

Sam's tale

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It is tricky to recount my tale without sounding self-pitying. I am beyond that now, and want to tell you my saga, as the story underlines the value of friendship. Urological surgeons flit in and out of my journey individually and collectively, and have been a great source of support to me throughout.

In September 1994, I was appointed as a urological surgeon at St George's Hospital in London. Shortly afterwards, our senior consultant moved on and I found myself headhunting your editor, as I thought the department at George's needed a figurehead. Professor Roger Kirby made the journey across London from St Bartholomew's Hospital after the hospital management was persuaded to provide a designer research department. As he was living in south-west London, I suspect his journey to work was simplified. Early 1995 saw the pair of us sharing an office, the odd beer, and our fantasies about the future of urology.

Subsequent events mean my recollection of 1995 is poor, but my marriage hit the skids in the second half of that year and I also hit the skids at the end of the year. In late December, just after my 40th birthday, I played golf in the morning with an old school friend and on the journey back to my home I hit ice on the road. The exact circumstance is unclear, but I rolled the car (a Volvo!) and in rolling, landed head-first on a gate post that came through the driver's window. This is all obviously hearsay, but I believe I was helicoptered to hospital and, as they say, made comfortable.



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Regrettably, I was unable to give much of a history, and I suspect my head injury took precedence, but a swollen elbow was diagnosed as badly bruised when it was actually dislocated. No lateral films had been taken; because of the swelling, the joint was immobilised in plaster and unsurprisingly myositis ossificans resulted. This has been improved by a later arthrolysis.

I spent several weeks in a coma. I was divorced, and the end result was that I awoke to a life in much changed circumstance. The health service believed that my injuries (useless arm and hemiplegia) precluded surgical work and not unreasonably put me out to grass. So there I was, waking to a scenario of family gone, home gone, career gone.

Rehabilitation is a tedious and lengthy process; mine is still ongoing. My physical recovery is now about as good as it's going to be. I very vaguely remember early days in a wheelchair, then walking with a physio (a mantra of 'heel-toe' still reverberates), going to the gym with a physio, then just going to the gym. This benefited both my mobility and my waistline. The latter worsened at times because of a predilection for watching television while eating buckets of crisps and taramasalata.

Psychological recovery is the nebulous part of the equation. I have moved on from the despair of the discovery of my changed life during the early days and am pretty content. I would love to be working, but unfortunately am not. Friends are forever suggesting some medical role, but the General Medical Council decided that I was cognitively impaired when I applied to have my name restored to the register (it was removed at the time of the accident), so I am not registered and officially more dangerous than Harold Shipman!

The greatest psychological help came from my speech therapists, and I am still in touch with them, regularly helping to teach their students. I am unique among the urological community in that I have had an article published in *Bulletin*, the speech therapists' trade magazine. I wrote about the value of listening in conversation, prompted by my therapist, as I was spectacularly bad at listening in my 'conversation groups'. A surgeon bad at listening?

The only working roles I have managed to obtain have been in medical writing and information. Now, while I think I am a competent writer, I have struggled with

regulatory writing, and disagreements resulting from this have led to serial dismissals! In my last position, doing medical writing as maternity cover, I was told that the important quality in regulatory writing was 'never to have an opinion'. Not easy for someone with a surgical past.

I wish I had been thus advised earlier! After a second dismissal, I went to the Department for Work and Pensions and was told, 'Head injury, can't fit into the workplace'. I was sent to a brain injury charity and joined a group of 16, all of whom had had their lives changed by some cerebral event; most were young women who had suffered a subarachnoid haemorrhage, but two characters stick out.

Kitty was hit by a bus as a teenager, got poor exam results and consequently mickey-mouse jobs where she was not doing well. As with all brain-damaged folk, she had lost her inhibitions and anyone criticising her got a right hook. Indeed, when I met her she had been sacked three times for punching her employer and the only job she had held down was as a pole dancer, where a loss of inhibition looks good on your CV.

Colin had been a cat burglar and had spent time at Her Majesty's pleasure. In his mid-30s, he had a massive subarachnoid haemorrhage, which, *inter alia*, robbed him of his agility. That, for a cat burglar, is 'game over'. So it was that when I went drinking with my new chums from 'brain school', I

went out with 'the stripper' and 'the convict'. Life had changed, but in truth they were great people, coping like me with just as much fundamental change to their lives.

Friends are important in life and an experience like mine certainly allows identification of real friends. Various groups from my past stand out: my family, school, university and medical school chums; and you, the urological and medical community.

When I was discharged, the hospital thought I could go home with a 'carer', necessitated in part by a tendency not to look right when crossing the road (apologies to all the drivers of South London whose brake discs have been worn down by my carelessness). Most people do not realise that the patient, and not the NHS, funds the carer. When my friends, family and ex-colleagues heard that I needed a carer, they said they would look after this. Through personal donations and fundraising events, they raised sufficient cash to cover the cost of a carer and other expenses for five years.

The urological community has been massively supportive and you should all pat each other on the back! Just after my discharge, the Royal Society of Medicine Urology section held their annual meeting in Cape Town. An old colleague had a word with some friends from the specialty and the next thing I knew I was drinking South African wine (yes, too much) in South Africa with fellow urologists. I will always

be very grateful to everyone who helped me join them on that trip.

I have (hopefully) been useful to the urologists at St George's and I have enjoyed several BAUS meetings since my accident. The urologists who trained under me at St George's have climbed the slippery slope of success and repeatedly taken me to their hearts and to hostelrys. Several colleagues live nearby and are dragging me towards being a Chelsea fan, with repeated trips to Stamford Bridge. These outings and 'supra-ale' chats allow me to remain aware of changes in the specialty.

However, every urological activity in which I take part makes part of my brain ask 'why bother if I can't practise?' But anything that makes the brain tick over, including crosswords and Sudoku, helps me as 'cerebral physiotherapy'; I play quite a lot of bridge, have won the odd competition and have written in a bridge journal about the value of the game in this role. I also thank my wonderful four children for helping to maintain my cerebral activity at the maximum.

I am very aware that too much exposure to the past makes me unhappy, as it recalls the satisfaction being a urological surgeon brought to me every day. Yours is an unbeatable job – no other surgical specialty so readily allows the surgeon to be both diagnostician and effector of the treatment for that diagnosis. Ladies and gentlemen, *carpe diem!*