

Stars of the silver screen

Chris Holme explores some early portrayals of the medical profession

It may not be a huge cinematic genre but some historically interesting films of doctors can now be watched online through open access digital archives.

Take *Highland Doctor* (<http://movingimage.nls.uk/film/0033>), filmed in 1943. Made for the Scottish Department of Health by Kay Mander to celebrate the first 30 years of the Highlands and Islands Medical Service (HIMS), it was shot on location in the Hebrides. As well as writing and directing, Mander played a brief cameo role as a cycling district nurse.

The focus is a pipe smoking consultant visiting an island GP who is wearing a loud tweed suit. The GP was modelled on Alex J Macleod of Uist, a celebrated family doctor who ran one of the most remote practices in Britain. There is a flashback to the work of the Dewar committee, which led to the creation of HIMS, including scenes portraying Katharine Murray, a committee member who later became Scotland's first female MP.

Mander was a gifted film maker. Other talents, such as animators Halas and Batchelor, were harnessed for public information films for the launch of the National Health Service in 1948. Doctors featured little at this time, perhaps partly reflecting official distrust after the BMA's determined opposition to Nye Bevan's plans.

Doctors' actual experience also shaped feature films. None was more influential than AJ Cronin, the JK Rowling of his era, whose novels gained massive international sales and cinematic follow-up. The success of his 1937 novel, *The Citadel*, triggered an immediate response from Hollywood. Director King Vidor assembled a star cast and wrapped the entire film up for release the following year with a melodramatic trailer (https://www.youtube.com/watch?v=hn_BpBe8-XE). The film clearly reflects Cronin's own career working in Tredegar, Bevan's home town, and later in London, where his critique of medical practice was savage and unsparring.

Television was beginning to open up new opportunities but medicine was far from ready to seize them. Charles Fletcher, the first physician to inject penicillin into a patient, later became the first TV doctor and made several BBC broadcasts before presenting the *Your Life in their Hands* series in 1958, which caused huge controversy, splitting the profession. Sadly, little, if any, of Fletcher's television output—much of which was broadcast live—seems to have survived. But a remarkable short film (<https://vimeo.com/32194662>) discovered by Cardiff University shows Fletcher's friend, Archie Cochrane, whom he appointed to the MRC pneumoconiosis unit at Llandough hospital. Cochrane comes over as an avuncular figure rather than as the father of evidence based medicine, recalling his early work in the Rhondda Fach.

An all female documentary shot in 1917 also makes striking viewing (<http://movingimage.nls.uk/film/0035>). It was shot by the French army's film propaganda unit at Villers-Cotterêts, a large clearing station for the Scottish Women's Hospital (SWH) at Royaumont. The hospital had been running since early 1915—the first of several all-women hospitals set up by Elsie Inglis after initial rejection by the British military authorities. Thirty women at Royaumont were awarded the Croix de Guerre, and its Liverpool trained head surgeon, Frances Ivens, became the first foreign woman to be awarded the Légion d'Honneur.

The film shows meal times, delivery of mail, and a mobile x ray unit provided by the London SWH units and equipped by Marie Curie.

It also supposedly shows the first filmed surgical operation, but this was faked for the camera. Perhaps this helped frame the reaction of the women of Royaumont when they saw the film—they hated it.

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TGATW II: the gatekeeper takes on the algorithms, avatars, and chatbots

The Gatekeeper and the Wizard first appeared in *The BMJ* in 1989 and illustrated the relationship between GPs and specialists. **Paul Hodgkin**, one of the original authors, updates the fable for the digital age

The Gatekeeper was tired. She had spent years sorting out which ill people needed to see the Wizards up in the castle so as not to waste their fancy machines on people who did not have a disease. But now her gate was gone. Instead, endless pathways snaked up the hill. If you fitted on a pathway, up you went; if you didn't, tough.

Admittedly each pathway was exceptionally NICE, and each was still routed past her front door so she knew who was coming and going, but that couldn't hide the fact that her professional role and diagnostic responsibilities were diminished. The Itinerant Sociologist, a down at heel soul who sometimes stopped by, said that these care pathways were a good example of a "regime of discipline" aimed at reducing professional variation. Or was that professional vocation? The Gatekeeper was so tired that she couldn't remember.

In fact the whole gate thing was a bit retro now, and she no longer understood what her role was. Searching for answers, she had downloaded a fancy new epistemology app. It told her that gatekeeping had changed because the nature of knowledge had changed. The paper based technology of her

Instead of experts there were search results that combined the wisdom of the crowds with Google pixie dust



beloved old books had imposed limits on information. Paper had always, self evidently, had an edge, which meant that things had to be missed out. And right where the old paper based technology had imposed its limits, experts had sprung into being to say what went into the books and what didn't.

Going digital

Digital knowledge changed all that. Information was free, there was no edge to it, and everything was just a click away. Instead of experts there were search results that combined the wisdom of crowds with some Google pixie dust. Her app said that this epistemological move from "filtering out" to "filtering forward" had radically changed the role of all experts.² Especially those, like the Gatekeeper, who patrolled the border between the expert and the lay.

Expertise in filtering stuff out was, of course, exactly what gatekeeping had been based on. Now all those nice pathways filtered patients forward using evidence based algorithms. And she could see that the diagnostic algorithms powered by Big Data would soon give a good kicking to anyone who aspired to be a diagnostician, Wizard and Gatekeeper alike. No wonder she felt redundant.

As her app helpfully informed her on her way into morning surgery, "the more any bit of information is just a click away, the less we shall be forgiven for not checking it."³ Which perhaps explained why people looked sceptical when she said, "I don't know what it is, but it isn't serious." The risk of offering non-expert opinions was clearly rising, just as the benefits of a generalist approach were falling. Perhaps that's why she was so tired.

Out of the window went all that red “A causes B causes C” nonsense

She turned the app’s optimism rating up to maximum, and it suggested that she look into the “eco evodevo” revolution raging in biology.⁷ Apparently gene expression, and even inheritance, depended on what was happening in the environment, and symbiosis was crucial, even for humans. It seemed a long way from her Monday morning surgery, but as she read more she understood that the hard science of the 21st century was saying that genes, cells, organs, individuals, ecologies, and societies were all co-determined by each other.⁸

Out of the window went all that reductionist “A causes B causes C” nonsense that any fool faced with a patient with alcoholism and diabetes could see was too simplistic. Instead, complex webs of interactions arched from gene to society and back again. Her old mantra of “bio, psycho, social” was magically transmuting into hard science.

Clearly the software that now browsed through petabytes of data would soon be sorting out everyone’s diagnoses and treatment plans. But along the way those same algorithms would shed some harsh light on the complex network of epigenetics, biochemistry, family dynamics, genetic dispositions, and social circumstances that go into shaping each one of us. And then, at the end of the process, the Gatekeeper and the patient would have to figure out what all this new knowledge meant.

Perhaps the generalist’s new focus would be not so much at the presentation of undifferentiated illness but at its resolution. Perhaps her role would be to help the patient use all this new knowledge of their bio, psycho, and social natures to unfurl the next iteration of themselves.

Standing in the wings of all our lives is the person we are about to become. Perhaps the person she was about to become was not a gatekeeper but a translator, positioned at the boundary between the patient’s old understanding of themselves and the new. The last link in the medical journey, not the first.



DUNCAN SMITH

Like so many places, the Old Gatekeeping District was undergoing gentrification. The shabby old primary care habitat of yesteryear was now seen as Virgin territory, ripe for commercial development. She remembered when she had first put up her gatekeeper’s sign 30 years ago. Over the front door it had said, “Personal Continuing Care. All aspects of the bio, psycho, social catered for. Day or night.” Nowadays when patients came to discuss their care pathway, she knew that they would have been on a forum to find out what others with the same condition thought. Or checked out how the local care pathway compared with the one at the Mayo Clinic. Her epistemology app called this “meta knowledge.” All she knew was that where once there had just been her, now there were many. Although when she herself had found a little lump, she had quickly learnt that meta knowledge could be quite useful.

Dissonet cogs

She had turned off the cognitive dissonance sensor in her phone after it went off one too many times in a Budgeting for Excellence workshop, but she thought that “dissonant cogs” was a pretty good strapline for what gatekeepers had become. Cranky, but still turning—just. It made you wonder what today’s equivalents of Mackenzie⁴ and Pickles⁵ would do. The Manifesto for Primary Care from Iona Heath and others⁶ said that the best consultations were a way for both patients and doctors to recover a sense of self. Perhaps that was what she and her patients needed.

But her app informed her that when the hordes of algorithms, avatars, and chatbots started hurling themselves against the consulting room door, her only defence would be to know exactly what it was that only humans could render unto humans.

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Thanks to Nigel
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A millennial discharge summary

Paul Wicks imagines a discharge summary from the not too distant future

Patient's Name		Patient's ID	
Bloggs, Joe		451761453XMAS	
Discharge Summary		Date Admitted	Date Discharged
		08/12/2016	13/12/2016
Final Exam Summary	Discharge Status & Instructions	Clinician's Narrative	Included Progress Notes
<p>Diagnosis: T23.209. Burn of second degree of unspecified hand, unspecified site.</p> <p>Condition on discharge: Greatly improved</p> <p>Prognosis: Good</p> <p>History of present illness: 22 year old male with 12 000 Instagram followers (bot ratio 15%) "checked in" to the emergency department on Friday night complaining of "OMG 📱🔥🔥🔥🔥🔥"</p> <p>A&E documented a one inch second degree burn to the right palm and multiple superficial burns on fingers arising from a spontaneously combusting smartphone.</p> <p>Exposure to the ignition source was apparently prolonged as the patient took the time to extract his other smartphone, record a brief video, snap a selfie, select a filter, and post it to social media. Online history included labile opinions, frequent group brunches, and liking to excess.</p> <p>Burn was cooled, disinfected, and dressed in A&E, and patient was admitted to the ward after threatening to leave a negative review on TripAdvisor.</p>			<p>Referral(s)</p>
Hospital Course			
<p>On arrival to the ward, the patient reported feeling severely 😞😞😞 and described the food as 🍷.</p> <p>Patient's quality of life has been acutely affected now that he is without his primary smartphone and remains more than 12 months away from his next upgrade. We were unable to gather data using the patient reported outcome measures form as the patient disdained the use of pen and paper as "basic."</p> <p>On examination, ego was tender and inflated. Patient was initially unreactive to analogue stimuli until we titrated ward's wifi speed down to 0.6 kbps, which induced involuntary eye rolling and prolonged whining. Rapport was initially established by an FY1 on WhatsApp before that became uncool, then SnapChat (ditto), then Kik (ditto), before resorting to the old fashioned method, SMS/iMessage.</p> <p>Based on the latest government guidelines developed by an advisory committee formed entirely of the commercial sector, we used full spectrum technology deployment to formulate a management plan: We first attempted to crowdsourcing treatment recommendations on Twitter, but we were unable to decipher many of the replies as they had been massively abbreviated and were lacking punctuation in order to fit the 140 character limit.</p> <p>Next, an international telemedicine consultation was undertaken with our trust's franchised teaching hospital overseas as a virtual grand round. After watching a mandatory 30 second video ad on "Seven essential weight loss tricks that experts don't want you to know," our sister team suggested (via automatic translation) that we might like to "exterminate him somewhat gingerly for two nights obscuring ironing board." We have taken this advice under advisement.</p> <p>A virtual coach recommended a rehabilitative course of Pokemon GO (preferably a Bulbasaur if the trust still has them on formulary), 10 000 steps a day on a FitBit with updates streamed to Facebook so his mum can check them, and gentle thumb calisthenics such as Winter Walk or Angry Birds 2.</p> <p>After consultation with the analogue "version 1.0" multidisciplinary team we have prescribed a course of any topical ointments with 4.5 or more stars on Amazon, referred for a surgical consult with consideration taken into account of residual narcissistic function, and recommended grief counselling to help deal with the untimely loss of a treasured and valued smartphone.</p>			
Follow-up:	<p>Patient has been scheduled for discharge to the community via Uber or Hailo (depending on surge pricing) although our machine learning algorithm has volunteered to continually track his whereabouts, emails, phone calls, personal beliefs, credit rating, overall survival, date of car insurance renewal, and recovery from his most recent injury. We are reassured that these data will help improve our services.</p>		

Disclosures: Paul Wicks is just barely a millennial, which he thinks entitles him to make fun of his own generation (and to just be entitled generally). No patients were trolled during the writing of this article.

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