Polly Morland
In conversation with Andrew Kelly

Andrew Kelly: Hello and welcome to Bristol Ideas. I'm Andrew Kelly. We're talking today with Polly Morland about her new book, *A Fortunate Woman: A Country Doctor's Story*. Polly is a writer and documentary maker. She worked for 15 years in television, producing and directing documentaries for the BBC, Channel Four and Discovery. She's a regular contributor to newspapers and magazines, and is the Royal Literary Fund fellow in the School of Journalism, Media and Culture at Cardiff University. Polly is the author of several books, including *The Society of Timid Souls: Or, How to Be Brave*, which was longlisted for the *Guardian* First Book Award, was a *Sunday Times* Book of the Year, and also featured in our Festival of Ideas programme in 2014. Polly also wrote *Metamorphosis: How and Why We Change*. Thank you for joining us, Polly.

Polly Morland: Hello, lovely to be here.

Andrew: This remarkable story and remarkable book started with you finding an older dusty book behind a bookshelf, didn't it?

Polly: Yes. It was an extraordinary experience. It came in the middle of a very sad time for me. My beloved mother was very close to the end of her life and was very ill, and had been very ill with Alzheimer's, and had caught COVID and gone into hospital. She managed to more or less survive COVID - this was in the late spring of the pandemic. At any rate, she wasn't going to be well enough to come home again after that, and so moved from that hospital into a residential care home. At that point, care home bills being what they are, we were clearing her house, my sister and I - obviously because it's the pandemic we were doing it separately - so it was this extraordinary solitary and sad process, clearing her house in order to meet the bills for this care home. I really didn't have my work at all. I didn't have my writer hat on. I was immersed in this very sad family experience.

Now my mum was a massive, massive bookworm, absolutely adored books, she'd always been a voracious reader. We used to joke in our family that my mum pretty much single-handedly kept the local bookshop afloat. There were so many books to clear, many shelves stacked two books deep. I had been clearing books all day, packing them up, putting them in boxes. And then I'd spotted that a book had fallen down the back of a bookshelf. It was a wooden bookshelf, but with these crossed metal slats at the back of it, and there was a book hanging by its cover on one of these slats. So I reached behind and I pulled it out and it was a copy of *A Fortunate Man* by John Berger. I've got it here, actually – this is the copy that I found. So it was hanging by its cover on this slat.

Now I've read quite a bit of Berger. I've obviously read *Ways of Seeing* and read some of his amazing essays on photography. But I'd never come across this book. I was smoothing the dust from it and turning it over in my hands and I opened the book – my mother was living in the Midlands, so 150 plus miles from where I live – and there was a picture. The opening page has this rather beautiful black and white photo of a riverbank and the flow of the river, and there are two men in a fishing boat on this river and there's this thick meadow beyond and hedgerows. It's this very unmanicured but lovely landscape. And there's this great rise of the hill behind the dark woodland on it. And it was the most extraordinary experience, because I was like, I know that river, I know that field. There was a tree in the middle of the photograph and I was like, I know that tree! Extraordinary experience.

I was flicking through the book thinking, where's this book set? It had said 'a country doctor's story'. There are no geographical references in Berger's book. So, completely surrounded by all our family ephemera and all my mum's books, I put it into my phone. And I realised that the book was set in the valley where I live. But not only that, but that I knew – not well – but I certainly knew of the doctor who works in that very practice today, who's a

rather brilliant woman, held in great affection by the community around here. One hears a lot of stories about what a wonderful doctor she is.

Just something then seemed to align. My mother's experience, while she'd been looked after with kindness and professionalism, she did not have a very deep-rooted relationship with her general practitioner, and had had in the final years and months of her life an intense and rather disjointed experience of healthcare, as I think would perhaps be the case for many, many people today. There wasn't a sense of really knowing her doctor. And so I suppose that very intense and grief-filled experience that I was experiencing personally seemed to align with this landscape, this woman that I knew, this book that I'd found.

My book, the book that has grown out of that really, really extraordinary moment almost came to me in that moment. That never happens. I've spent 25 years as a journalist, and generally stories don't find you. You spend ages, you kick a lot of tyres in story terms, you go and look for them, you take a camera, you take a notebook, you take a tape recorder, and you go and search for a story. But it felt like this story found me, and that the book that I've now written in a sense asked me to write it. So it's had a personal and creative and journalistic urgency to it that I've never really experienced before.

Andrew: *A Fortunate Man* is 55 years old this year and yet it still has a hold on people. I read it many, many years ago, I read it again about ten years ago, and then I read it again last weekend as I was preparing for this. And although there are bits that you pick up on that are wrong – he doesn't cover the doctor's wife, who was a really important person in the doctor's life, and his comments about some of his patients probably would have been edited out now, I think, their lack of culture and so on. But it still stays with me, this book. Even though lots of things have changed, lots of things have stayed the same, as you've written about in your book.

Polly: I would totally agree with you. There's an extraordinary tension in that book between something that's very tremendously important and universal about the practice of medicine, and the relationship between doctors and their patients and indeed between people and the experience of illness. And so it reaches for something universal and finds it. There are other parts of the book that, as you say, are difficult to read as a modern reader. The portrayal of the local people as in a sense lacking in inner life because of a lack of education – I would take profound issue with that, really. There's something in the portrayal of women in it that I find as a twentieth-century woman quite problematic.

Nevertheless, there is the figure of the doctor in it and the way in which Berger explores his inner life and his work, and his role as - Berger calls him - 'clerk of records' and witness to his patients' lives, and that sense of paternity between doctor and patient is really enduring. Many readers will never have come across it. They might be aware of John Berger's other work, but it's relatively obscure now. However, within medicine, it is a set text. Pretty much anyone who's applying to medical school or going through medical school, *A Fortunate Man* will be on their reading list. And it has been declared to be one of the finest books about general practice, about the practice of family medicine, ever written. And I think it is, in that it explores the meaning of healing at some quite profound level, and casts a melancholy eye, to some extent, about what it's possible to achieve within the bounds of medicine and what it is not, in terms of alleviating people's suffering. So it's still a book much loved by doctors, frequently read by doctors. It has extraordinary staying power and I'm certain will continue to do so.

However, there are so many ways in which the world has turned. John Berger spent time with a doctor, to whom he gives the pseudonym Dr Sassell, in 1966. John Berger and the Swiss photographer Jean Mohr, who took the beautiful black and white photographs that are in the book. That was in 1966. The book was published in '67. And boy, oh boy has the world turned. Medicine has changed, the health service has changed. Class, gender, as

we've said, the nature of rural life, the kind of dynamics of rural communities. Indeed, the fact that the vigour of the doctor is a very masculine figure, and actually a very significant majority of family doctors, general practitioners, are now women. So there are many ways in which the world has changed.

And I suppose it was looking at both what has changed, but also what has remained – some of those universal truths about the nature of illness and the nature of practising medicine in a small community - that I wanted to look at with a fresh gaze, to borrow a phrase from Berger. And with a woman's eye, I suppose. And with a female subject, and with a modern eye.

Andrew: I was thinking back about my relationships to the doctors I've had. I remember growing up, I had the same doctor for probably nearly 18 years before I left home. It wasn't a case of that doctor knowing me like Dr Sassell knew many of his patients, but since then I've had many doctors and, at my current surgery, I don't see the same doctor twice. That's a common issue, I think, for people. But one of the significant changes that I've noticed, and you refer to, is the way that women now make up many general practices, certainly my own practice, and that gives us the chance to move on to the doctor you covered in this book, who herself had a relationship with *A Fortunate Man* from her teenage years.

Polly: Yes. So a couple of minutes ago, I was telling you about this extraordinary, uncanny coincidence that I experienced when I found the book in my mum's house. Perhaps I should say what I did next. So I found the book and then I emailed the doctor saying, I don't know whether you've ever come across this book, *A Fortunate Man*. I don't know whether you've ever come across it, but it was about a doctor working in your practice and in this valley. Have you ever come across it, and could we perhaps have a chat? She emailed me back within the hour, literally it was like 46 minutes. Right back at me saying, yes, I've read that book, and the book had a huge influence on

my pathway as a doctor, my career pathway, and absolutely, let's meet. So we met and talked and the book has grown out of that process.

She had not grown up around here, not grown up in the community that she now serves. She had grown up a few counties away, as a teenager had been thinking about medicine, she was thinking to apply to medical school and gone and done some work experience with the GP in the local market town where she lived. And he'd said, 'Oh, if you're applying to medical school, there's a book you should read. It's a bit old fashioned, but it's a really good book.' And he unloaded his shelves to try and find it – he couldn't find his copy. And she'd ordered it up from the library in town, and it had arrived, this old, much-loved library book. And she devoured it as a teenager.

She's very interesting about how she had read it as a teenager initially, in that she'd seen him as a kind of dynamic man of action, almost like they were adventure stories in a sense, because *A Fortunate Man* starts with a couple of accounts of heroic [activity]. The opening scene is one in which Dr Sassell ministers to a man who's been pinned by a fallen tree and there's drama and compassion in this story. But then she read it again and had begun to get a sense of this idea of being a kind of compassionate witness to people's lives and to being immersed in a community.

Now, she'd had an interesting background – came from a very loving home but had moved schools seven or eight times. The family was always moving about, she was an only child – she is an only child – and had a kind of yearning for a level of continuity that she saw in this book. Bewitched by this book, aged 17, she goes to medical school, reads it again during her GP rotation as a student. She was a very good student, very, very able, appeared to have a very successful career as a hospital consultant ahead of her. She went and spent some time in paediatrics and had a period of disillusionment with hospital medicine, and had, towards the end of her years as a junior doctor, taken another rotation as a general practitioner. Read the book again. Each time she read it, it gave her a bit more. And she could see that

there was meaning in this. She took a job that was advertised, a part-time job in the valley where Dr Sassell had practised. But she didn't put the two things together. She's very funny about it, she says she's so mortified, stupid not to figure it out. This would have been in 2000, 2001, so it's just after Shipman, there was a lot of soul-searching within general practice, just coming up to the 2004 new GP contract that rolled back 24-hour care – it's a very dynamic period in general practice.

So you could see how *A Fortunate Man* hadn't come up in conversation with GP partners. And she'd been in the job for four or five years, and her young husband was quite seriously ill and she'd been going to lots of appointments with him, and she's a massive bookworm, this doctor in this book, so she'd take comfort reading. She'd take the books she'd always loved to read to the waiting room, because there was lots of waiting, and she'd taken *A Fortunate Man* to one of these appointments where she was waiting, and she'd opened the book, having not looked at it for quite some years. There's a photo towards the end of the book in which Dr Sassell is climbing some stone steps, and there are fruit trees, and there's a sort of rough grass at the side, and there's a little cottage at the top, and a woman waving to him from the top in this photograph, and she just had an experience that rather mirrors my own behind the bookshelf, where she was like, I visited a patient, I did a home visit to a patient in exactly that cottage only a few weeks ago. And she'd suddenly realised that this book that had been so important to her, in a sense of growing into her vocation as a family doctor, was about the very practice in which she lived and worked. She'd then spoken to the older partner in the practice the following day, and he'd said, 'Yes, yeah, that little building – it's a private house now – that little building up on the corner, the top of the hill, top of the lane, that used to be Dr John, as everyone called him, Dr John's surgery. And that house with the big chimneys on the opposite side of the valley to your cottage, that was his home.'

And so the whole thing had fallen together for her. And I think that was the point at which she thought, right, this is where I'm going to stay, this is where

I want to live my professional life, and maybe there's – not an opportunity, because that sounds sort of cold and steely, I don't think it was in a cold and steely way. But the sense of there's a possibility to carry something on here in this community that I'm growing to love. And it was from that point that she then took a full-time partnership in the practice and has been there ever since. She's been there 23 years now.

Andrew: And she keeps the book on the shelf, doesn't she?

Polly: Her old copy. There was the one she'd taken out of the library, but she loved it so much she'd gone and got a secondhand one from a bookshop. So yes, that's up there between the *National Formulary for Children*, you know, and hips and joints and another medical book – textbooks, reference books. But yes, it sits there on the shelf in her surgery.

Andrew: There are many reasons why she is described as a fortunate woman in the book. She lives in a lovely part of the world; she does a job she loves, stimulates her intellect; she is only a couple of miles from home to where her family live. But one of the key things which came through for me was about how she is rooted in a place, and she is important to that place, and she's important to the people that live in that place. It was that element of rootedness that really struck home for me, I thought.

Polly: And it's a sense in which her relationship with her patients, and also the community within which the patients live. So not just the relationship as it plays out in the consultation room, but the world they live in is shared. It's shared. And she's part of that community. She's not shipping in and supplying a service to that community and then going away again – she's one of them. She's part of it. And though that would not be every doctor's choice – I think many doctors are unnerved by that level of proximity, and would say it makes very difficult boundaries, and all power to them, that's very much an individual choice. But I think for her it means that her work and her life and the place she lives and the community are intertwined, they are inseparable.

And I think it gives something to her practice, and I think it gives something to the community.

One reads a lot of medical books where you will end up with a kind of focus on a particular pathology, and perhaps a moment of high drama in surgery. But what I wanted to show was the life that sits around our encounters with the medical profession and with ill health. And it's the thing we want to keep. The reason we want to be healthy is for that life. It seemed to me that clearly that is part of her story, but it's something I wanted to translate to the page – a sense of the context, the life that's worth living, that's worth not being ill for, I suppose keying into an idea that I have thoroughly absorbed from John Berger, which is one about a whole person, a whole person, not the, I don't know, dodgy valve in your heart or the lump in the breast. It's about the whole person and the place in which they live and the life they live there.

Andrew: I should have known this actually, if I'd have thought it through, but you talk about over 20 years, this doctor has had 130,000 encounters, which is a remarkable figure in itself. And at one point, you also talk about her oldest patient was born just after the First World War, and her youngest patient is likely to be alive in the twenty-second century. That continuity, that kind of looking back and looking forward is remarkable, really, I think, and only someone who's been in that place, rooted in that place, can actually, I think, operate best in that context.

Polly: There will be family doctors all over the land who all have exactly that experience, and it's particularly this branch of medicine, general practice, that gives this extraordinary span of life. But I suppose in this particular context, it's then set in this place and it's both rather grand and also incredibly intimate and sort of miniature in a way that is - well, I think it encourages a level of wisdom and perspective and humanity. Humanity in contemporary medicine - that idea seems to, sometimes it just falls off the bottom of the list, really. But having a grasp on the kind of arc of a human

life, and the way in which human lives intertwine in a place over a period of time, is the work of general practitioners all over the land.

Andrew: You tell a number of stories about the patients she helps and what they've gone on to since. I didn't want to talk about many of these, because there are so many in the book, but there are a couple I thought would be useful for this discussion. The first is the pregnant woman who comes to the surgery, and suddenly she starts to bleed, and the child is saved. And then you talk about how the doctor sees that child playing now, and how fragile the line is between joy and despair. I found that very moving.

Polly: So, this is a woman who had come to the surgery, she'd suffered some miscarriages before – I think this was her fourth or fifth pregnancy, and my God did she want that baby. Second trimester so she's quite substantially pregnant, and begins to bleed, and begins to bleed what appears to be quite catastrophically. So the story as it plays out in the book is in part about the doctor thinking, is the mother going to die? Is the baby going to die? You know, waiting for an ambulance in a rural practice, and ambulances don't get here quickly, and how to keep the woman calm whilst thinking, I can't see how this situation is soluble for the baby but the woman's life is in the balance. And so it was this very terrifying situation for the doctor.

However, by some fluke almost, the pregnancy continues, the woman is OK. The baby is born, she goes to the house three months later for her – this was back when they still did mother and baby visits which have now been transferred to midwives in the community, midwives and health visitors, but at that stage, those visits were still undertaken by general practitioners – and she goes to the house, and there are balloons and streamers. The mother and the baby are still patients, and they never talk about what happened that day. But she says she can't see the child, who's now probably as tall as she is, without thinking of that delicate balance. That balance between life and death and joy and despair. That's a thread that runs through so many encounters she has in her surgery, and that is perhaps a more dramatic

example of it, but it's there in all of them. And the fact that she knows that story, she's part of that story, is of huge importance to her. And I think is of value, of real value, both personally and medically.

Andrew: The second one is the sad story about the woman who died having had COVID. But she discovered, the doctor, that it was two women who lived together and had lived together for a long, long time – 40 years. And obviously, this was a very tragic story because of what happened with getting COVID and the way that the life ended, but it was also about how you deal with the person left, in this case the woman left. That really brought home to me as well a key theme which came out for me from the book, which was about kindness, and the need to be kind and the importance of kindness.

Polly: I think the doctor would say, and I think many general practitioners would agree, that there is a level of kindness and reassurance that is part of the provision of general practice. And I think if one were to be icy cold about it, it builds trust, and doctor/patient trust is very important for the moment when you need someone to take their medicine, so medical compliance, good communications, lots of things that have a real, tangible medical effect. But that also the relationship, the personal non-transactional aspect of the relationship, is fundamental to that.

It's such a heartbreaking story that. The valley has very steep sides and they're wooded right up, and then along the top of both sides are these long woodland tracks that run through so you get these great corridors of trees going off into the distance, and you can see figures quite far away, often walking their dogs. And she would see this couple, without realising they were a couple, and they would always walk far apart. And she'd always thought maybe they they've had a row, why are they walking with this dog which shuttled between them? But actually they'd had this very long and loving relationship. And the woman who survived, who had lost her partner of all those decades, had said, 'Oh, you know, I always thought we'd be out walking the dog, and we used to say we'd hope that we got struck down by

lightning at the same moment. But that's not happened, has it?' And there's just that profound sadness that also late in life can then open the door to all sorts of ill health.

In that context I think this patient had asked the doctor, can you die of a broken heart? I've heard people can die of broken hearts. It's very hard to untangle one thing from another, but people are very, very vulnerable when they're bereaved, in all sorts of ways that are medical as well as spiritual and personal. I think a doctor who has relationships that are strong enough to be able to understand that, and to understand its specificity in that particular relationship, I think that's of enormous value. Enormous value.

Andrew: And coming on to wider issues. Touch is a very important, isn't it? You talk about the importance of touch in that relationship.

Polly: Yes, so that conversation, because it was during COVID, took place over the phone. I think you would struggle to find a doctor who would say they didn't really feel they'd lost something by not being in the same room as their patient, particularly for a conversation like that. Because you would reach for her hand, possibly, in those circumstances.

It's somewhat under-researched, but there is some medical research about the kind of real value of touch in a consultation, and why it matters. And it doesn't always have to be shot through with emotion, it might be to take a coat, or to take a pulse. But there's something of the human connection that happens with touch that is very, very important to the dynamics of a consultation, and is one of the things that was most woefully dismantled for good, safe reasons during COVID, but that was missed by doctors all over the land, I would say,

Andrew: I had to go to the doctor once during COVID, and it was a really difficult time for them all, particularly losing some of those everyday aspects of their work. But for the doctor you're talking about in particular, with those

long relationships with people, and having to visit them in full PPE. it must have been very difficult, really,

Polly: Very, very difficult. And she told the story where one or two of her more elderly patients didn't know that they'd seen her. She was horrified, horrified by the fact that she'd seen them. So she took to going, 'Hello, it's me, it's me…' and she would say her name, '…it's me under all this.'

I think that difficulty of connection was very, very difficult. There is a broader point that comes out of that, in that the shift that happened – it was already underway, well underway – under COVID towards a more transactional consultation model, some have called it an Uberisation, and it was within healthcare policy, the prioritising of access above all else, that you just see a doctor, any doctor, doesn't matter, just a doctor.

In the autumn of 2020, there was a paper published in the *British Journal of General Practice* called COVID-19: A Fork in the Road for General Practice, written by a very distinguished scholar and general practitioner and his research team. The fork in the road that he describes is between personal and impersonal practice and essentially he's like, we are at the moment as a profession where we have to choose, we have to choose which one. What's important? And if we think the personal is important, we're going have to fight for it. I'm wildly paraphrasing there. But I think COVID nudged that idea of the centrality of doctor/patient relationships. I think it put a kind of acceleration on something that was already happening. And it threw a very sharp light on what that might actually mean.

Andrew: The book generates many thoughts when you read it about what kind of health service we want in the future. We're in the 80th anniversary of the year the Beveridge report was published and that transformed people's lives when it was finally enacted after the war. You also make the interesting point about the importance of nature to your doctor, as well as generally, in

that the National Health Service and the creation of Areas of Outstanding Natural Beauty were in that postwar period of change.

You talk at one point that we've forgotten to expect or even want doctors like the doctor you're talking about, and the need to design into the system in the future the kind of doctors we want. But at this fork in the road, how do we do that, do you think?

Polly: It's difficult. I think health care policy, and this is the rise of evidence-based medicine, which is broadly speaking a good thing, that this is looking really at having a kind of unified, standardised scientific basis for why such and such a medication is prescribed in such in such a condition, its efficacy, and so on. It's having somewhat more standardised guidelines that come from NICE, the National Institute for Clinical Excellence. So standardised intervention.

You have lots of healthcare policy led by lots of things you can measure. And the difficulty with the doctor/patient relationship – within general practice it tends to be referred to as relationship-based care or continuity of care – is it's difficult to measure. There is a growing body of evidence that links continuity of care to better medical outcomes. So, lower use of out of hours service, better adherence to taking medication, fewer hospital admissions, and ultimately lower mortality rates. There's a very large study that came out of Norway late last year - it was population wide, so they had a very, very large dataset - that looked at the connection between continuity of care and the mortality rate. Hard endings, as the scientist who led the paper said. And it was able to track that the better the continuity of care, the mortality rate dropped. And so 15 years of continuity of care with your doctor, 25 per cent less. So there are numbers out there, but there haven't yet been, if you like, randomised controlled trials of the efficacy of that.

So how do we design it in? You have to measure it, you have to measure it. And then if you can measure it, there is then a lever to incorporate it into

healthcare policy. It's cited as a nice to have, and there was a Health and Social Care Select Committee evidence session a couple of weeks ago on exactly this – the efficacy of continuity of care. Policymakers go, 'Oh, yes, it's terribly nice to have it. If we possibly can, we will.' But really, if it were a medication, the chair of the RCGP, Royal College of General Practitioners, has said, if relationship-based care was a drug, NICE would mandate its use. It works.

So I think it's twofold. But I think what the danger is is that you look at a doctor, like the doctor in my book and you think, oh, it's just a lovely fairy tale. She's leading this old-fashioned life in this pretty valley with lovely trees - an old-fashioned rural sort. She's not. This is a very contemporary community here. Yes, it's a rural community. Yes, there are some people who have families who've lived here for generations, many others not. It's a contemporary community, she has her clinical practice bang up-to-date. But the nature of the community here, and the fact that she works in small practice, she has essentially a personal list. That is what is discussed by policymakers: do doctors have personal lists, rather than what you described a little earlier in our conversation about seeing a different doctor every time. Can you recognise the value of personal lists, and then can you prioritise that?

But I think it would take, rather than waiting for a heroic figure, or in fact seeing the doctor in this book as some sort of hero of general practice – she's utterly brilliant, but it's built into the system of her practice and it's something to do with the size of the practice and the nature of the community here that she is able to work very effectively within that model. It would be how would it be possible to achieve that at scale? And there is a lot of soul-searching about that. But without prioritising it, without saying it's important, it simply will cease to be.

Andrew: Yes. That is the problem that you've identified, I think. It's not directly comparable, but the longitudinal study that takes place in Bristol

University called the Children of the 90s, which follows children from their birth right through – they have to fill in questionnaires occasionally – all sorts of good results have come from that, all sorts of counterintuitive results have come from that. It's the longevity of the research that is important, I think. And you're absolutely right about trying to find some ways of measuring this to be able to have some impact on what needs to happen in the future.

Just on the book itself, you integrate photographs, as John Berger did. What was that like? And Berger's photographs – I tried to count up, actually, how many of Berger's photographs included people who you could recognise as against ones you generally couldn't recognise in yours. And I think there is an issue about photographs now of people having to give permission or not wanting to be seen. But how did you approach that with your photographer?

Polly: I worked with an utterly fantastic documentary photographer called Richard Baker, who I worked with on one of my previous books. He would come and spend time down here whenever lockdown permitted. So he probably shot over about 14 or 15 days, I think, in the course of the writing process. There are two things to say. What role do the photographs play in the narrative? I was greatly inspired by Berger in this respect, in that he's very interesting about the way in which photographs function like quotations, he said, in a text. So they are not illustrations. The photographs in this book don't work like this – which you know, because you've read it, but to explain to anyone watching this – they're not colour plates in the middle. They are entwined with the narrative. And I like to think that there is a conversation between word and image in the book. And they provide breathing space or a different way of thinking about the landscape, or the people, or the place, or the doctor. So they thread through in that way. It was interesting that John Berger says that he had the idea, and there's a lovely interview with him from early 1967, in which a very young black polo-necked John Berger was talking about writing *A Fortunate Man* about the use of photographs within it, and he said that it was an idea that he had got from working in television, which struck a lovely chord with me, because I have a

background in documentary film, and the power of pictures to tell stories alongside words runs very deep in me. So it's been wonderful to do that on the page.

However, the kinds of consent processes as they were in the 1960s are extremely different to how they are today. We just had to be very careful and very, very respectful. We should probably talk about consent and confidentiality in so far as the individual stories that are in the book are composites, they're composite narratives, kind of built around medical scenarios and then different threads pulled together, but are not identifiable single cases. Because the doctor would be in breach of patient confidentiality if she were to talk about specific patients to me. [We had] very long, rambling conversations on endless long walks together, which I always recorded, hours and hours and hours and hours and hours of conversation. It really was a process of weaving those elements together. And also I'm writing about a place that I know, and a landscape I know, and a community that I know, which allowed me to tell a story that feels true. But it's true without compromising confidentiality.

Now, obviously, in the context of photographs there's a whole other layer of confidentiality involved, so none of the people in the photographs relate to the stories. The photographs run parallel to the narrative, which does quite interesting things to the storytelling. They're not illustrative of a particular story. They sort of run in parallel. They're almost like a musical accompaniment to the storytelling. And the people who do feature in the photographs, yes, we got permission. We asked permission to do that. There are three stories in the book that, because of the nature of the story, were impossible to anonymise fully. So in those cases we sought consent. But that idea of patient confidentiality has been there, just very important to the doctor's practice, very important to telling the story responsibly, and actually has fed them into a rather rich tapestry of storytelling, I think, in the end.

Andrew: And how did the doctor feel about the story being told?

Polly: It's interesting. She's very cautious. She was very cautious. She said something lovely to me, just before we'd really started work, she'd sent me an email and said, 'I love this job very much, and my patients' trust is more important to me than anything I can think of.' That's a quote. And so that has always been foremost in her mind. She did not want that to be compromised. However, I think she feels so passionately about - she might call it person-centred care, relationship-based care, that idea of how important the relational is within general practice. And she fully understood how you can talk about it with those general terms, but it doesn't mean anything, it doesn't touch the heart until you've told the story. So you have to have the stories or really we're in a policy paper again. And there's a place for policy papers, but there's also a place for stories.

It's been the most glorious experience, because, in a sense, we've been in kind of constant negotiation. And I have such huge respect for her. I've listened very, very carefully to what her concerns are and have tried to work around them. But she wasn't reading copy as I went along. We talked and talked and talked and talked for many months, and then I sat down and I wrote, and then I sent her the first complete draft of the manuscript, which was obviously a nerve-wracking moment for both of us. I think she loves it. I think she feels it is a love letter to her practice. And it's a love letter to the place that she lives in, the community she lives and works in, and that I also live and work in. And most importantly perhaps for her, it communicates the kind of work she's doing and why it's so important in a broader context, because it's not just one story. So it tells a bigger story about what it is to be a family doctor, and I think she thinks that story is important. So - so far, so good.

Andrew: There's one final story I wanted to ask you about. It's a walk she's taking on Christmas Day with her dog, and she meets another dog walker. And the other dog walker says, 'I won't bother you, because it's Christmas Day,' but they inevitably end up chatting. And the woman says, 'You remind

me of Dr John. We're lucky to have had two doctors in our lifetimes who love their patients. Someone wrote a book about him. Did you know that?'

You summed up there not just the importance of that book for those people, but also the fact that those two doctors loved their patients and that was appreciated throughout that woman's lifetime.

Polly: I think it's rather extraordinary to have had [these] two doctors. They're very different figures, the doctor in my book and Dr Sassell in Berger's book – they're very, very different. As human beings, and the way in which they're practising, is very different. But I think that dedication to their patients is something they have in common. And it's interesting, I mean, arguably Dr Sassell's dedication to his patients was almost like a kind of Faustian pact. Berger writes about this, where it's almost too heavy a burden to carry, so profound is his devotion to his patients. I think the doctor in my book - working within a contemporary health service - … is possibly less likely to be dragged down or taken down by it. And is just temperamentally very different, a very different person, but [still] that love of patients. And it's fascinating to me that it was identified by that dog walker that morning, who'd said we're so lucky to have had two of you, that's amazing. Yes, it's a lovely moment.

That had happened and she WhatsApped me saying, I've just the most extraordinary conversation out walking the dog! I'd peeled the vegetables for Christmas dinner in the morning, just thought I'm just going to have an hour out of the house. Lovely walk, beautiful, bright, crisp day. The Christmas Day of 2020 was this bright, beautiful, very cold day here. She'd gone out for a walk in it and there was this. So there are so many little threads like that, that bind these two very different people, working in very different times, together. And that's what I've tried to convey in the book. Not in a way that's too neat and tidy, I hope, but there are so many threads of connection, so many shared patients amongst the older people.

Andrew: Well, it's a remarkable book, Polly. It's hard to forget it once you've read it. Thank you so much for this. Thank you so much for this interview. We do recommend this book strongly.

Polly: Thank you, I enjoyed that very much. Thanks, Andrew.

This interview has been lightly edited for length and clarity. The full version of the interview is in the recording.