

2015 EUROPEAN MEETING OF ISMPP

Do No Harm

Henry Marsh

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**“Nobody holds a good opinion of
a man who has a low opinion of
himself”**

Anthony Trollope

Lord Moynihan 1865 - 1936





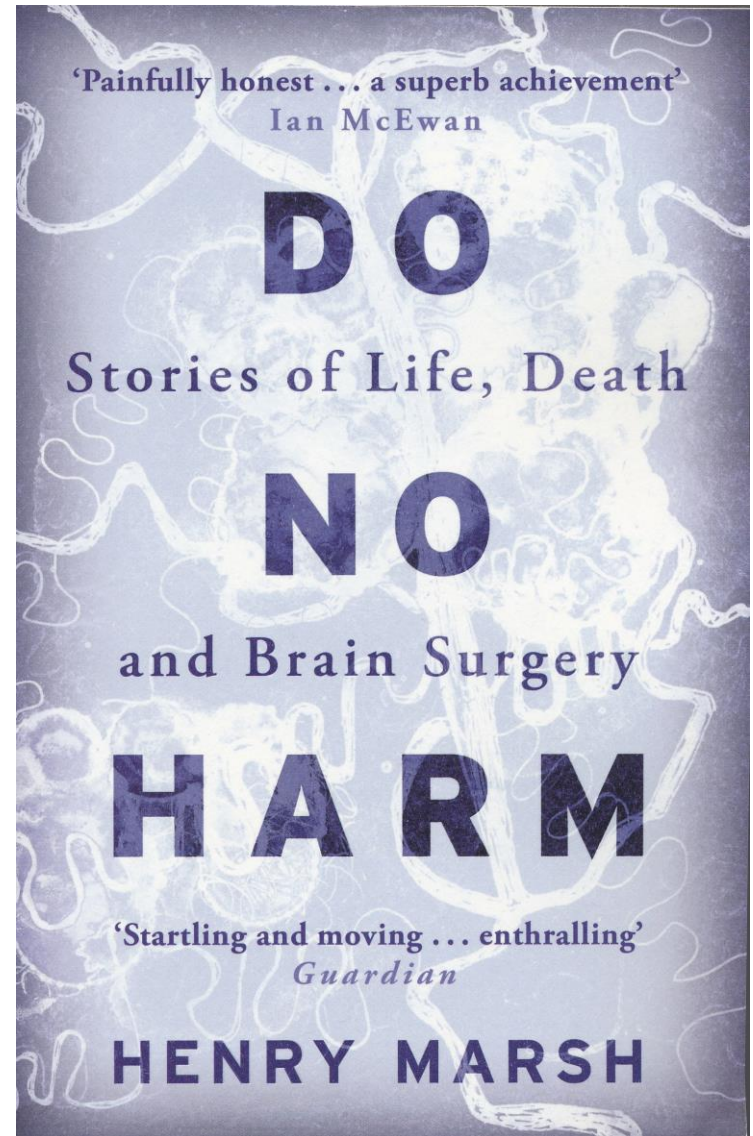
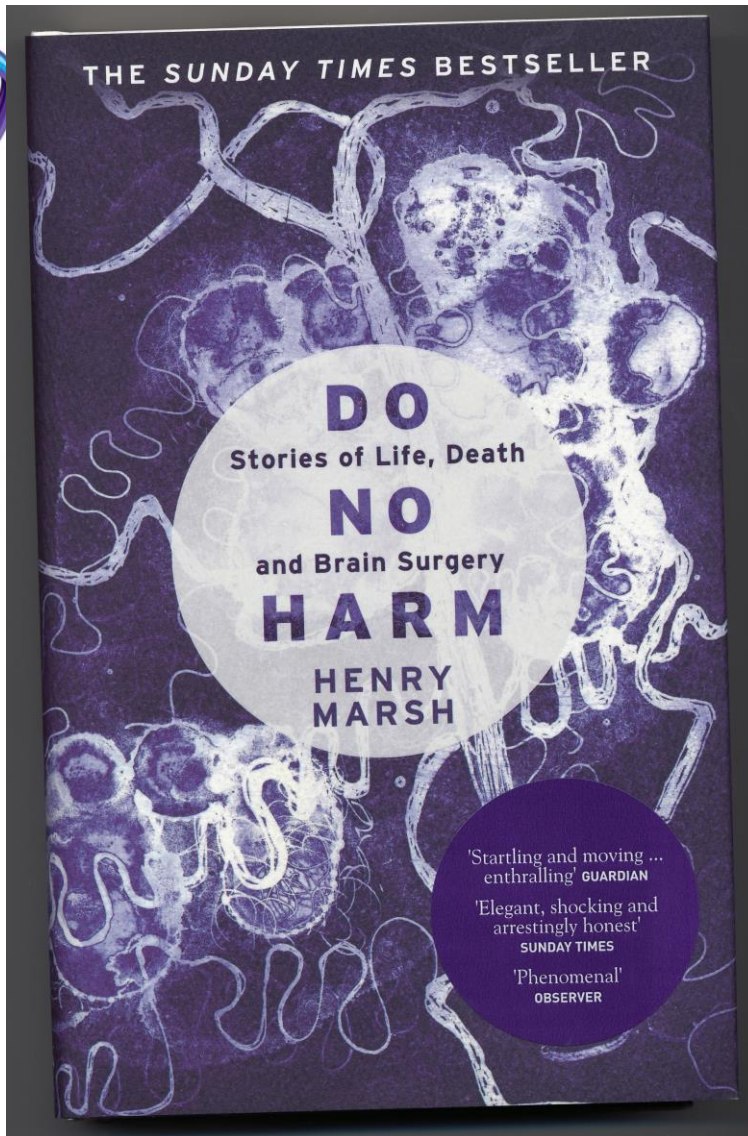
The most important surgical qualities

- Nerves of steel
- Heart of a lion
- Hands of a woman



The Hare Psychopathy Checklist

- Interpersonal/affective/lifestyle/antisocial
- Interpersonal:
 - Glibness, superficial charm
 - Grandiose sense of self-worth

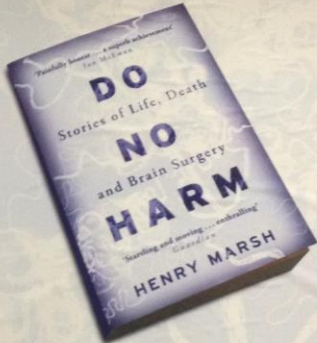




Exterior

THE *SUNDAY TIMES* BESTSELLER

How does it feel
to hold someone's life
in your hands?



'If Marsh is even a tenth as good a neurosurgeon as he is a writer, I'd let him open my skull any time'
Independent on Sunday

Buy it at your local Waterstones
or Waterstones.com

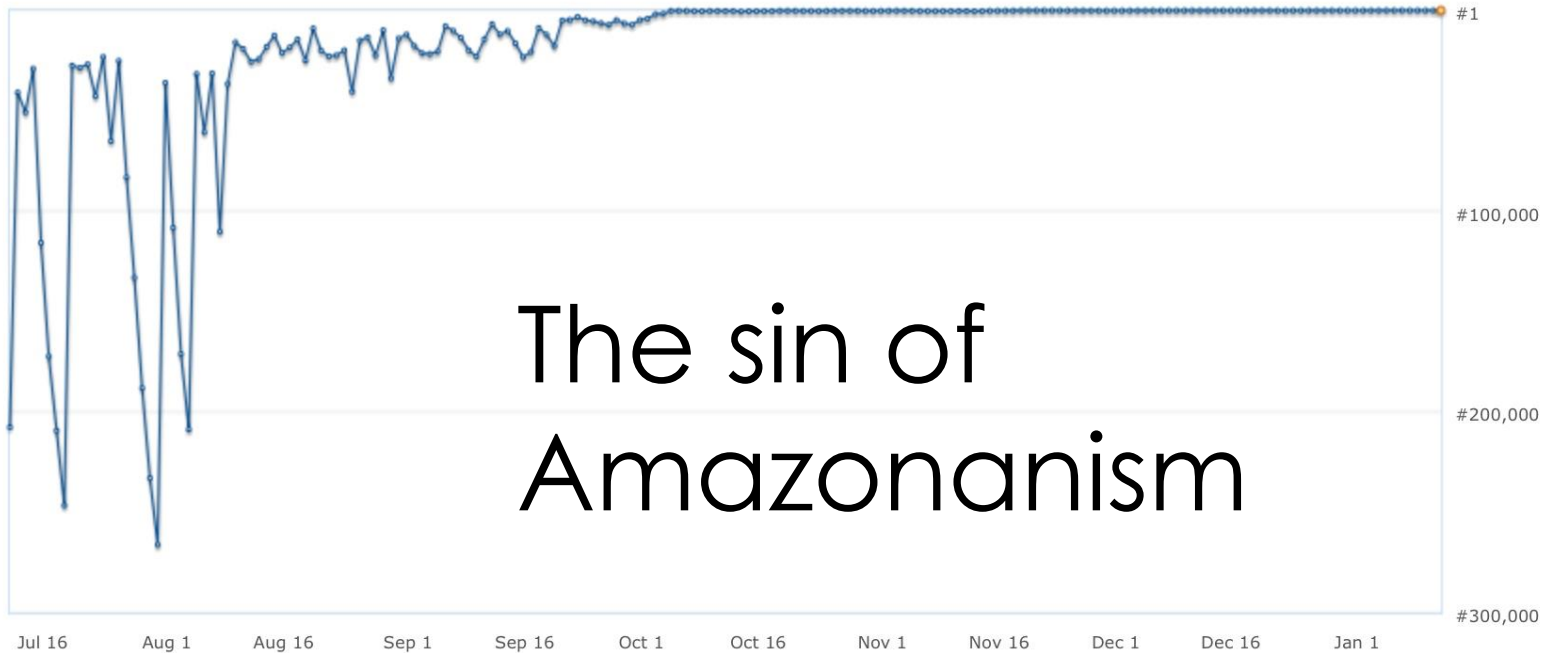
HENRYMARSH HENRY-MARSH.COM



“I have read multiple books by and about neurosurgeons and neurosurgery – Cushing, Bliss, J. Lawrence Pool, Robert Spetzler, Pete Jannetta, Sir Geoffrey Jefferson, etc. All mildly interesting, some more than others, but none fully depict our field except yours. It is a brilliant book.”

Amazon Bestseller Rank (What's This?)**Do No Harm: Stories of Life, Death and Brain...**

Format: Paperback, October 2014

As of today: 2 Weeks | 1 Month | **6 Months** | All AvailableThis format of "Do No Harm: Stories of..." is currently ranked **#34** out of over 6,000,000 books. (updated hourly)

The sin of Amazonianism



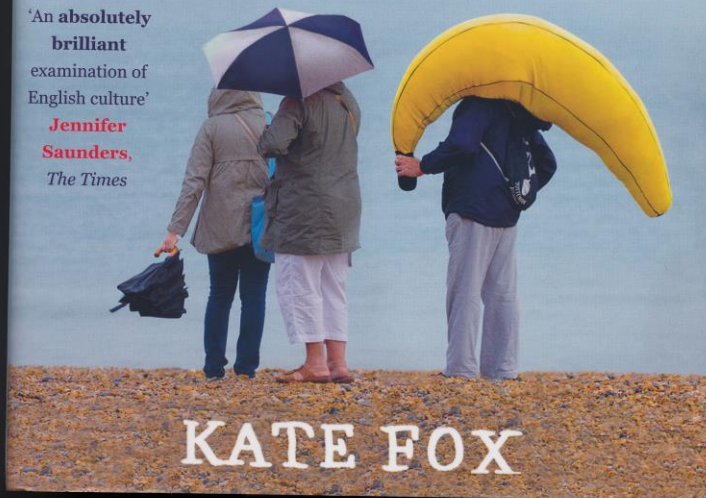
THE INTERNATIONAL BESTSELLER

Watching *the* English

The Hidden Rules of
English Behaviour

REVISED
New research,
observations &
over 100
updates

'An absolutely
brilliant
examination of
English culture'
**Jennifer
Saunders,**
The Times



KATE FOX



Rules of Englishness

- Awkwardness rules
- “Introductions and greetings, to be impeccably English, must be performed badly. One must appear self-conscious, ill-at-ease, stiff, awkward and, above all, embarrassed.”
- The self-deprecation rule.



The self-deprecation rule

- “...not genuine modesty but saying the opposite of what we really mean--or, at least the opposite of what we intend people to understand.”

Watching the English 2nd edition p.97



New York v London Review of Books

- “Slender, Sexy Professor and Poet”
- “Sensual, Witty, Warm, Fit, Smart and Pretty”
- “Non-profit executive director, writer, educator, also budding cabaret singer. . .”
- “Slim, sexy figure, blue, blue eyes, lots of depth, sophistication. . . with a definite mischievous and irreverent side and a touch of irony”



The Brits...

- “Fat, 47-year old moody bitch. . .”
- “Hostile and high maintenance”
- “Tell me I’m pretty and then watch me cling”
- “Run-of-the-mill beardy physicist”
- “Sinister-looking man with a face that only a mother would love”
- “Man with low sperm count seeks woman in no hurry to see the zygotes divide”



Do No Harm: The Self-Deprecation Rule

“... A self-lacerating document . . .” (*New Statesman*)

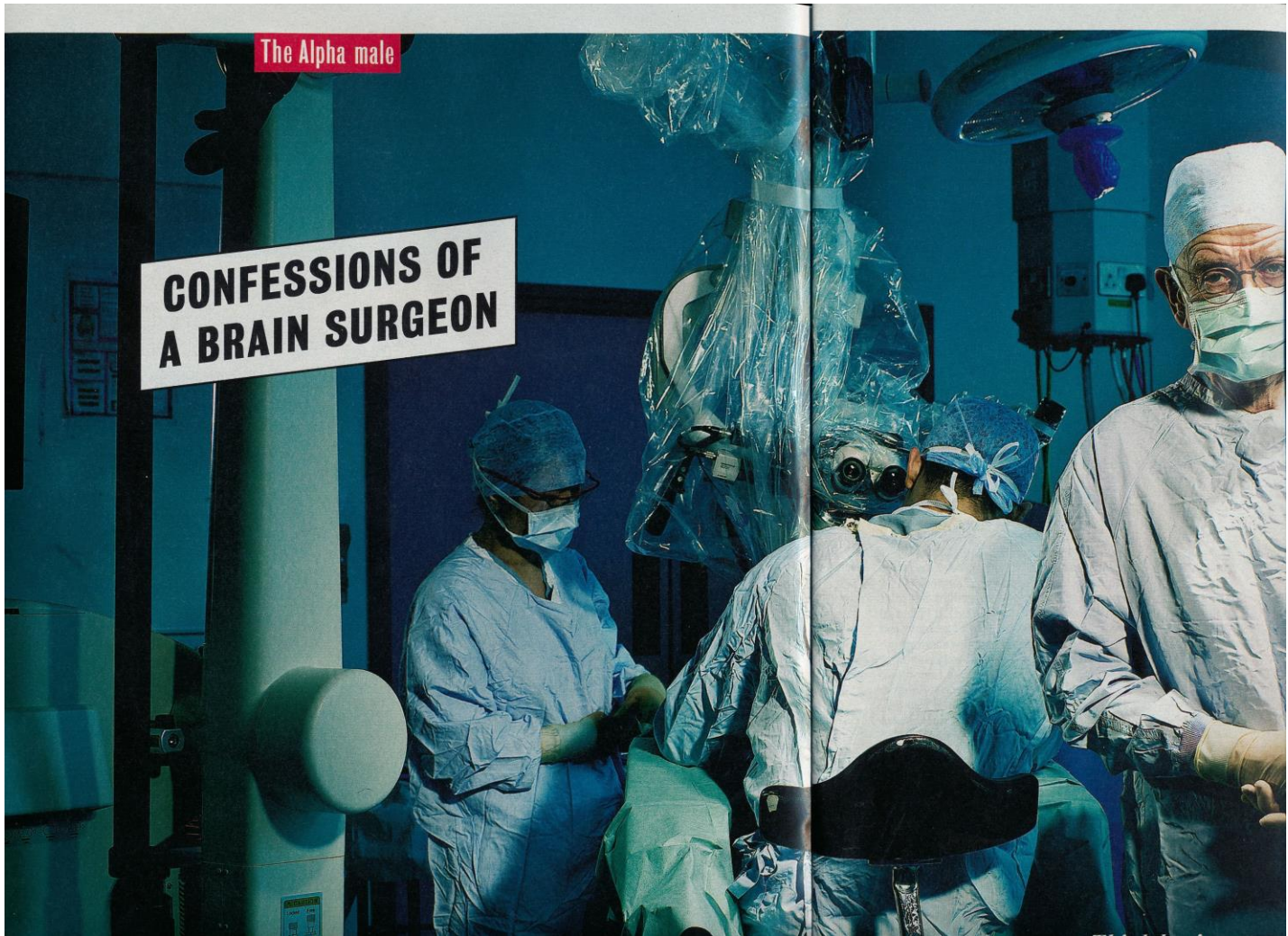
“... A long apology to the patients . . . he has wrecked” (*Literary Review*)

“... doesn't flinch from admitting disasters. . . ” (*The Observer*)

“Marsh is the most honest author I've ever come across with regard to his own failings... “ (Independent on Sunday)

“Again and again Marsh trains... heat-seeking missiles on himself” (*The Sunday Times*)

“ . . . Will have you on the edge of your sunlounger” (Sandra Parsons *DAILY MAIL 'Summer Reading'*)



The Alpha male

**CONFESSIONS OF
A BRAIN SURGEON**



Story-telling

- 1. An accurate account of what it is really like to be neurosurgeon
- 2. To express my frustration with what has been happening in the NHS in recent years



“Every surgeon carries within himself a small cemetery to which he must go from time to time to contemplate. It is a place full of bitterness and regret. A place where he must look for an explanation for his failures.”

Rene Leriche. La Philosophie de la Chirurgie. Paris. Flammarion. 1950.





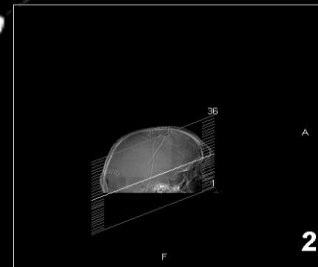
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Time: 4000 ms
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Pos: 9.53535

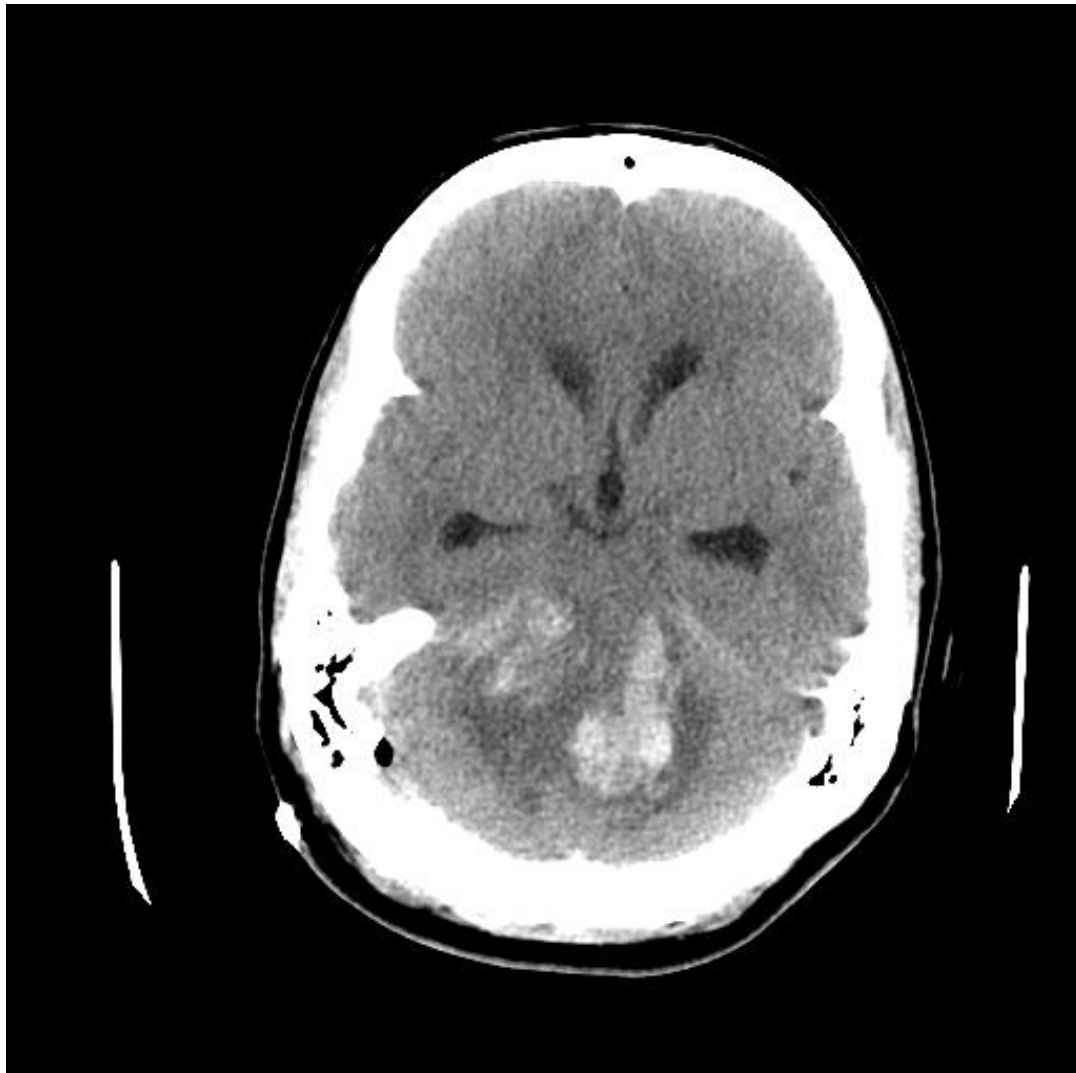
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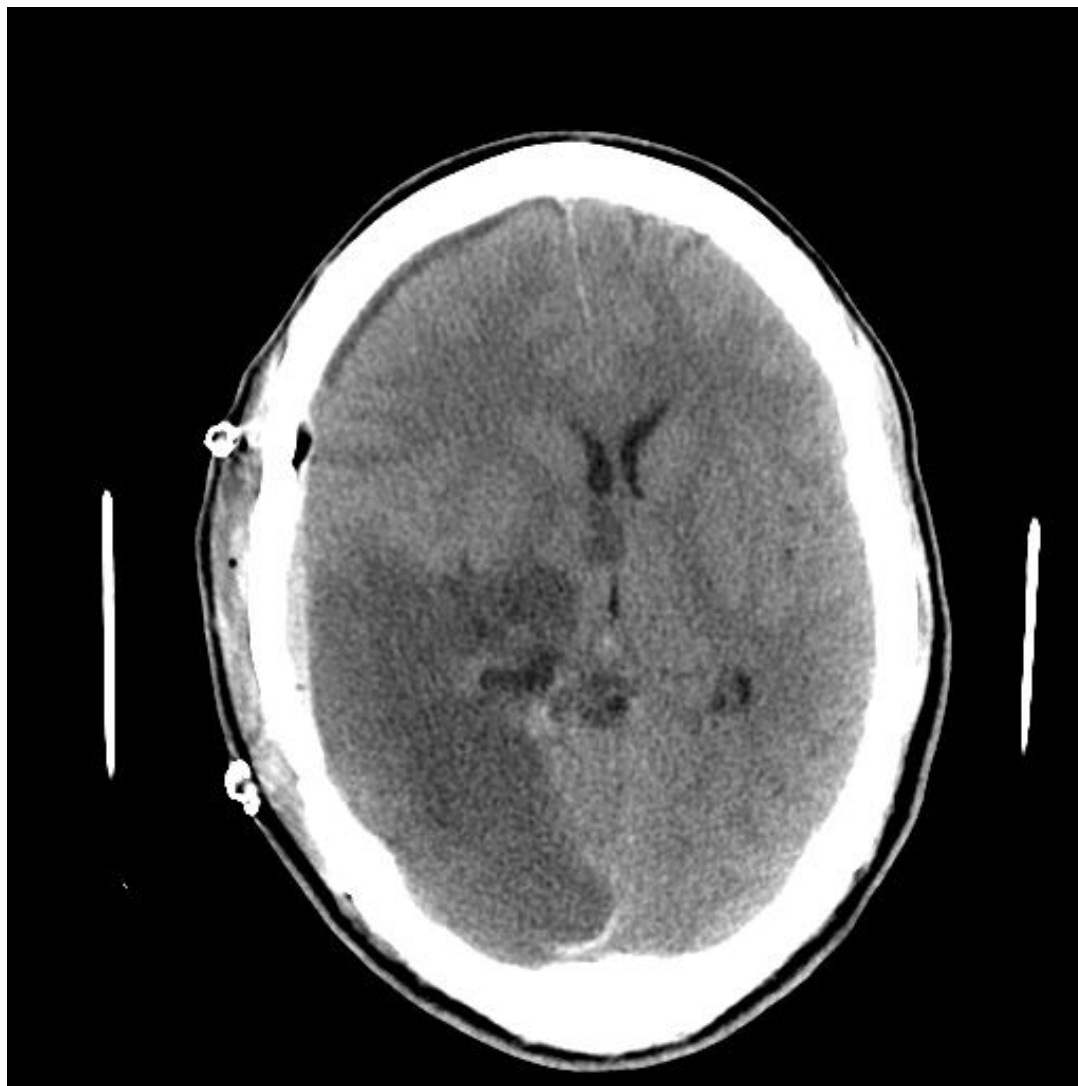
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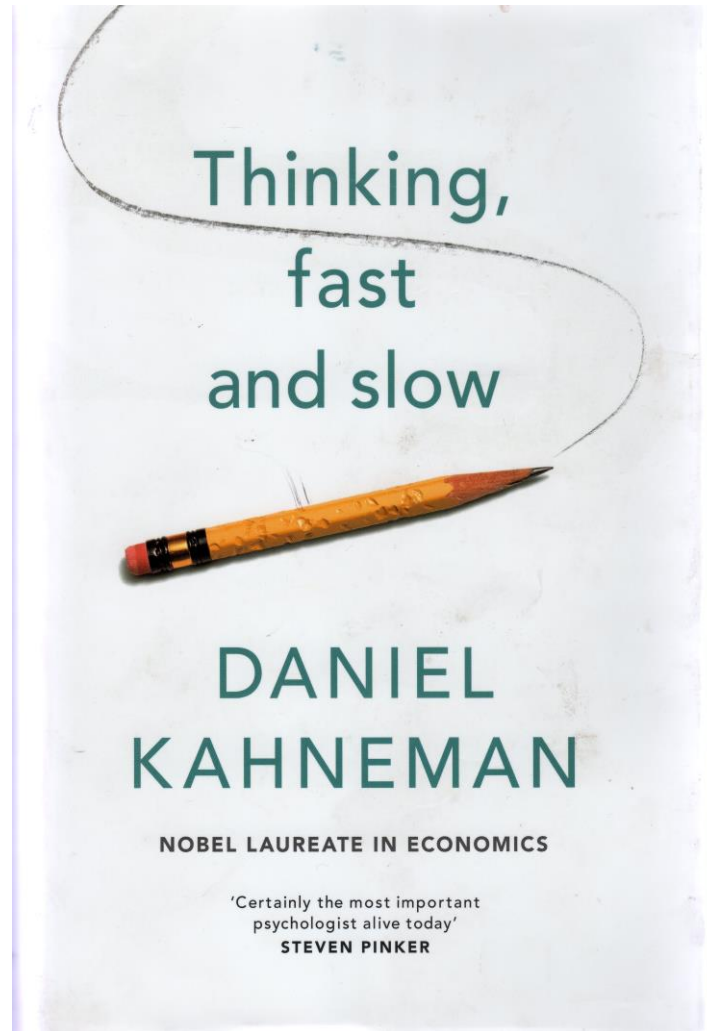




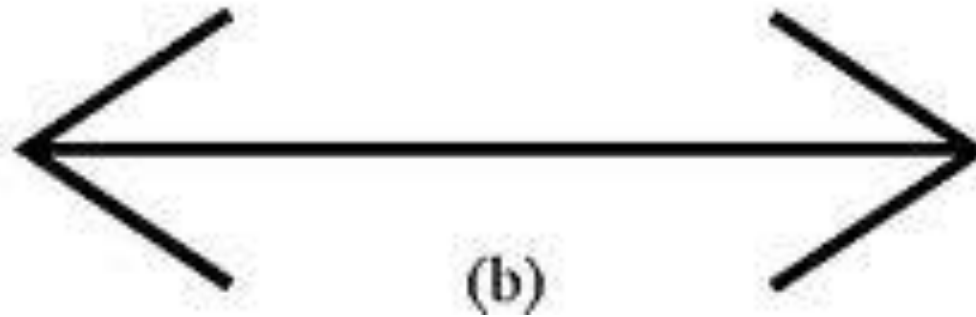
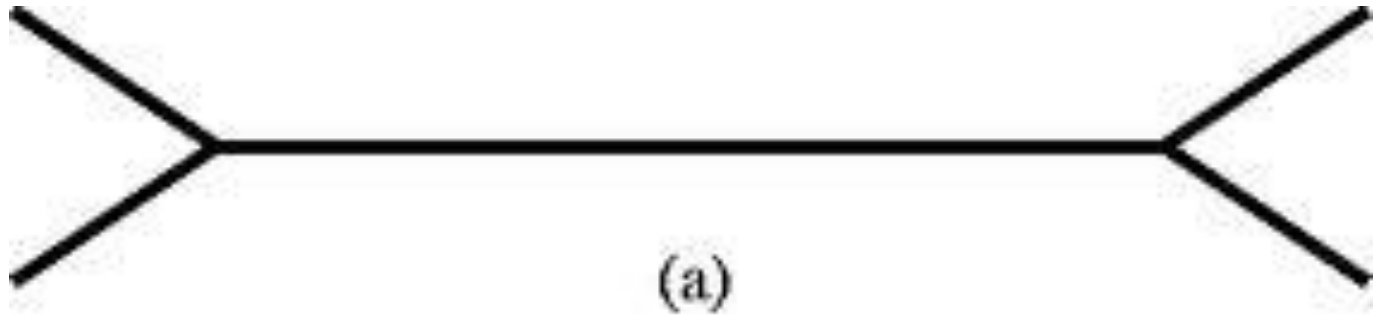




Daniel Kahneman Nobel Laureate for Economics



An analogy for cognitive biases – the Muller-Lyer Illusion





Cognitive biases

- Framing effect
- Optimism bias
- Halo Effect
- Confirmation bias

- And many more.....



Framing effect – the “Asian disease problem” 1

- An outbreak of an unusual Asian disease is expected to kill 600 people. Assume that the exact scientific estimates of the consequences of two different programmes to combat it are as follows:
 - A: 200 people will be saved
 - B: 1/3 chance 600 will be saved and 2/3 chance nobody will be saved



Asian Disease Problem 2

- A: 400 people will die
- B: 1/3 chance nobody will die, 2/3 chance that 600 will die.



**Other people are better
at identifying my
mistakes than I am**



Advice to writers 1

Acknowledgements

- Agent
- Editor
- Spouse
- Friends



Advice to writers 2

- Show not tell
- Never use two words when one will do



Advice to writers 3

“The writer’s best friend is the waste-paper basket”

Robert Graves





This review is from: Do No Harm: Stories of Life, Death and Brain Surgery (Kindle Edition)

If this man intended to further undermine the NHS he did a brilliant job. I have no doubt he is brilliant but his arrogance was mind blowing. Yes, there may be too many Managers in the NHS and also too many 'initiatives' but the complexities involved in managing huge hospitals was in no way acknowledged and anyone who isn't a medic must be a charlatan and I felt rather sceptical of his (non surgery related) tales. Yes, there were insights into the stresses of his very highly skilled profession and I didn't find the book too technical. I believe an insight into his mindset was when a mistake he had made, which he had openly acknowledged, resulted, in the NHS paying out £6m; he was indifferent to the repercussions of his mistake for the NHS (not the patient).The story he related of the harvested cadaver in the operating theatre was utterly distasteful. I thought him to be arrogant, and despite his proclaimed humility totally self righteous. He of course has private healthcare!

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Alastair McLellan
NHS England and its partners
need to better define their
relationship with the service



Obama adviser to make ‘zero harm in the NHS a reality’, pledges PM

6 February, 2013 | By [James Illman](#)

Don Berwick, the man who advised President Barack Obama on his health reforms, has been appointed to spearhead a “zero harm” agenda in the NHS, David Cameron has revealed.



HOW SCANDAL HAS GROWN

**DOCTORS TO ACT
ON CARE PATHWAY**

2004 2011-12

Family revive
father doctors
ruled wasn't
worth saying

October 13

**Son calls police
over mother's
death on the
'care pathway'**

October 14

**Care? No,
this is a
pathway
to killing**

October 23



PM's favourite surgeon: Your NHS policy is c**p

WARNING:
Henry Marsh



HE IS the high-flying brain surgeon whose frank memoir moved David Cameron to tears over Christmas. But Henry Marsh, author of *Do No Harm*, has returned the favour by accusing the Prime Minister of having 'c**p' policy ideas and promoting a 'permanent revolution' at the NHS that demoralises staff. Mr Marsh warns that the NHS is seriously running out of money and says: 'Most politicians now, particularly Cameron ... haven't got a burning vision.'

Mr Cameron told *The Mail* on Sunday this month that Mr Marsh's book had dominated his reading over the festive period. 'He writes about some of his own cases, some that went right and some that went wrong. And you are moved to tears by reading this book,' he said.

The Prime Minister told friends he was particularly affected by Mr

By **Glen Owen**
POLITICAL CORRESPONDENT

Marsh's story of a pregnant mother who feared she would never see her baby because of a brain tumour, but the surgeon managed to remove the tumour just before she gave birth.

Now Mr Marsh has responded by arguing that the Government has mishandled the Health Service. In today's *Mail* on Sunday (below), he sets out a three-point plan to restore public confidence: admit honestly that queues will continue to lengthen unless the Government pays more for the NHS; scrap the target of treating 95 per cent of A&E patients in four hours; and bring back longer waiting lists for routine operations.

'Politicians ought to stand up and say, "I'm sorry, but unless you agree to pay higher taxes, you are

going to have to put up with longer queues", he writes. 'The first few hours [of the day] are often shambolic, spent finding beds for emergency cases. Many routine cases get cancelled at the last moment, as "their" beds are filled by emergencies ... This has led to a sense of demoralising chaos.'

The surgeon opens *Do No Harm* by saying: 'I often have to cut into the brain and it is something I hate doing.' In today's *Total Politics* magazine, he attacks Mr Cameron for pledging to make 'zero harm a reality in our NHS' in response to the Mid Staffordshire scandal.

'Another grouse I have against the present Government is this zero harm c**p. There's never going to be zero harm. Nothing is perfect,' he says, adding: 'Most politicians now, particularly Cameron, are not really ideological. They haven't got

a burning vision ... This constant permanent cultural revolution in the NHS is very demoralising.'

Mr Marsh is brutally honest about his own mistakes in *Do No Harm*. He recalls a 15-hour operation in which he tore an artery, leaving his patient in a vegetative state.

In *Total Politics*, he says politicians would benefit from equal frankness. 'You know from bitter experience that ... bad results are inevitable,' he adds.

I CANNOT but feel flattered that the Prime Minister read my memoir of life as an NHS neurosurgeon over Christmas, as revealed by *The Mail* on Sunday. I am told he was very moved by it.

But I wonder whether he skipped the passages about political meddling, the constant lack of beds, and this Government's and its predecessor's chaotic reforms. I hope not. Because now, as the NHS struggles through yet another winter crisis, what politicians need more than ever is a good dose of honesty.

Rather than exchanging brickbats over the latest weekly A&E figures, they should take a step back, think about what's really gone wrong, and be straight with the public. They have been talking a lot of late about the need for transparency in the NHS – is it too much to ask the same from them?

It's time for a dose of honesty ...if you want shorter queues you have to PAY

and many of these other countries – such as France – are themselves now encountering similar issues.

Introducing targets is like trying to square the circle of supply and demand – an impossibility if the NHS is working flat out, as it is.

This might all sound rather theoretical. But targets have very real, unintended consequences in hospitals. For instance, because managers are always trying to hit targets for pre-planned operations, the beds are always full.

This causes endless problems, especially when we have a run of emergency cases. When I go to work each morning I never know whether I will be able to get anything done, and the first few hours are often shambolic, spent finding beds for emergency cases.

Many routine cases get cancelled at the last moment, as 'their' beds are filled by emergencies.

It's like a game of musical chairs,

for an emergency service. Internationally, it's par for the course. But politicians insist on whacking each other over the head over a few percentage points.

What truly matters is that the real emergencies – strokes, heart attacks, serious injuries and in my case brain tumours – are treated promptly. I think the four-hour target has got in the way of that.

LESS well known is the target that limits how many people we admit as emergencies. If hospitals admit too many, they are penalised financially, which I find bizarre. Are we supposed not to treat them?

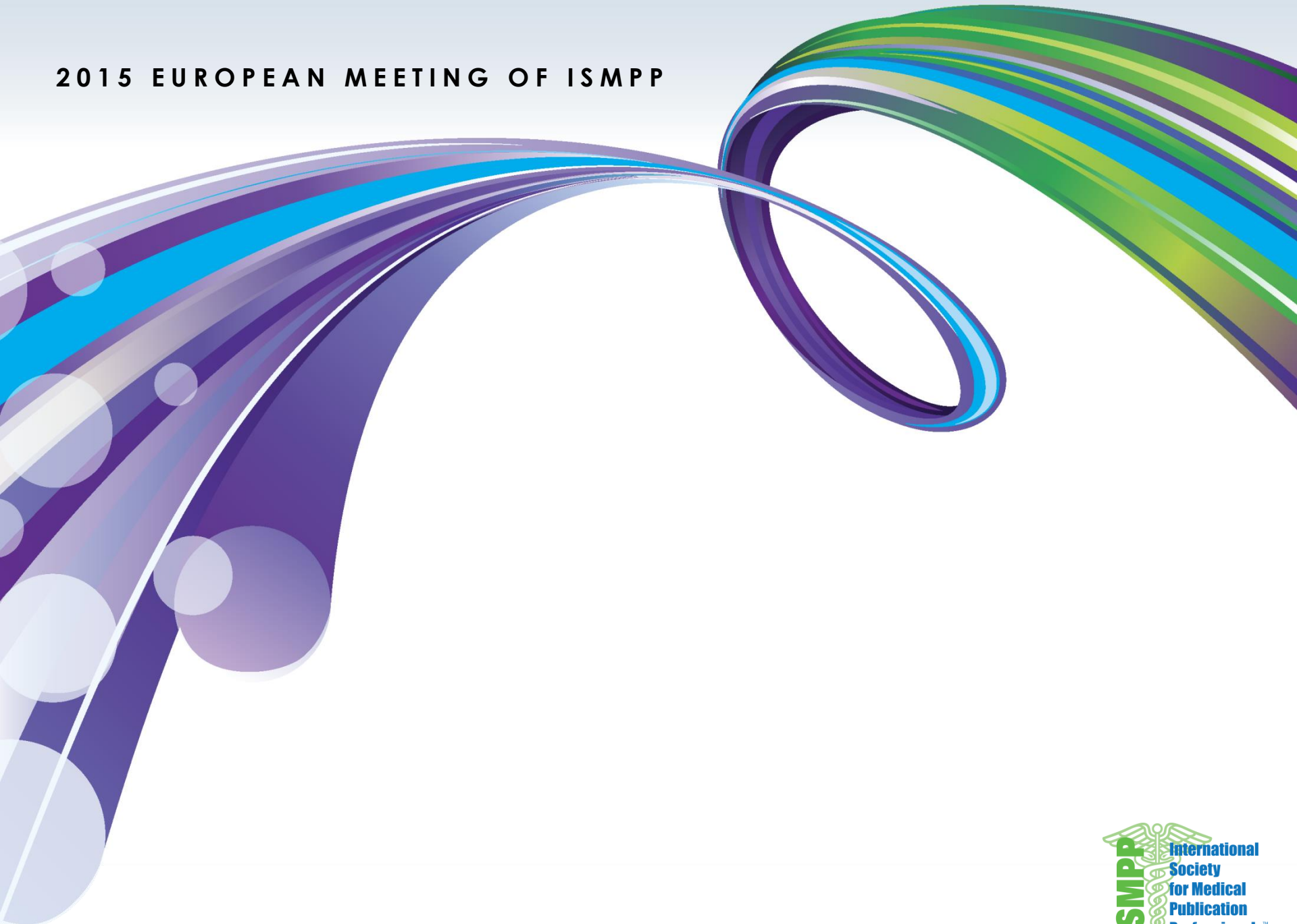
I take an intense personal pride in looking after my patients. I did not like having a waiting list for routine cases, but I hate even more having to cancel these cases at the last minute – it's horrible for the



The most important surgical quality?

Honesty

2015 EUROPEAN MEETING OF ISMPP





The Peak-End Rule and Duration Neglect

- Colonoscopy patients' retrospective rating of the pain of the procedure was determined by severity of the peak of the pain and its level at the end and not by its duration.
- Kahneman and Redelmeier



We must look at our mistakes in a positive way!

2015 EUROPEAN MEETING OF ISMPP









COPILĂRIE CE-AM AVUT
PREA PUȚINĂ MIO CĂZUT
NU MO LĂȘĂȚ SĂ TRĂIESC
DĂDIUȚI SĂ NUI GRUMBESC