

Are the gods to blame?

Colin Grant

When I was at medical school in the 1980s, in a seminal class we were asked to consider the ethics of agreeing to a parent's wish to circumcise their child under general anaesthetic. Should we do it? The answer was a resounding 'no'. There was no medical benefit and the procedure would carry a tiny risk from the anaesthesia. We were, said the lecturer, charged to 'first do no harm', to honour the Hippocratic doctrine which has for millennia served as a benchmark for physicians in their treatment of patients. But, despite their best intentions, doctors do harm patients.

One of the delights of the consultant neurologist Henry Marsh's first book, *Do No Harm* was his tendency to side with patients and their lawyers when the neurosurgeon determined that he and the hospital were at fault – much to the consternation of the NHS managers.

Especially during the last few months of the Covid pandemic, the shifting goalposts on whether children on whom the virus has little impact should be given the vaccine has strained the notion of trust between doctors and patients. Even if well-intentioned, the loud campaign does raise questions over public versus individual health, the fudging of medical ethics and the authority of physicians.

I don't know Marsh's views on vaccinating children during the present pandemic but I guess the candid, philosophical physician would at least consider how it squares with the maxim of his title.

Decades ago, Marsh pioneered the neurosurgical technique of operating on the brain without administering anaesthesia, so that the patient was awake during the removal of a brain tumour known as a low-grade glioma. This might sound alarming, but the brain does not feel pain. As Marsh points out, 'pain is a sensation created within the brain in response to electro-chemical signals' from elsewhere in the body. It's surprising to learn from Marsh that his nerves of steel and steady hands belonged to a surgeon for whom the soothing and familiar act of scrubbing up (over a thousand times in his career) in theatre 'was always accompanied by a feeling of tension in the pit of my stomach.'

And it is this winning quality – the surgeon with titanic confidence in his abilities who also nurses a quiet and nagging uncertainty – that makes his subsequent memoir, *Admissions*, so special. Though Marsh has notched up numerous triumphant outcomes, it is the small number of catastrophes and deaths that linger in the mind of the surgeon and of the reader long after you close the book.

With Marsh approaching retirement in the opening pages, *Admissions* is a contemplative memoir whose early passages especially recall the spirit of V.S. Naipaul's happy, if mournful, reincarnation in *The Enigma of Arrival*. But before Henry Marsh can surrender to retirement there's the business of divorce from the NHS to settle. Months earlier he had fired off a letter of resignation (safeguarding his pension by prudently post-dating the resignation to follow his 65th birthday) after his hospital's Medical Director had threatened Marsh with disciplinary action for showing 'insufficient

leadership' – in flouting the dress code and in failing to insist that his junior staff obeyed the hospital edict of completing paperwork in a timely fashion. Still, the recalcitrant neurologist is buoyed by the fierce excitement of surgery. Peering down the microscope into the brain he imagines himself as a miniature explorer navigating cerebral arteries 'like rivers', and a mountaineer abseiling down a ravine, right through to the *corpus callosum* – reminiscent of 'a white beach between two cliffs' – into brain tissue which, he marvels, is the site of thought itself. Marsh delights in the details of his work, as you might expect from such a fastidious surgeon, manipulating 'obscenely slurping suckers.'

The likelihood of a final, successful operation celebrated with champagne, cigars and a bouquet of flowers from a grateful and recovering patient might be fanciful, but something close to that is to be expected. After a career of 40 years the final brain operation, carried out under this heightened intensity, is a triumph. But the next morning Marsh's mood sours when returning to the patient's bed he finds the staff have fitted him unnecessarily with a nasogastric tube.

Twenty years ago, as a senior surgeon, if Marsh instructed someone to do something it would happen. Now he is just one of a number of competing authorities. He orders the nurse to remove the ugly and unnecessary nasogastric tube. The nurse, answering to some absent higher authority, refuses. Marsh is apoplectic. He writes pitifully: 'Overcome with rage and almost completely out of control, I pushed my face in front of his, took his nose between my thumb and index finger and tweaked it angrily. "I hate your guts," I shouted.'

Though Henry Marsh is lucky to escape without a disciplinary hearing, the dyspeptic nose-to-nose display of fury is an ignominious end to an extraordinary career. But it's not quite the final chapter.

Marsh has colleagues in Nepal and Ukraine – Professor Upendra Devkota (Dev) and Igor Kurilets who keenly solicit his help. First stop is Nepal where Marsh is reunited with Dev, a striking-looking, fast-speaking neurosurgeon whom Marsh describes as a cross between a bulldog and a bird. Dev exists in a permanent state of excitement. Amid the melee, Marsh's account of his time in Kathmandu reads like a man on the run; but there's no questioning of authority here. Instead Marsh is greeted by uniformed guards who snap to attention on his arrival at the hospital's gates.

Henry Marsh has said that writing his first book was a cathartic exercise in which he drew on the myriad hospital diaries he'd kept over the years and fashioned a discursive narrative. It was life-affirming and upbeat; driven by the optimistic engine of the first-time author. The tone of *Admissions*, in contrast, calls to mind the title for Leonard Cohen's final album, released shortly before his death: *You Want It Darker?* So many of the patients in Kathmandu are going to die from pointless operations; they and their relatives are impervious to the doctors' arguments for discontinuing treatment, no matter that the expense of an MRI scan is equivalent to an entire month's wage. As the body count mounts, the exchanges between Marsh, the other doctors and patients begin to sound repetitive, especially over the pitiful plight of children. On one occasion, Marsh counsels that if the MRI scan shows 'severe brain damage, perhaps it is better to let the child die'. Later, on yet another depressing ward round, Marsh discovers: 'the child had gone leaving only a sad little huddle of sheets on the bed'. From the sad but technicoloured world of Nepal where Marsh is garlanded with bougainvillea and silk scarves, he makes his way to grim and

monochromatic Ukraine. At the heart of *Admissions* is an unanswerable question: how do you decide whom to operate on and whom to leave to die?

Like many neurosurgeons, Marsh has wrestled with the moral responsibility all of his working life. Having settled on the candidates for surgery, he points to a further conundrum: timing. Knowing when to operate, he says, is like playing Russian roulette with two revolvers. One of his first catastrophes as a consultant involved a child who died as a result of Marsh delaying an operation that should have been done urgently. Attending the external investigation into the death, Marsh writes that when he had to pass the child's parents in the corridor: 'The look of silent hatred the mother gave me was not easy to forget'.

He returns to a theme highlighted by the French surgeon René Leriche who observed that: 'Every surgeon carries about him a little cemetery, in which from time to time he goes to pray, a cemetery of bitterness and regret, of which he seeks the reason for certain of his failures.'

Even amidst the medical horror stories, there are a few light passages such as the time when Marsh recounts a procedure where he operated on the wrong side of a patient's brain. It was not deleterious and he could have disguised his mistake. However he decides to 'fess up'. The patient looked questioningly at him as he broke the bad news, and then said: 'I quite understand...I put in fitted kitchens for a trade. I once put one in back to front. It's easily done.'

If Henry Marsh arrives at a singular unequivocal philosophical position in his books, it is simply that it is the doctor's moral duty to reduce suffering, even if that means not saving lives. 'We are told that we must not act like gods,

but sometimes we must.' If such conscientious doctors are treated as gods, then it might be just as well to consider the fragility of man and the truth that often, as the Nigerian playwright, Ola Rotimi asserted in his reversion of Sophocles' *Aeneid*, 'the gods are not to blame'.

Doctors and health officials with titanic certainty exert enormous influence over the population. In the UK as of November 2021, there's been a concerted campaign to lower the age of those given the vaccine in the present pandemic. The official narrative has changed continually over the last year when it was first suggested that no young person under the age of 29 was a priority. Now children as young as 12 are deemed to be worthy candidates.

Would rational parents give their child medicine that was not needed? Increasingly, the answer appears to be 'yes'. Millions of parents are being encouraged by doctors to submit their children to a vaccine whose credits to them barely rise above the deficits. At some level, it's understandable; parents trust what they're being told by physicians who ought to know best.

A friend who's a general practitioner told me recently that she was pressured into taking the vaccine by her practice manager even though she'd recently had Covid with the subsequent peak in the antibodies produced in her body. Contrary to her understanding of immune response, she'd rolled up her sleeve and complied.

One of the great strengths of Marsh's writing is that it illuminates triumphs and failures, bravery and cowardice that best describes the doctor's life. His profound honesty helps him along the way in his career but sometimes good fortune takes him further. One would hope for the same kind of

honesty in the disingenuous debate around vaccinating children who don't need the vaccine. The stakes are high and few seem to interrogate received, acceptable notions of the collective good of compliance. We need more medical outliers, the equivalents of Henry Marsh who first do no harm and challenge orthodoxy. Surely a mark of a mature society is one which accommodates dissent; one that does not demonise dissenting voices and lump them all together. I lament the coercion of parents and pity children whose fates are being determined by doctors – some of whom exhibit the kind of extreme arrogance once the preserve of the gods.

Colin Grant

Colin Grant is an author, historian, and a Fellow of the Royal Society of Literature. His books include: *Negro with a Hat: The Rise and Fall of Marcus Garvey*, and a group biography of the Wailers, *I&I, The Natural Mystics*. His memoir of growing up in a Caribbean family in 1970s Luton, *Bageye at the Wheel*, was shortlisted for the Pen/Ackerley Prize, 2013. Grant's history of epilepsy, *A Smell of Burning*, was a *Sunday Times* Book of the Year 2016.

A recording of this talk can be found at **writersmosaic.org.uk**

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