

## ROLE MODEL

# Hugh Herzig

**Abi Rimmer** speaks to the consultant psychiatrist, specialising in eating disorders, who recently retired from Avon Wiltshire Partnership Mental Health Trust

**“Doctors are trained to fix things, but actually there is a lot we can’t fix. Only time can help”**

### NOMINATED BY ANNA ROSE-MORRIS

What has inspired me the most about Hugh Herzig is his ability to understand the battle that goes on inside a patient’s head and then guide them through this towards a place of peace.

He is also a brilliant teacher and mentor to students, juniors, and colleagues, inspiring medics to pursue a career in psychiatry and value mental health alongside physical health.

Anna Rose-Morris is a psychiatry trainee in the Severn Deanery

### NOMINATE A ROLE MODEL

To nominate someone who has been a role model during your medical career, send their name, their job title, and the reason for your nomination to [arimmer@bmj.com](mailto:arimmer@bmj.com)



CHARLES BIRCHMORE

**T**hroughout his career, Hugh Herzig has valued the access that his work gives him to his patients’ thoughts and feelings. “I sit down with people and within a couple of sentences we’re talking about something painful and personal and important in their lives which is really troubling them,” he says. “I think that’s unusual. It’s a privilege that I find enriching and rewarding, and something of an honour.”

Herzig is from a family with no medical background who were “more keen on the arts,” and he completed his first degree in music at York University. A year after he graduated, Herzig decided he wanted to become a doctor and while at medical school he discovered psychiatry. “I found that the psychiatrists were interesting people,” he says. “They were a very broad church and they sometimes fundamentally disagreed with each other which I found stimulating.”

Herzig began his training in south London where his interest in his patients’ lives sometimes got him into trouble. “I was a very inefficient house officer,” he says. “I would take long histories of all the patients. I found myself fascinated by personal stories, and couldn’t stop myself. I always ran late.”

Herzig’s early psychiatric training was followed by two years of voluntary work in Malawi, where he found himself the only psychiatrist in a country of 10 million people. On his return to the UK he moved to Bristol and completed his higher psychiatry training in the Severn Deanery.

His person centred clinical approach and enthusiasm for psychotherapy eventually led him to work with people with eating disorders, and in 2003 he became the first consultant in this specialty at the Avon Wiltshire Partnership Mental Health Trust. “I’m orientated towards psychological approaches to treatment,” he says.

“With eating disorders there’s often very little we can do pharmacologically for our patients. We need to be broad and flexible in our

clinical approach; these patients really do need holistic care.”

In his 15 years as a consultant, Herzig has seen the STEPs Eating Disorder Service expand from a few beds on the end of an acute psychiatric ward and a small community team. “We now have a bigger multidisciplinary community team, a 10 bed ward with our own team of nurses running it, and we’re very proud of our unique primary care eating disorder service seeing patients in GP surgeries.”

As well as psychiatry trainees, since 2012 Herzig has welcomed doctors in the first year of their foundation training into his unit. “We teach our first year trainees about responding to distressed and anxious patients. Often we just can’t take the distress away—there is no quick solution. Doctors must learn to be containing and supportive, rather than reaching for a quick fix such as prescribing a drug,” he says.

“Doctors are trained to fix things, but actually there is a lot we can’t fix. Only time can help,” he adds. “This job exposes young doctors to that in a supportive way and I think it’s an important lesson.”

Trainees also learn about patients’ ambivalence to treatment, Herzig says. “All the patients on my unit wish they were elsewhere. They wish they didn’t have to have the treatment and they sometimes resist it intensely,” he says. “That’s a foreign concept to a newly qualified doctor who might expect patients to gratefully receive their wisdom, diagnosis, and treatment. People with eating disorders don’t do that. They are very ambivalent about it.”

Having retired from his role as a full time consultant, Herzig plans to return to his first love: music. “I’m a cellist so I’m going to do lots more music,” he says. “What I don’t know is how much I define myself as a doctor—how much of my identity is wrapped up with being Dr Hugh Herzig, the consultant psychiatrist and lead for the eating disorder service,” he adds. “As I retire I’m a bit worried about that—but I think I’ll cope.”

Abi Rimmer, *The BMJ*

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Dubhfeasa Slattery is a Dublin and Harvard trained consultant respiratory paediatrician. She is chair of medical professionalism at the Royal College of Surgeons in Ireland and the Bon Secours Health System, where she is developing and implementing a programme in professionalism that aims to improve patient centred care, incorporating patient safety and clinician wellbeing. Her interest in research, education, patient safety, and quality of care led her to her current role in professionalism. She continues clinical work at Temple St Children's University Hospital in Dublin. As head of clinical risk at the State Claims Agency she analysed national data on patient safety incidents, clinical claims, and costs in Ireland's public healthcare service, culminating in multiple national reports.

## BMJ CONFIDENTIAL

# Dubhfeasa Slattery Professional professionalist

### What was your earliest ambition?

To meet and marry John McEnroe, my tennis hero.

### What was your best career move?

Moving to Harvard to do a fellowship in paediatric respiratory medicine at Boston Children's Hospital, thus gaining the experience of working there as a consultant and making lifelong friendships in a wonderful city.

### What was the worst mistake in your career?

Believing that our team could fundraise and build a dedicated cystic fibrosis outpatient unit in two years. It took us six years of barbecues, raffles, and runs.

### How is your work-life balance?

It's improved over time, thanks to close family and friends.

### How do you keep fit and healthy?

I find time for some running, which is great for body and mind: at the end of a 5 km run I often identify a solution that was evading me in the office.

### What do you wish that you had known when you were younger?

To trust my gut and my own opinions more—one sometimes has to swim against the tide to make positive change.

### Do doctors get paid enough?

It's important that those who are paid to do a job do it to the highest possible standard to help ensure the best patient care.

### To whom would you most like to apologise?

To my family, for missing some family events and time with them.

### Which living doctor do you most admire, and why?

Andrew Colin, a paediatric pulmonologist. He always treated me, patients, and everyone with huge respect: he epitomises the "humble expert."

### What is the worst job you have done?

At age 9 and as the youngest person present, I got the last job in the Gaeltacht Irish language school: *ceannaire an leithreas* (chief—and sole—toilet cleaner)

### What single change has made the most difference in your field?

The new disease modifying cystic fibrosis drugs have transformed the lives of children and families, exceeding expectations for this life shortening condition.

### What new technology or development are you most looking forward to?

Broadening the use of effective monoclonal therapies.

### What book should every doctor read?

*Team of Rivals*, which charts Abraham Lincoln's leadership and how he harnessed many different, difficult, and talented individuals.

### What personal ambition do you still have?

Loads, but international travel with my husband and three children is a priority.

### Is the thought of retirement a dream or a nightmare?

Neither: I take time as it comes. I will probably keep busy after my retirement date.

### If you weren't in your present position what would you be doing instead?

Running my own business or being an artist specialising in oil painting.

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