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CHRISTMAS 2021: TIME WARP

The BMJ Interview: in conversation with Fiona Godlee

As she steps down after 16 years as The BMJ's editor in chief, find out more about Fiona Godlee, a mission driven woman who has brought ideas and people together in the public interest. You can listen to Fiona talking to **Helen Macdonald** at <https://bit.ly/BMJInterview>

Helen Macdonald *clinical editor*

How would you describe yourself?

"I'm a doctor, and I chose that path very early on, when I was about 7. I'm an editor, and I say that with enormous pride—I've loved doing it. It's about gathering people and creating an environment where thoughts and ideas, controversies and information, are openly exchanged.

"But I'm also a woman, a mother, and a wife. And I think I still have friends."

That is a lot of roles. What are you like at your core?

"I do feel a sense of mission. I like the idea of doing things that make the world a better place. I don't know where that comes from—my family, my education? I'm part of a big medical family.

"One of the great things about medicine is the sense of common purpose: I love bringing people together. I'm quite driven by wanting to seek the truth, wanting to get to the bottom of things, wanting to get the best out of the people around me."

How did you first come to work at *The BMJ*?

"I have no memory of *BMJs* at home. I don't know if my father got them. I did get them when I was a junior doctor, but only to look at the job section. A friend saw this role as a junior editor on *The BMJ*. My mother was a writer, and there'd always been part of me that wanted to write. I got shortlisted, but I had also been offered a registrar training post so I told *The BMJ* I'd reapply next year.

"When I did, I wasn't shortlisted. I was really upset because I thought perhaps they'd heard something terrible about me. My mother told me to stop being so wet and to ask them if there had been a mistake. And it turned out it was a mistake. So that's the message: don't take no for an answer."

Coming to *The BMJ*

What do you remember about your first days at *The BMJ*?

"It was quite old school. Stephen Lock was the editor and had a big sofa in his office, we measured out the galley proofs with a ruler and had tea in china cups, and people left at 5 o'clock. We had individual offices with red lights over the door, so if you wanted to be quiet you turned your light on and nobody would disturb you.

"We were given piles of manuscripts in folders, which were like patients' notes, some of them terribly thick.

And we'd go and sit in a little room to find peer reviewers on what was considered a terrifically whizzy computer system. There was a special pigeonhole for the manuscripts we were rejecting immediately, which were left there for two weeks because it was thought to be rude to reject them too quickly.

"I suppose it was in some ways a bit of a formal place, certainly a great deal more formal than now."

It doesn't sound like necessarily the place for a people person.

"I did miss the medicine a lot. I like hospitals. I like the interaction between patients and doctors, doctors and nurses, different disciplines. The corridor conversations, the multidisciplinary team meetings. I loved working in casualty. I liked the urgency and the teamwork, so I did really miss that.

"And I missed the patients. But very gradually I began to get that sense of the sheer breadth of what *The BMJ* was: the academic side, the journalism, the commentary and debate, the production of this thing in print and then online."

The top job

What made you apply to be editor in chief? Women often undersell themselves for major roles.

"I've never felt that being a woman should stop me. In fact, I was really surprised by the interest about me being the first female editor. I felt reluctant to make something of that. But I recognised that we have to celebrate the fact that female advancement and feminism had reached the stage that I could go for it, and I didn't really question going for it.

"And we have to keep in mind how much further there is still to go for most women around the world."

How did it feel on your first day as editor in chief?

"Well, it was daunting. I wouldn't pretend otherwise. Richard Smith [former editor in chief] was, and is, a big character, a good writer and thinker, very creative and strategic. I had to tell myself I wouldn't try to be like Richard. I had to do it as me."

Did you have a bigger plan?

"When you get a job, you talk to people: you practise your vision on people, and each conversation is another way of testing it out.

"I was aware of the balancing act. *The BMJ* intends to be for all doctors, and that means it has to be

extremely broad. It has to cover primary and secondary care, public health and clinical medicine, academia and journalism, internationally and for the UK, in print and online. The work at the beginning was to decide where we were on those continuums and where we wanted to be. And over the years we've worked very determinedly to achieve the right balance."

Do you think your being a woman has altered the path of the journal?

"Historians will have to take a view on that. There is supposed to be a style of leadership that women are more likely to adopt, which is more facilitative. That probably is the case for me. My feeling is that the journal needs to be a forum and a platform for many voices rather than one. Whether that's about being a woman or whether that's just my personality, I don't know."

The best and worst of times

What have been your highlights?

"Working with a great team. I've loved developing both the academic and the journalistic sides of the journal. And using the journal as a lever for cultural change in medicine and research has been an enormous pleasure and very exciting, using our policies to push the envelope on things like transparency and data access, patient partnership, and conflicts of interest."

Convening people—is that your MO in leadership? Your way of making change happen?

"I think it is. I find people to follow, as a leader. There's something about spotting people who really know what they're talking about and trusting them. The driver is not necessarily me, but I can say, 'Yes, we're going to do this,' so that these wonderful ideas can come through."

What about the hard times?

"Well, anyone who's been an editor will know that you're under attack constantly, by people who are upset either because you've published something or because you haven't. The hard ones are those that become very public: you've got to stand by the article or decide whether to correct or retract it."

"Our aim is to do the right thing. We're not there to protect ourselves. We're not there, really, to protect the journal, except that by doing the right thing we do protect the journal. And that makes life simple, in a way: it makes some of the decisions easier."

Where do you turn for inner strength, when you might feel ground down by what can seem quite personal attacks on your integrity or judgment?

"I have a fantastic support system at home: my husband, Zach, and my children. I have a wonderfully close sibling group, all of whom are doctors. They understand some of the pressures I might be under."

Serving the public

Whose side are you on?

"It's taken me a while to come to an understanding of this, but I feel very comfortable now saying that *The BMJ* functions best when it serves patients and the public interest."

"We serve doctors to the extent that we try to help them be the best doctors they can be. And we serve academics and policy makers by encouraging them to be the best that they can be: rigorous, reliable, transparent, independent. I don't think I understood that at the start."

Is *The BMJ* too political?

"Well, health and healthcare are political. Public health in particular is deeply political because it's about intervening with the public—imposing regulation and requirements on them."

"I think the important thing is that *The BMJ* isn't party political. We tend to criticise whichever party is in power—although I think you couldn't read *The BMJ* and think we were anything other than liberal and tending towards left wing. And that may be a problem. I recognise that."

Parting

How does it feel to become part of *The BMJ*'s history?

"I feel very honoured. I've had a wonderful time. The journal is doing good things, and now is the right time for me to go."

And the future?

"I have to focus on climate change. The world is at crisis point and we have to fundamentally change how we live, and that's going to be extremely hard for each of us, as individuals and as societies."

"Healthcare professionals have shown themselves to be resilient and resourceful, innovative and trustworthy. I think we have an enormous capacity to push for change. I hope *The BMJ*'s readers will be on the front line of that fight."