and fight for what is right. They have aided many a fledgling international medical institution, raising standards around the world. We should be proud of them. But they need to modernise—not just a new paint job and some scatter cushions but fundamental change: revamped journals, wider membership, lower fees, and political clarity. So as my daughter waves my old LP of The Smiths' *The Queen is Dead* in my face and says we should scrap the monarchy, I wonder if it is time to become involved in the college.

Des Spence is a general practitioner, Glasgow
destwo@yahoo.co.uk
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A classic consultation

THE BEST MEDICINE

Liam Farrell

Give a dog a bad name, said Flashy, it's far harder to live down a good one. So when the Greek heroes learnt that I had fixed Heracles' bursitis, the waiting room was soon bursting with Homeric valour and girded loins. The testosterone was sky high, an equal temper of heroic hearts and body oil, and we had to give the Trojans a separate room.

Some of it was predictable: Tithonus had dementia, and Polyphemus had glaucoma. But there was also the occasional surprise: Bellerophon was allergic to horse hair, and Oedipus was actually very kind to his parents.

Achilles came into the surgery, trailing a bored looking Greek chorus. He squashed his mighty thews into the plastic covered chair, which gave an amusing farting noise. Some members of the chorus sniggered.

"I usually see Asclepius," he said. "But it's always the same with him: 'Sacrifice Iphigenia here; libation to Apollo there; blah blah.' It's almost as ludicrous as homoeopathy."

"Opathy, opathy," chanted the chorus.

"Trouble with the handmaidens again?" I asked; general practitioners are the Renaissance men of medicine, a knowledge of the classics is mandatory.

"No," he said, "I was racing a tortoise. Sounded easy, gave it a start, but each time I caught up it had travelled a small distance further. I was just about to overtake and disprove the infinity paradox when I tripped over a golden apple that Atalanta had left lying around. Now my ankle is giving me gyp. What about an x ray?"

"An x ray, an x ray," chanted the chorus.

I scrolled through his history. "Ah yes, after your MMR vaccination, your mother dipped you in the River Styx, which made you invulnerable. This, incidentally, was the earliest recorded example of preventive medicine, and we were going to dip all our infants in there too, but then a paper in the *Lancet* suggested a link with autism. However, because she held you by the ankle, your ankle has no protection. But it's just a sprain. Rest for two weeks, and no slaughtering.

"And," I continued, in a faux sepulchral tone, à la the Delphic oracle, "don't go near the Scaean Gate." Opportunistic health promotion is an integral part of the good doctor's consultation.

He looked concerned, obviously thinking about the handmaidens.

"Ravishing's okay," I reassured him.

"Guess it could have been worse, doc," he said, sounding relieved, "At least she didn't hold me by the di—"

"Digits," I said, pre-empting the chorus.

Liam Farrell is a general practitioner, Crossmaglen, County Armagh
drfarrell@hotmail.co.uk
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