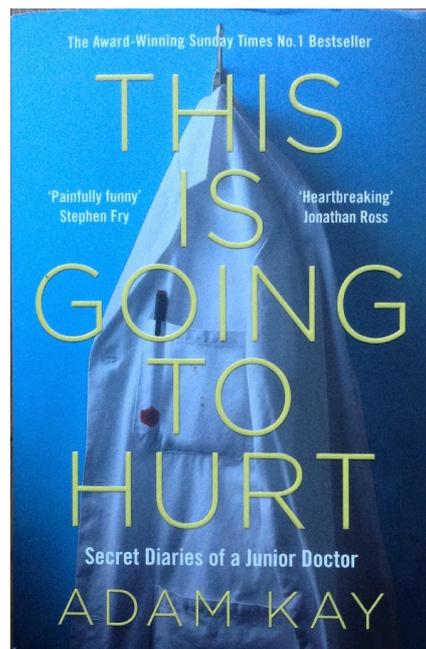


This is Going to Hurt ... so how do we bear the pain?

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Why and how do we conceal or displace our most painful experiences with public displays of humour? A recent bestseller *This is Going to Hurt* leads us, with doomed wit, to a darkness beneath.

Dr Adam Kay's *This is Going to Hurt* was published last year to tumultuously positive reviews, and then sales to match – more than a million have been sold.

Subtitled *Secret Diaries of a Junior Doctor*, Kay's book is one of a current genre of frontline doctors writing in narrative form, diarising their personal experiences in the NHS. What has given this book its distinct identity and runaway sales is its insistent – some might think intrusive – comedy: this is maintained as a kind of manic force until its sudden and deliberate implosion near the end of the book – more of this later.

So humour, and a nakedly graphic chronicling style, make for a hugely readable immersion in this surreal-seeming, yet all-too-real world. Kay's wit – his most powerful tool – sometimes rises to the sharpness and elegance of classic satirists – say Jonathan Swift or Oscar Wilde. At other times he fills the spaces with japes more akin to *Carry On* films, or saucy postcards from 1950s holidays. There are numerous vignettes of patients' perverse or askance gratifications or understanding of their bodies: these are likely to excite the interest or laughter of the reader, but to what end? Does such humour have other purposes?

For example, there are numerous brief tales of patients' bizarre misconceptions of their anatomy or inserting clearly alien objects into their sexual or eliminatory portals. Kay tosses these out for our easy, if complexly nervous, laughter. What he does not do is linger with real human curiosity: why are humans often so desperate to take the outside world in, sometimes with force, pain and danger? What is this intense loneliness and sense of isolation? Kay nowhere attempts to link the

conventionally perverse with ubiquitous human struggles: those with our own darkness or obscurity.

He does, however, extend his journalism to personally painful or difficult working conditions and dilemmas: he often correctly and sharply attributes the human-sense failures of our NHS systems and culture. His style is then direct and clear. This is certainly effective, though at times I wish he had broadened his analysis.

Example:

Two months ago, the trust laid off almost all the hospital secretaries, replacing them with a new computer system ... rather than giving your Dictaphone tapes to the secretaries, you now dictate straight onto your clinic computer, which chooses to either upload your audio and send it abroad to the secretarial equivalent of a sweatshop or to instantly delete it without trace.

Kay's frustration here is with the technical failures of our ever-more outsourcing and computerisation. He does not explore how these changes destroy personal colleagueial bonds and co-operations, and so lead to our nobody-knows-anybody healthcare. Yet this anomie is, surely, a major factor in the professional loneliness and lack of support he later found intolerable.

Notably he later writes of this lack of support as being 'old-fashioned'. But he overlooks an important anomaly here: such experiences of professional anomie and neglect are much more a problem for contemporary doctors as they were for previous generations. Erstwhile hospital doctors worked in smaller institutions, with greater staff stability and solid mentoring and containment from consultant-led

firms. Working hours were often even longer, but the workplace could better offer the type of kindness that comes with smaller human scales, stability and familiarity.

Yet, less directly, he recognises these principles when writing of a difficult social relationship pressing him for support:

He must realise we have the same chat every time, but it clearly doesn't matter – he just wants to know there's someone out there who cares. And actually, that's a very large part of what being a doctor is.

This insight is, of course, cardinal to all the non-kwik-fix aspects of medical practice – our influences of comfort, healing and guidance – our pastoral healthcare. Very significantly it was the lack of these personal qualities in our NHS that later precipitated Kay's abandonment of his medical career – he could not find them, for himself, when *he* needed them.

Before his personal denouement he is becoming concerned about the importance of such human presence for his patients:

I've all but given up hope of seeing someone I recognise, unless they're handing me a latte in Costa ... It's especially rare to see the same patient more than once ... She [a patient he had seen previously] and her husband seem oddly pleased to see me – a familiar face, someone who doesn't need an explanation and is already tuned into what's happening can be of such comfort on such an awful, scary day.

Kay's awful, scary day came with horrific suddenness two and a half years later, in December 2010. A peacefully routine Caesarean Section rapidly turned catastrophically tragic by way of an unsuspected Placenta Praevia. Kay lifted the dead baby from the unstoppably haemorrhaging mother, whose own anaesthetised life now seemed to be slipping away...

He wrote later:

That was the last diary entry I wrote, and the reason there aren't any more laughs in this book.

The spikily quipping and apparently defiantly resilient Kay was pulled asunder by Medicine's fitful and savage undertow into a world of immense fear and sorrow. When he surfaced, he now experienced the humanly unresponsive but systemically insistent NHS first hand: his untended, uncomforted shock was something from which, here, he could not recover.

He left, first his job, then being a doctor altogether:

At first I couldn't talk about it, then it became something I just didn't talk about. When cornered, I would reach for my red nose and clown horn, and bring out my anecdotes about objects in anuses and patients 'saying the funniest things'.

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I suspect that it is Kay's jokes that have made this book a bestseller. But what makes it a lastingly and substantially serious book is Kay's raw and humbling exposure to our universal vulnerability, fear and pathos.

Could he have managed this as well, without the jokes? Consider, as GK Chesterton almost said, ninety years ago:

Humour can slide in under the door while seriousness is still scrabbling at the lock.

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This is Going to Hurt. Secret Diaries of a Junior Doctor. Adam Kay (2018). Picador

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