



Interview: UK healthcare from the GPs viewpoint

Welcome to your April edition of Against the Grain.

This month and next, we have something a little different, an interview with a British NHS GP. I am presenting this to you as an interview with an anonymous GP, not to be 'mysterious' or exciting in any particular way, and not because anything 'wild' or defamatory was said in the interview...I just felt that if I promised this GP anonymity, then he would be free to speak openly, to say whatever he likes, without any concern that at any point in time he would be quizzed or judged for his words.

I'm writing this for you because I think it's important to see the state of British healthcare from all angles, and while you and I may know what it's like to be the patient visiting our doctor, I think it's interesting to see



things from the doctor's side of the table. I also think, that as consumers interested in all-things-health-related, we probably read a lot online, in the press and on social media, that puts down the NHS and doctors, mostly unfairly in my opinion, and so I wanted to present 'the doctors story' for you to get a more balanced view. I have several friends who are GPs, and they generally say the same things, and I think those opinions are well reflected in this interview. By giving this GP anonymity, he can openly slate, or defend the NHS, as he believes is right.

This was a long interview, and it makes for an extremely long transcript, which is why I am presenting it to you over two editions of Against the Grain. I thought about just listening to it all myself a few times (obviously I have the recording) then summarising and paraphrasing it for you, a shortened version. That would have been quicker for me, but when I listened to it, I didn't want to lose the nuances and details, the actual words spoken, so I have transcribed every word, verbatim, so that you get it all, just as if you had been there.

I then conclude each section – Part 1 this month, and Part 2 next month – with my own summary and 'key takeaways' to highlight what I think are the most important things we can learn from this.

I hope you like it and learn something reading this! I do and I did!

Let's get cracking.

Against the Grain



From Mother Nature's Diet

Karl: GP, thank you for talking to me today, I really appreciate your time. Could we start by getting some sense of your background please. How long have you been a doctor?

GP: I qualified as a doctor 15 years ago, I worked in casualty for 3 years, I worked in a hospice for about a year, I have worked a number of varied roles in hospitals including orthopaedics, obstetrics, gynaecology, general medicine, general surgery, vascular surgery and paediatrics. I have been a GP for the last 8 years, and I am a partner in a growing practice, under contract to the Department of Health [the NHS].

Karl: Thanks, so let's start with a great big open question, and please feel free to interpret this and answer it however you see fit. How do you view the 'health of our nation' in the UK today?

GP: Well obviously I am at a very skewed end of the spectrum, because I see the people who are coming in wanting to see a doctor, so on that basis, I'm seeing a lot of illness and perceived illness, and I'm doing my best to treat that. As for 'the health of the nation' let's go back to the World Health Organisation [WHO] definition of 'health' that you and I often talk about. Back in 1948 'health' was described as "a complete state of physical, mental and social wellbeing, not just the absence of disease or infirmity." I remember when I first heard that I thought 'ooh, wow, so how many of us are really truly healthy...by that definition, **complete** physical, social **and** mental wellbeing...?'



Karl: Wow, yeah, when you look at it like that, not many of us!

GP: Right, so looking at us all by that definition, when we talk about the health of the nation, I think we, along with the rest of the planet, are a pretty unhealthy bunch. I like that definition, I think it's something to aspire to, I don't think there are many people who can truly say they are genuinely healthy. But what's important here is working towards that picture of health, on a regular daily basis, doing what you need to do to support your physical side of things, the mental side of things, and the social side. And your doctor can't do most of that stuff for you, let's be honest, let's be frank, your doctor can't improve your social life, he can't change the way you think – he can perhaps influence you, but only you can decide how you're going to think.

But in terms of the physical health, he can only give you advice, support and encouragement, and maybe give you, where appropriate, interventions, whether they are pharmaceutical, or surgical, but ultimately, it very much comes back to the individual. Often times, we have a lot of people coming in to see us for advice, and we give them advice, and we say come back in 4 weeks and

Against the Grain



From Mother Nature's Diet

we'll see how you're getting on, but they come back for that review, and they haven't been following our advice at all, but they are there wanting more advice, and we find ourselves asking 'Well, what are we doing here?' You know, I'm more than happy to give you support, but what's important here is you gotta do your bit.

One of my friends once described it as 'You've got to participate in your own rescue.'

Karl: Yes, I say something similar myself.

GP: Yes, I think you're the person I'm quoting!

Karl: Ha ha, yeah, I often say 'you have to participate in your own destiny.' Too many people bumble through life making poor choices, taking no pro-active steps to ensure their own future good health, then when that health is challenged, they play the victim 'what happened?' and 'Why me?'

Awesome, thanks, that's a great start, and we will pitch in and out of this topic throughout this interview.

So, when we covered your background at the beginning, as we established, you are a General Practitioner and a partner in your practice, so you don't have an employer, as such.

GP: I am an independent contractor, as a partnership we have a contract with the Department of Health, to provide general medical services.

Karl: So you wouldn't consider the NHS to be 'your employer', but the people you see are all NHS patients, right, you don't see private patients?

GP: Right. The way I see it, I am employed by the person I am serving. Ultimately they are tax payers, they're paying into a system that provides free healthcare, it's a wonderful system, there's nothing like it on the planet, we're very privileged to have the National Health Service, but I am 'employed' by the person that I am serving, and I want to make the best decisions for them and support them in the best way I can. And...sometimes, most of the time, I need their support for me to give them that support. So we often get engaged in how we can work together to give them the outcome they want in terms of their healthcare. And it's a great privilege, I enjoy it very much, and there are many challenges along the way.

Karl: Yes, that's great, now this next question is really about the NHS, 'the system'. What do you think is right, and good about the NHS? What I mean is, what is the NHS doing that is great? I think we have a world class healthcare system, and of course we know it has problems and faces challenges, not least a funding challenge, but what is the NHS doing really well – what do you think is good, great and wonderful about the NHS, what are its strengths?

Against the Grain



From **Mother Nature's Diet**

GP: I think there's a lot of things it's doing right that we just don't hear about, because there are a lot of people focussed on what's wrong and putting a great big magnifying glass over that and deciding that is what the NHS actually is. The NHS saves lives every day; the NHS creates lives



every day. I have an experience I can speak of personally with my wife, when she was having our son...she was late in her pregnancy, she'd gone way over her dates and we took her to hospital and she started having something called 'late decelerations' which basically is an obstetric emergency, we've got to deliver the baby NOW, and as soon as that happened, literally within 1 minute, there were 9 people in the room.

I don't know where they came from...under the bed, through the window, I don't know, but suddenly there were 9 people in the room and they all knew exactly what they needed to do and they were doing it, straight away. And there was no shouting, no screaming, no yelling at anyone, people were just... *clicks fingers* ...doing it. And what's interesting was that I've actually been a part of that team in a different hospital, about 4 years earlier, but then I never really saw it from the outside looking in...

But it all just happened, straight away, they rushed to it, and 20 minutes later I was holding my baby, and my wife was absolutely fine.

Karl: It's fantastic isn't it, and this is our free, state service...

GP: Yes, exactly, I know, it's incredible, because at that time, if we had not had the service that we had, at that time, both my wife and my son could have died. But day to day, we don't hear these stories because this is the standard that the NHS holds itself to, and it's an exceptionally high standard.

Karl: And they're doing that a hundred times a day...but the press cover the 1-a-day that goes wrong...

GP: They probably do it a thousand times a day across the country, I might be wrong with my numbers but there is still a lot of great work being done.

Against the Grain

From Mother Nature's Diet



Karl: But it's the bad stories that get the coverage in the press... still no one is writing about the success stories...but that's life I guess...

GP: Right, if you go to a restaurant and have a bad meal, you're more likely to write about that on Facebook than if you have an outstanding meal. And also there's another point I want to make, that it's not just about the *care* that we receive, it's also about the *service* we receive. Let's not forget that the National Health Service is a service, we are here to serve, and there's no higher purpose in life...and there are times when we can give the best possible care that we can give, but if we're not giving the best possible service, then it's going to be perceived as bad...which is something that I really find, well something that I've learned over the last few years, and they don't teach you this stuff in medical school! [Laughter]

But you can go into a consultation, you can do everything absolutely right, medically by the book, as a doctor, and the patient can still walk away dissatisfied, because they didn't like the way you served them.

Karl: Ummm, that's interesting, and we'll circle back to that later...so I've asked you what the NHS is doing right, and what is good, so now, what is it doing wrong? What's bad? And I mean, if you had to nail, in just a few key points...not what's wrong with 'health' in general in this country, but what's wrong with the NHS, what would you say?

GP: I think, in my opinion, we need to put more focus on health awareness and on education, ingraining positive health messages...that doctors need to embrace as well. Something I found amusing, was when I worked in orthopaedics there was a consultant, not a very pleasant man to be honest, and hugely overweight, his body mass index (BMI) must have been well over 40, and he's seeing a patient, a man with osteoarthritis to his knees. Now obviously osteoarthritis can be more prevalent in people who are overweight, because obviously the effects of gravity, are pushing down putting more strain and pressure on the joints.

So he had osteoarthritis in the knees, and the consultant was saying "Now your knees are really rather bad at the moment sir, and I think we need to lose some weight." And the patient leaned over to the surgeon, patted him on his big belly and said "Yes, I think we do, don't we doctor."

[Karl Laughing...]

GP: True story. So, you know, you've got to have that congruency. If you're here to really help people with their health, you've got to help yourself too. At the start of my career when I worked in hospitals, there were still designated smoking rooms in hospitals, and even in theatre, operating theatre's had separate smoking rooms for the surgeons and anaesthetists. And let's not forget that 30, 40, or 50 years ago, the doctors mess has a free bar where doctors and nurses could go anytime and get themselves an alcoholic beverage, while on duty...go back even further to the

Against the Grain

From **Mother Nature's Diet**



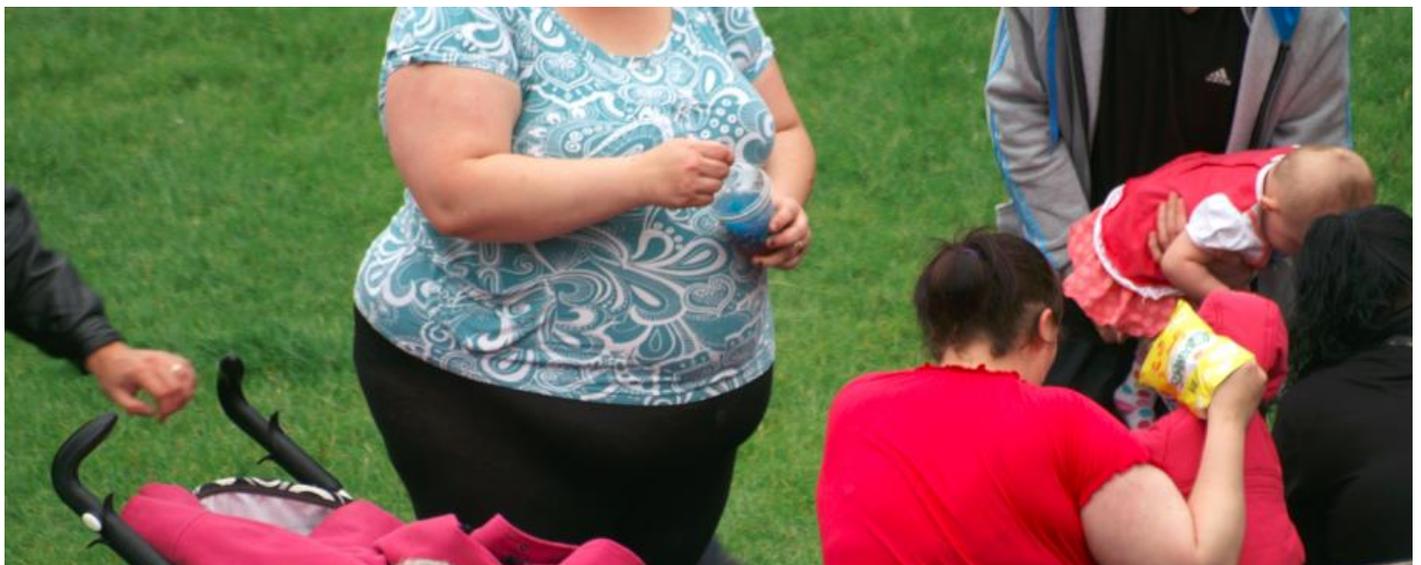
1940s and a typical ward round would feature doctors smoking pipes during their actual patient assessments!

So yes, health awareness and health education is what we've got to focus on, but beyond that we've got to really make people understand **why** they need to be healthy, and until we can do that I think we are always going to struggle. The question is what does health mean to an individual? And it's going to mean something completely different to you than it is to me, and to that lady over there and that gentleman across the room here, it's going to mean something different to each of us.

Karl: Yes, and I'll bet few of us are relating it back to that World Health Organisation definition we talked about earlier. There are people out there selling you every imaginable 'solution' on the market, telling you that health has something to do with a 6-pack or with big muscles or with being slim or with running a faster marathon...I meet people who engage in unhealthy habits but they are fit. They say "Oh I'm fit and healthy, I can run a marathon" yet they smoke and drink and eat junk food. I know people who eat junk, get drunk in binge drinking sessions and smoke...yet they say "Look at me, I've got a 6-pack" and so often I think 'yeah you might be getting away with all that while you're 27, but it will take its toll by the time you're 47.

GP: Right, and they don't understand that and they won't understand it until it happens. You can tell them til you're blue in the face.

Karl: Are we – and when I say we I mean the NHS, doctors, the government, we as a society – tackling obesity, childhood obesity, type 2 diabetes, autism spectrum disorders in children...these epidemics we read about in the media every day, that seem to be more and more prevalent, are we tackling them, or they just getting worse?



Against the Grain



From **Mother Nature's Diet**

GP: I don't think we're tackling them, no, I don't think we're tackling them at all. I think we're doing our best to attenuate them, but we are not really addressing the source, we're not addressing the cause. I think obesity, it's just shocking, you look at the statistics for obesity and it can actually people stun people. By 2020, 80% of adults, male and female, will be obese, will be classified as obese, that's if we carry on as we are now. That's only 5 years! Less than 5 years! If you're not scared, you should be. It's terrifying.

And obesity...there are complications...well no one dies from being fat, obesity is a symptom, it's not a condition. It's a symptom of a lot of other things that are underlying other problems, but it's been labelled now as a medical disease. But really there is nothing clever about weight loss, it really just comes down to two things – what you eat, and how much exercise you get. Some people are going to argue that your genes are a factor too, and OK they play a part, but that's not the defining factor.

If you're still obese, then you're not doing enough exercise and you're eating too much, it is always as simple as that, and it can all be addressed by a few appropriate dietary and lifestyle changes. Now, I'm not saying it's easy, some people find it much harder than others, and there are a lot of elements involved where people who have stressful lives attenuate their symptoms of stress, by eating more or eating the wrong things or neglecting going to the gym, and that's understandable, I don't want to judge and I'm not saying those people are wrong, but what's important to know is that as a result of that approach, this is the outcome you'll get.

So, let's talk about it getting better – what more can we do to help people, to serve people, to make sure their health is being reached, their physical health. And, coming back to the WHO definition, sometimes it's the mental side of things, and sometimes it's the social side of things. They say 'you are the sum of your 5 closest friends' and so if your 5 closest friends like to go to the pub and drink 10 pints, then get fish and chips on the way home, then that's probably what you're going to do, and the result of that is you're going to be unhealthy, no matter how much exercise you do. As you Karl have said to me, 'you can't out-exercise a bad diet', and it's true.



Against the Grain



From **Mother Nature's Diet**

Karl: Right, it's about balance and priorities – you shouldn't be eating the chips every day and only hitting the gym once a week. You need to be hitting the gym every day and only eating the chips once a week.

GP: Exactly. I remember reading the Oxford Handbook of Clinical Medicine and there was this phrase in there that I've memorised, "There's no such thing as good or bad food, there are only good or bad diets." And I still think that is interesting...moderation is key, you've got to find the balance. In fact the book I'm writing at the moment is going to be called 'Balance' – because it's all about balance, you know, you balance your physical health, your mental health, your social health, you balance your relationship with your significant other, with your friends, your business activities, it's all got to balance. If you get the right balance, you will have health, and not only that but you'll also be closer to achieving your goals too.

Karl: OK, so we have already touched on this – but what is the NHS doing to prevent ill health in the first place? We've already touched on this...as you know I broadly see my role, with MotherNaturesDiet, as one of prevention rather than cure. I never put down the NHS, you'll never hear me putting down doctors, nurses or surgeons, I believe these are good hard working people who got into the medical profession in the first place because they wanted to help people and to make a difference. I always say "I've got nothing against the NHS, they just have too many 'customers' and I'm trying to take some of those customers away." So what's the NHS doing to stop people from being unhealthy in the first place?

GP: It comes in fits and starts, you know they have campaigns when things are topical or when things have suddenly become more in the public conscious, for example, a short while ago there was a big thing on people who had a symptom called haemoptysis, which is coughing up blood in your sputum, and there was a big campaign saying get yourself to see a doctor because you might need a chest x-ray because you might have lung cancer.

And so that was a campaign that was pushed out very heavily on TV and through magazines, leaflets, radio and we had an awful lot of patients all coming in all demanding a chest x-ray...**demanding** a chest x-ray, and it often really wasn't entirely appropriate, and it was difficult to say to some of them that actually 'you really don't need a chest x-ray at this time because you're not actually coughing up blood, and yes you might have done a couple of times 6 months ago, but right now I'm assessing you and you don't need an x-ray.' And it's difficult to get the right message through sometimes.

So I think they do have the power to influence in that respect, but I think that sometimes they need to use that power more productively, more efficiently.

Public Health England is the main body that helps to deal with a lot of these health awareness campaigns, but there are other things that the General Practitioner does including well-person checks, where you go in to see your GP and you go through your family medical history, go through

Against the Grain



From **Mother Nature's Diet**

any health challenges you may be facing, and they check all the routine basics such as height, weight, blood pressure, pulse rate...and where appropriate they'll do blood tests and check into more important things to look out for, such as diabetes, raised cholesterol, thyroid function, and increasingly vitamin D is very topical at the moment.

So there are things that are being done, and perhaps some people may not necessarily be aware of them.

Karl: Thanks, OK, let's just shift to a different track slightly, and this may seem like a random question... How are you? As a GP, are you happy? When you wake up in the morning are you keen to leap out of bed and get to work, do you enjoy what you do? What stresses you out? Is this the career you signed up for? Are GP's well paid, and I don't mean "how much do you earn?" I mean, do you work hard and is the role well rewarded? Are you happy?

GP: I personally am happy, thank you for asking!! 'Is this the career I signed up for?' Ummm, to be honest I'm not entirely certain what I signed up for, I just knew I wanted to help people from a medical point of view but I had no idea how I wanted to do that. For a long time I decided that I wanted to be a casualty doctor, because I loved every minute of it, I really did, until I would get home and my mind was racing at 100 miles an hour and I couldn't switch off. So it turned out the



Against the Grain



From Mother Nature's Diet

job wasn't for me – and it wasn't the job, it was me, that's how I was processing my work and I wasn't able to detach myself mentally...but I can do that a lot better now.

So, coming back to your question, there are a lot of things that frustrate me about the job, and definitely one of my biggest frustrations is the amount of bureaucratic paperwork nonsense that we have to be involved with. I was just saying to one of my partners only yesterday, that if all I did all day long was just see patients and help people coming in with medical problems, and if those people can be, well you know, polite...

Karl: Yes that can be a real problem can't it...

GP: Yes, I do sometimes face a lot of abusive behaviour...

I was running my own clinic one afternoon, and I had a cancellation open up, so I looked at the list of emergency patients waiting to be seen and I just randomly took one off that list, and this man came into my office, clearly under the influence of alcohol, visibly very angry, and he said that he was depressed and that he was going to kill himself, but before he killed himself he was "going to kill that f***ing bitch of a wife" who had run off with his 'best mate' and so before he killed her, he planned to kill his presumably now ex- 'best mate' in front of her, so that she could see the pain she had caused, and then he was going to kill her, and then he was going to kill himself..."with this knife, doctor" which he then brandished in front of me!

You know, speaking of this, people really don't understand how exposed General Practitioners are, because literally anyone can come in and just walk in off the street into our rooms, shut the door, they're closer to that door than we are...you know? What other industry can you do that? Not in a bank, can't do that in a legal office, can't do that anywhere! We don't even have a table between us anymore, they got rid of the table between us, so we are effectively 'next' to the patient now, it's totally open, and it can get pretty scary.

Karl: Yes that's a really interesting thought actually...when I think of every encounter I have had with an NHS employee over the last year or two, in every case, it's been me – a 6 foot 2, fit, strong, 13-stone martial artist – alone in a room with a woman. Doctors, nurses, stitches taken out, examination (when I bust my ribs), 'well man clinic' (when I turned 45) – in every case, it was a woman facing me, alone, in a room with a closed door. And the rooms don't have cameras.

GP: Right, but let's not assume anything...they might be able to do a lot of damage to you Karl!!

Karl: Ha! Right! Yes of course, they might be very well trained...but I might be very well trained too!

GP: Indeed. And lucky, that day with that man, I was well trained and luckily I knew just what to do with him...we talked him down, calmly, with no physical issues, and then got him the help he needed.

Against the Grain

From **Mother Nature's Diet**



Karl: And is that kind of thing part of your training, as a doctor?

GP: No! No they won't teach you things like that in medical school Karl, no chance. No, they're far too busy teaching you about sarcoidosis or lupus or some other things you'll likely never see in your entire life.

Karl: I know someone with lupus!

GP: Oh really?! That's rare, I have never seen a single case!

So back to your question...and something that frustrates me...we have the Care Quality Commission now, the CQC, and they're going round the country doing inspections, to make sure that practices are up to standard. And if they're not happy, then they'll give you a certain grading, which they will inform you of, and then they'll inform the media, so you get a local front-page spread which will highlight all the shortcomings found in their report. Then later they'll come back, to make sure you are following the plan that you set out, and if you're not they'll take away your contract, and that's it, you and your partners and all your staff are out of a job!

And this is actually happening. It happened in my region, just a couple of weeks ago, to a local practice, because there were concerns about patients being put under risk. Now I'm not saying that it's right or wrong, but the amount of work – unpaid work – that practices are having to do to meet the standards that are being set, bearing in mind that there is actually no evidence to support the standards that they are setting, is quite ridiculous. But that's what we now have to do, in addition to all the other bureaucratic nonsense.

Karl: So all this bureaucracy and paperwork is a serious distraction for you, a distraction from actually providing patient care? This is a huge frustration...

GP: Well, yes, sure...but from a clinical aspect, the biggest frustration I have is people coming in wanting help with problems that they have entirely brought upon themselves, and then not taking the help or not accepting the help that's being offered.

Karl: so it's like they smoke, they look like they are heading for some very nasty disease, and you tell them not to smoke, but they carry on anyway?

GP: Yep. [Frowning...]

Yes, that happens, I mean that happens every day, every single day, and I don't mind that so much, but it's when they come in for the 20th time, with the same problem, and I think "Look, think, please, when are you going to stop smoking? How can we support you through this? I really want you to do this, for yourself. You've got no idea of the benefits you will derive from stopping smoking. And you know, we've got qualified trained nurses who can help you, a proven programme

Against the Grain

From **Mother Nature's Diet**



that can get you off cigarettes...all you've got to do, is say yes, I'd like to stop...and then let's work together, let's do it."

But they don't.
And they keep coming back...sick.
Again and again.

Karl: And of course, you're not allowed to tell them "I've seen you ten times, go away, leave me alone, stop wasting my time."?

GP: Oh, gosh, no! And I wouldn't want to say that, either. But I know a lot of doctors do get frustrated and do say "you're not listening to me and I'm sick of this so stop wasting my time."

Karl: You know it amazes me...that people don't listen to their doctor, don't have that level of respect for their doctor. My mother raised me to respect certain people, professionals in our society like a policeman, bank manager or doctor.

Now I realise some people might think that bank managers aren't really the 'pillars of the local community' that they once used to be...but you know what I mean. If my doctor told me to go home and do something, I would just do it.

GP: My father always told me – and he was a doctor too, until he retired a few years ago – he always said that if you become a doctor you can be assured of 2 things: You'll always have work available to you, and you'll always be respected.

Now on the first point, he was right, there is no shortage of sick people to treat, but on the second point, it's not what it used to be.

And really, why should it be? Why should you respect someone just because they are a doctor?

Karl: I think because in my mind, doctors are good people, who went into a caring profession because they wanted to help others, and it's a noble and honourable profession, and you have to train for many years to qualify, so to me this wins respect.

GP: Yes, and that was certainly why I went into medicine.

Karl: As I see it, I've rocked up at this place, a service that's free at the point of entry, paid for by my taxes and my parents before me, and I'm there saying "I have a problem, please will you help



Against the Grain



From **Mother Nature's Diet**

me” and the person I’m saying it to has studied to be skilled to help, and genuinely wants to help me, why the heck wouldn’t I listen and take the advice offered!

GP: That’s a great frame...though I think unfortunately a lot of doctors aren’t actually like that these days...

I think that today, assuming you are going to get respect just because you have a title, such as Dr, is a very outdated concept. I certainly don’t even introduce myself as a doctor, ever, I just don’t see the point, and I actually don’t want to try to appear as anything ‘different’...why try to create that separation between me and the person I am talking to...



Anyway, so it’s not really a respect issue, I don’t mind that at all. What I struggle with is when people come looking for help, but they don’t take the advice that’s offered to them. One of the messages I always give to people is ‘Please take the support available to you.’

There is actually a lot of support available. There are a lot of things you can do and I can do to improve our health. People have to do it. People have to make the most of what is available.

Against the Grain



From **Mother Nature's Diet**

Another point I want to make, is that I talk to pretty much every patient that walks through my door, I give them a short lecture on diet. I find a lot of people tell me 'Oh there's nothing wrong with my diet, my diet is fine.' But actually when we discuss details, we always find they eat a little too much of this, not enough of that, there are always ways we can improve. No one is perfect, none of us really know what 'the perfect diet' or 'the perfect lifestyle' really is [Karl says...MND!! Lol...] but we can all make improvements...cut down a little here, improve a little there, let's just focus on things that we can improve on, day-by-day, week-by-week.

How much more salt can we cut out of our diet? How much more caffeine can we get rid of? For many people, average normal folks, if they just focus on cutting back those 2 things for a few weeks they'll see instant health improvements.

Karl: OK, so do they teach GPs about nutrition and lifestyle factors at medical school?

GP: Yes. [Some laughter] You know, we did a 'nutrition project' Karl! In the first year of medical school, back in 1994, over a period of 2 weeks, I had to find a patient, where I was at the old Charing Cross Hospital, and I had to speak to him every day for 2 weeks and write down everything he had eaten in a food diary. So obviously it had to be a long term patient, and then I had to create a chart, listing all his calories and everything, and then I had to write an assessment to answer 'Is he getting enough nutrients to service his condition?'

And obviously, the answer was no. And every student did this, and the conclusion that we came to was that 'hospital food is not sufficiently nutritious to help meet the basic health needs of hospital patients.'

[Karl is laughing and shaking head...]

And here's the best bit – I remember talking to my peers in the 2nd and 3rd year and telling them about our conclusions, and they were just looking at me and laughing and saying 'So what?' They said 'That's nothing new, that is the same conclusion that every group of students comes to every year since they started this project...and nothing has ever changed.'

Hospital food is still appalling.

Karl: And I think nothing has changed now, in 2016.

GP: I don't know about now...my last experience of hospital food was in 2004, after my dad had an angioplasty [operation on a coronary blood vessel] and the food they were feeding him afterwards...honestly, you would just despair.

Karl: Right, I see this every week in the many Facebook Groups I am in or that I run. Every week someone posts that they are visiting a friend or relative in hospital, often after heart surgery or

Against the Grain

From **Mother Nature's Diet**



cancer treatment, and the hospital food is pizza, chips, pasta, ice cream, cake, rice pudding...and there is never a stalk of broccoli to be seen.

I don't get it, why can't they serve a roast? Meat and veggies – plants and animals?

If a Carvery pub can do it every day, why can't hospital kitchens manage the same thing? It's not rocket science to cook some real whole fresh foods.

So anyway, they do teach the basics of nutrition at med school, but it's nothing in depth?

GP: Yes, they teach the basics...I don't really remember exactly, it's very simple stuff about carbs, fats and proteins, but it's not in any detail. We covered the very basics around vitamins and minerals – just what purposes they served, but not specifics on the best foods to get them from or anything like that. To be honest all my real education has come self-taught since I left university.

Karl: The basics of spotting a deficiency...?

GP: Interestingly, spotting a nutrient deficiency is not very easy...unless it's obvious. For instance a severe vitamin C deficiency is easy to see, as scurvy, but something like a vitamin D deficiency, and most people are somewhat deficient in vitamin D, may be easy to see if it's severe, but the vast majority of people may show no symptoms at all...like you and I!

Karl: Yes, the lower limit is 50, and I tested last year at 49...

GP: Right, and I recently tested at just 23...but you and I show no symptoms. My colleague came in below the lowest limit, below 10.5, that's so low they don't even classify it...and yet she lives a normal life and seems just fine.

Karl: Ummm...something to think on there!

OK, next question...what do you, as a GP, think of all these Complementary and Alternative Medicine (CAM) practitioners – people like nutritional therapists, juicing experts, homeopathic practitioners, spiritual healers, acupuncturists, people healing with magnets, electrotherapy, meditation, hypnotherapy, standing barefoot in the soil, staring at the sun and so on. What do you, or the broader GP community as a whole, think of the CAM sector?

GP: Well obviously I can't speak for every GP in the country, but in my experience, I think that most of them [the other GPs] – when it comes to these sorts of things, are very close-minded and very quickly dismissive. Personally, I've always been quite open-minded, because I just think that we don't have all the answers, as doctors, really we probably have, maybe one percent of the answers. You know, I think it's like an 'iceberg effect' – and it's one seriously big iceberg, so I don't ever want to just immediately dismiss something without understanding it.

For example – and I know you're against supplements Karl...

Against the Grain



From **Mother Nature's Diet**

Karl: Only mass market supplements...you know, if there is a role for supplements, in healing a specific person from a specific deficiency or illness, then I can see they have a place...

GP: Yeah, right...but you're against the widespread use of commercial supplements...I get that, and I'm not debating that...but you know, I've tried a lot of supplements, loads over the years, and I can honestly say that while most have been ineffective, and only a very few – I could count them on one hand – have ever really done anything positive for me...but that doesn't mean I can dismiss the entire supplement industry.

It's the same with spiritual healers and complementary therapists, some people have had incredible results with that and we can't deny that.

Now we can make our own hypothesis as to why these results were so incredible, was it mind over matter, was it the placebo effect, who knows...but it doesn't really matter to me, what I'm keen to find out is, how transferrable are your results?

I can tell you about one friend of mine, a lawyer, pretty straight guy, a real no-nonsense guy, who has had a lifetime partial-deafness in one ear, since birth. He met a man at a festival, who was smoking something weird and gently blew some smoke in my friend's bad ear, and his hearing issue was cured, restored, after 36 years, in seconds.

You're shaking your head now, as I was too...and I don't know how to explain that...there are just a whole load of things out there that we simply can't explain. We're missing something, there are things that we don't understand that can make a tremendous difference to people's lives. I know of spiritual healers who can heal people on the other side of the planet over a Skype conference call. Now that's very interesting isn't it? It's all too easy to say "that's a load of old nonsense" until you actually see it.

Karl: Yes, I totally agree...while obviously I teach what I believe to be the best of all that I have learned about healthy living in my 45 years so far, I am totally open-minded about what else is out there, and if 'it' works for even one person, I say good for that one person, now let's take a look at it and see if it can work for lots of others.

GP: Yes, I am open-minded too, I just wish more of my peers were...I actually think some of them are, but they're just too scared to come out and say it. Things like hypnotherapy. How does modern science explain hypnotherapy? Does it work? Yes, sometimes it does.



Against the Grain



From **Mother Nature's Diet**

Acupuncture...same again. Now you do have some doctors who are qualified acupuncturists, so that's something starting to come through, and you can get acupuncture for certain conditions on the NHS.

Karl: Yes, I had a GP years ago when I was a teenager, he had been our family GP for years, and he was married to a Chinese lady and over 20 or so years of marriage she had taught him acupuncture, steam cups, pressure point manipulation and other things like that, and he used to use those treatments on his NHS patients, so I assume he was allowed to do that, approved by the NHS.

GP: Umm, interesting – I don't think he'd be allowed to now. They would be cited as 'non-evidence based' practices. But I don't see the problem, personally. If the patient is willing to try it, and the doctor is willing to do it, then where's the conflict? If you understand the risks and benefits, then let's do it.

Karl: Yes...I guess that's a case of the NHS saying to the doctors "We don't trust your judgement to operate outside our strict set of rules and guidelines, so we can't cover you to do that."

Well, actually this leads us perfectly on to the next question...

STOP! OK, we are almost half-way through this long interview, so let's stop here and then we will pick this up again right here, next month!

Karl's Summary of Part 1

I just want to add my take on all this, so these are my key takeaway points from Part 1 of this interview:

- We started with a great reminder of the World Health Organisation's definition of health - *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* It seems worryingly few people can truly claim they are achieving this! I think the MND lifestyle works towards this goal very well. Less fussing over food and obsessive details of nutrition, like counting calories, macros



Against the Grain



From Mother Nature's Diet

and complex food combining rules and so on, and more focus on lifestyle, time outdoors, nurturing relationships and following your passions in life.

- You have to participate in your own destiny! This doctor very much believes in personal responsibility, and he sees the doctor-patient relationship as a partnership, one person offering advice, support and solutions, the other taking action – doctors can dish out advice, but it's down to you to go home and follow that advice. Same for me! I teach MND all day long – but it's you that has to go home and make the changes! Personally, I'm already doing this stuff and it's working a treat!
- The NHS is doing a great job, wonderful work, and getting it right a lot of the time, but the press and the public draw all the attention to the small percentage of the times it goes wrong.
- The NHS is not doing enough to educate the population about healthy diet and lifestyle. Doctors, nurses, consultants and surgeons should all be leading healthy lives themselves, and doing more to spread that positive message...
- But sadly, an all-too-large segment of the population doesn't want to hear that message! Too few health professionals set a good example of healthy living, and too few people among the general population actually want to take personal responsibility for their own health. My take on this, it's interesting...purely observational, but I think we have "the establishment" who seem to have science and academia behind them, but they feel no need to actually lead by example. So we have highly-qualified doctors and surgeons, who are obese and smoke! But then in the private sector, particularly in the CAM sector (Complementary and Alternative Medicine) folks often lack formal qualifications (myself included I guess!) but they are shining examples of health and fitness. Of course, I am stereotyping to some degree, but I guess we have to decide who to trust – the surgeon or doctor with blotchy skin, a sagging belly and a drink problem, or the svelte yoga-goddess munching an organic vegan salad and offering a hot-stone massage?

One looks the part, but lacks the paperwork.

The other has the qualifications, but doesn't 'walk the talk'.

So who do we trust?

Of course, there are also examples of qualified doctors and surgeons who are fit and healthy, and examples of herbalists, nutritional therapists and diet gurus who are obese or smoke! But in general, in my own experience, I notice, with horror, whenever I visit a hospital that the NHS employ a shocking number of overweight and unhealthy looking people, while in general, the CAM sector tends to be made up of mostly pretty healthy looking individuals.

It's all horses for courses I guess...most of us would probably trust the qualified doctor, regardless of the personal example he or she set, for advice over serious illness, such as a heart attack or cancer, and we would probably be more drawn to the fit-and-healthy-looking nutritional therapist or personal trainer for weight loss advice or general healthy lifestyle advice.

Against the Grain



From Mother Nature's Diet

So perhaps my GP friend finds many people who walk into his surgery are less-than-enthusiastic to receive broad diet and lifestyle advice, because maybe they feel that's not what they went to their doctor for. Maybe in their minds, they went to the doctor for pills, a scan, surgery, an operation, a potion or some pain relief. Perhaps, separately, out of the GPs view, they are going to a PT for exercise, and a Nutritional Therapist for diet advice. Or they would if they felt they wanted that kind of advice.

Maybe, I don't know...

- We, the UK, the Government, the NHS, doctors, us as a society, we are not tackling these big issues that are so prevalent today – obesity, T2D, ASD in kids, rising heart disease and cancer rates and more. We are treating people, mostly with drugs and surgical interventions, but we are not tackling the causes, and things are getting worse, and the future looks bleak. We all need to take personal responsibility – and MND is my offer, to the nation, to treat this problem.
- Obesity is simple to sort out – you have to exercise more, and eat less. It may not be easy, but it's simple.
- We often fail to appreciate that GPs (and A&E nurses too, I am sure!) put up with a lot of crap from the general public, and a lot of abuse, red tape, paperwork and bureaucracy. Anyone can walk into a GPs office, demand to be seen, and then the doctor has to handle that person in a room with a closed door and no security cameras. Doctors are not trained at medical school to handle abuse, violence and suicidal desires, nor are they prepared for the huge amount of admin and bureaucracy that they have to deal with in running a practice these days.
- I sensed a real frustration from this GP, that so many patients who come in looking for help with a health problem, just do not take the advice they are given. They are told "eat your 5-a-day" and "drink more water" and "get some exercise" and "cut down on junk food" and "stop smoking" and "drink less" and the NHS offers support for all these things – websites, smoking cessation programs, support clinics and more. And these are ALL really solid, valid, good points – if everyone sitting in front of a UK NHS GP this week did those things, really went home and did them, I think we'd see the entire UK health sector change radically over the next 20 years – obesity down, T2D down, heart disease rates down, cancer rates down, people living longer, less autoimmune disease and less neurological degeneration. Yet people just don't do it. They ask the doctor 'help me please' but they don't – WON'T – take the advice. They just want the pills, the quick fix. It's a total lack of any personal responsibility. When I am delivering my live seminars I unashamedly say that I believe 85% of ill health in the UK is basically self-inflicted. I shall continue to shout this, because people need to bloody get it! We could cure so much ill health and relieve the NHS of this terrible budget problem if people just started looking after themselves a bit better!
- Hospital food is appalling and does not meet the nutrition needs of recovering hospital patients! So it was in the 1980s, 1990s, 2000s and as far as I can tell it's still – even worse – today! Keep taking in the grapes at visiting times!

Against the Grain



From Mother Nature's Diet

- Doctors receive very little training in nutrition at medical school, only basic stuff. A trained PT or Nutritional Therapist will likely know far more about nutrition than an average GP.
- Broadly speaking, doctors and specialists and the like are rather close-minded to most of the 'alternative medicine' world, and that may be some kind of 'protecting our own fiefdom' type defensive thing. But some folks, myself included, are a bit more open. I say whatever you're into, if it works for you and it's doing good, then go for it, but I add the caveat that don't start telling everyone else they should do the same thing, and don't start guaranteeing results, until we have put it through some properly scientific testing to see if it works time and again for the majority of people. Everything I teach as part of MND is backed up by evidence-based science and has been shown to work for millions of people. But not for everyone! Remember, we are all different, inside, our genes, metabolism, and gut flora, so what works for the first 19 people, might not work for the 20th!

I hope you have enjoyed this interview so far, and I hope it has helped you see the state of healthcare in the UK from the doctor's perspective. I also hope you are looking forward to reading Part 2 next month!

Until next time...stay healthy, stay happy.

See you next month.

Karl

MotherNaturesDiet.com

- Live better
- Live longer
- Live stronger



Mother Nature's Diet