

FROM THE

# CHEST

SCTS



Winter 2024




THE EDITORIAL  
FROM SOCIETY OF CARDIOTHORACIC SURGEONS UK


Communication Secretary: Mr Sridhar Rathinam

Photograph:

## WELCOME



It is the time of the year when we count our blessings and open our hearts and homes to families and friends. The SCTS family has had a significant twelve months and we stand on the cusp of a New Year. With a year of constitutional change, new trustee positions, annual meeting, President and trustee elections and the AGM and BORS meeting, the members have been very busy, and articles have been very few and far between. Hence, this is the second issue of 2024. There is a wealth of talent out there amongst our members, there are great histories and heritage in our units. Please take a moment to reflect on them and pen an article for us.



In this issue, in The Escapist Club, we have Mr David O' Regan, retired consultant cardiac surgeon from Leeds, now at the University of Malaya as Professor in the Medical Education and Research Development Unit of the Faculty of Medicine, writing about the relationship between martial arts and surgery. We now are archiving our Lifetime Achievement Awardees in the SCTS website, and we share the impressive career of Prof John Pepper who was nominated in 2024.

A Blast from the past from the walls of a consultant office celebrating the God.

We share the story of Jayne Sharman, an Advanced Nurse Practitioner at Glenfield Hospital, University Hospitals of Leicester, as the Inspiring Nursing Star in this edition. Aman Coonar, Consultant Thoracic Surgeon, brings in the Christmas spirit from Cambridge with a lovely note and beautiful pictures. As always, we welcome articles about surgeons' lives, passions, artwork, photographs, and unit histories.

"MEMORY IS A WAY OF HOLDING ON TO THE THINGS YOU LOVE, THE THINGS YOU ARE, THE THINGS YOU NEVER WANT TO LOSE"

Let us make and cherish those memories for the next generation



## MARTIAL ARTS AND SURGERY: DAVID J. O'REGAN



Thirds Dan Wye do Rue Karate – September 2022

Second Dan Iaido – March 2022

Karate means 'empty hand'. – It is not about fancy kicks, punches, fighting or even self-defence – Actually, we are taught to scream and run away. My style of Karate, called 'Wye do RUE' meaning 'way of peace'. Implicit in the discipline is respect. You bow on to the mat and off the mat. You bow to your Sensei and your opponent. The same applies entering the theatre.

The code of conduct on my dojo and tenets of the art are summarised and karateka (practitioners) uphold

1. To have self-control
2. To persevere
3. To have indomitable spirit
4. To be courteous
5. To have integrity
6. To be humble

These codes of conduct are echoed, in one way or another, in every martial arts dojo around the world and are summarised in the Japanese word 'Bushido'. Karate is not a sport that is played like football or cricket. Martial arts are studied. As in everything, the basics are learned first. This is not because basics are easy, but because they are the very foundations.

Buddha once said, I paraphrase, 'Nothing in the world is difficult, it is only our minds that perceive it that way'. 'Shoshin' symbolises the pristine white belt. The open mind of a beginner devoid of preconceptions.

My journey through Karate began nine years ago. I introduced my son to karate at the age of four and attended all his lessons and gradings. With cajoling, I was persuaded to join. I had more than a little trepidation as I looked at the belts on the walls and thought there was no way that I would get past blue belt. As a white belt I progressed through the basics, learning technique before power and speed. The instructions given to me before my first solo CABG were 'just be quick'.

A black belt is a white belt who has practised. The parallels with surgical training of skills, or lack thereof, were immediately apparent. You practice not until you get it right but until you cannot get it wrong. Karate reinforces the basics, and even at advanced Dan grading, you will fail if you cannot achieve these when mentally and physically exhausted. The techniques are combined into 'katas' – some ninety-four moves. They may be stylised, but they are taught with rigour and in Japanese. The attention to detail and form is practised forward and backward, and at advance Dan grading, you are challenged to switch between katas – sixteen now and the first ten need to be practised backwards. Flexibility, reflexes, and fitness have improved. It is also very good for the mind.

## MARTIAL ARTS AND SURGERY: DAVID J. O'REGAN

The art of drawing the sword or Iaido is a similar discipline. The practice is well described and handed down through the centuries. The blade needs to be drawn in a heartbeat and pass through the air creating the sound of twittering birds. You need to be one with the sword and the word that describes the mind is serenity. Each movement is prescribed and described. Interesting to reflect, after getting part 1 FRCS, I was given a list and a scalpel, and told to get on with it as the FRCS was confirmation that I knew my anatomy. Yes, I did, but only one surgeon in fifteen years of training taught me how to hold a scalpel.

Both disciplines require a mindset. In karate it is 'mizo-no-kukuro' – a calm mind like water. Bruce Lee often said, 'be like water'. The Japanese art form describes five mind sets of 'shin', all of which are pertinent to the practice of surgery.

A white belt is beginning to learn, A black belt is beginning to understand, and I didn't appreciate this until I became a black belt. There are no techniques left to learn at black belt, there are only basic techniques studied at a black belt level. This applies to the learning of surgery. You do not really understand until you become a consultant.

Despite my years of Karate, I am far from being a master. Mastery is not a destination. It is a journey to be practised with reflection. Revising and learning from your mistakes, until you cannot make that mistake again. Reflection and learning are necessary in the practice of surgery, and despite the years of surgical practice, you can never call yourself a master.



## MARTIAL ARTS AND SURGERY: DAVID J. O'REGAN

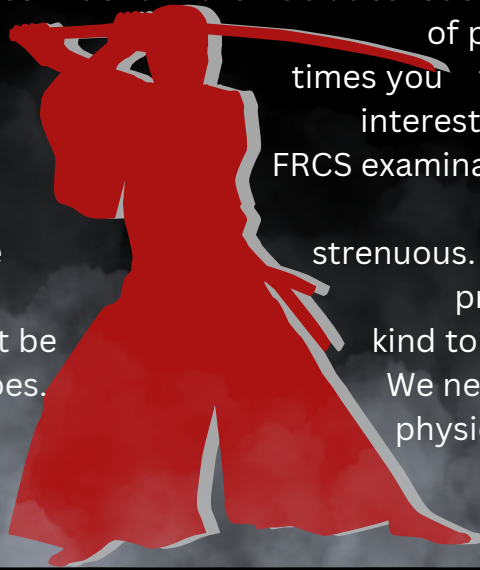
When I was fifty-four years old, I graduated first dan black belt. The grading consisted of three hours strenuous exercise designed to exhaust you. My last grading for my thirds Dan was a privileged as my son, because he was sixteen, converted from third Dan cadet to adult second Dan. We graded together – father and son. It is the rules and much to his discontent, we swapped belts. A Dan is recognised as an equivalent to an university qualification. It is four years after you third dan that you can take the fourth – in February I graded again as the first of four steps to the fourth Dan. Only when the mats are slick with our sweat does the examination begin. I note I dropped seven pounds after the last grading!

Those graduating to an advanced dan must overcome the 'Wall of Pain' by kicking an instructor up and down the room. I was tired and physical pushed to my limit. But the secret to conquering the Wall of Pain lies in will power.

A black belt is a white belt who never gave up.

In preparation for gradings, we're not set up to fail. Students attend the grading by invitation of the Sensei, who is confident in their abilities. Success in all life's tribulations, is attained by the combination of preparation and confidence. It's not defined by how many times you fall, but by how many times you get back up. Again, it is interesting to reflect how we teach surgery and the failure rate at FRCS examinations – almost fifty percent in my day.

We must persevere through the strenuous. We must retain self-control even when life is unfair and pressured. We must live with integrity. And above all we must be kind to everyone we meet because we cannot walk in another's shoes. We need to respect our trainees – they bring a lot more than their physical presence to work.



Starting martial arts has been transformational. It is refreshing to be a student and stand in their shoes. I am the oldest in the dojo and the youngest is twelve. We learn together and we respect each other. We are not comparing ourselves with others, but we are trying to better ourselves. It is a personal journey and epitomises Carol Dwek's growth mindset. This obviously led me to consider my years as a trainer – I regard myself as a Sensei. I am no better or worse than anyone else but as in the name longer in the tooth and well-travelled. I have more stories to tell and much to learn. I initiated the Black Belt Academy of Surgical Skills to teach the art and practice of basic surgical skills. I have the pleasure of working with like-minded Sensei in UK, USA, Canada, Brazil, Ecuador, Colombia, Romania, Lithuania, and India. Interestingly, many have martial arts training and see the parallels. Two new Sensi have just started martial arts and describe it as something they never knew they needed. We now have a global following of 4243 people in ninety-six countries. We welcome all who are interested.



## SCTS LIFETIME ACHIEVEMENT AWARD

### JOHN PEPPER OBE, MA, MCHIR, FRCS, FESC



John Pepper was born into a naval family in the city of Plymouth. In what might well have augured a lifetime of significant contribution to the management of cardiothoracic disease, his father developed tuberculosis shortly before John was born. In those days, of course, tuberculosis was managed in one of the sanatoria that have become the cardiothoracic units in which many of us now work. When a mere toddler, his mother moved the family to Surrey, and John would often be left with his maternal grandfather, a general practitioner of Swiss German extraction, while his mother travelled to Aberdeen to spend a week with her husband confined, as he was, to the Toma Dee sanatorium.

School in Surrey led to what John, with characteristic modesty, claims to have been a 'lucky admission' to Clare College, Cambridge in 1965. Cambridge was followed by a scholarship to embark upon clinical training at Guy's Hospital Medical School and graduation as a doctor in 1971. John completed the bulk of his general surgical training in Leeds, the epicentre of GI surgery in the UK at the time. He was admitted to the Fellowship of the Royal College of Surgeons in 1975 and embarked on specialist training in cardiothoracic surgery. He was variously SHO to Donald Ross at Guy's Hospital and registrar at the National Heart and London Chest Hospitals, before being appointed to the Guy's, St Thomas's, Brook senior registrar rotation.

At an improbably young age, John was appointed consultant at the London Chest Hospital; his workload encompassed adult cardiac surgery but also an extensive thoracic practice, including oesophageal as well as pulmonary surgery and a weekly endoscopy list at Southend General Hospital. John's lifetime commitment to research and training became evident at this early stage in his career: he completed a research project on myocardial protection using this stuff called cardioplegia, a novelty at the time; developed an animal model of lung transplantation; organised symposia for the annual Cardiac Surgery Course at the Cardiothoracic Institute; and gave lectures to local general practitioners.

In 1982, John Parker was looking for a colleague with whom to expand the cardiothoracic surgery programme at St George's Hospital, which had just decamped from Hyde Park Corner to its current home in Tooting. Those who knew Parker know that he had a shrewd eye for identifying talent and could be very persuasive and so John duly moved to Tooting. Over a period of ten years, the unit expanded prodigiously, the research output, with cardiological luminaries such as Michael Davies, John Camm, and David Ward was stellar and, for a decade or so, cardiac surgery at St George's was 'Parker and Pepper'.



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John was intimately involved in every aspect of the department, but his energy, passion for innovation, and technical skill were perhaps best exemplified by the establishment of a cardiothoracic transplantation programme, something that he accomplished entirely single-handedly without central funding.

As a young registrar, I well recall meeting John at the somewhat surreal party that is multi-organ retrieval. In those days, John would drive to the donor hospital in his white VW Golf GTi, retrieve the heart-lung bloc, divide the bloc and distribute the organs accordingly, before racing back to St George's to implant the heart and spend most of the next several weeks managing every detail of the patient's subsequent recovery.

In 1991, when Magdi Yacoub was appointed to the Chair in Cardiac Surgery at the National Heart and Lung Institute, John was persuaded to join him as Senior Lecturer. Here were some who wondered why an established consultant, already a senior figure in our specialty, would want to take what, in those days, was seen by some as a step sideways, but they don't know John.

Ego wouldn't have featured in that calculation; John would have seen only the opportunities to learn more about our specialty, to contribute to the training of future generations, and participate in something exciting. At the Brompton, John had an exceptionally busy practice, always putting patients front and centre, training the young, conducting and supervising research, developing new surgical procedures, and raising more than £8m in grants. He became a Reader in 1995 and a full Professor at Imperial College in 1999.

The procedure most recently associated with John's name is the PEARS (Personalised External Aortic Root Support), inspired by and developed in conjunction with a patient on whom John had operated. The enthusiasm with which John has travelled the world proctoring others in the use of device is matched only by the modesty and self-effacement that he exhibits when responding to others laying claim to have been responsible for accomplishments that were in reality his.

He was awarded the Tudor Edwards medal by this society in 2015 and, in the same year, was made an Officer of the Order of the British Empire. John has held countless executive positions in learned societies, been a member of the editorial boards of most of the high-impact journals in our specialty and held honorary positions in hospitals and medical schools around the world. He is one of the most cited authors in the field of aortic surgery.





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## JOHN PEPPER OBE, MA, MCHIR, FRCS, FESC

John is a man of irrepressible good humour and enthusiasm, and I have never seen either desert him. He is a man of exceptional modesty and self-effacement who understood, more than anyone I have met, the need to lead by example; as his registrar, I well remember him taking up a mop to clean theatres in between cases when the rest of us could think only of sloping off for lunch. Confronted by such an example of leadership, even I had to give serious consideration to skipping lunch.

Of the many qualities that John possesses, if I were pressed to single out one, it would be his innate and unshakeable sense of fairness exemplified both by his willingness to go out on a limb to help those whom he thinks have been wronged by the system and the fact that, of his many, many achievements in medicine none has come about from trampling on others, a rare thing even in the supposedly genteel world of academic medicine.

On the contrary, his achievements have come about through his inexhaustible energy, his genial manner which belies a searing intellect and his inability to say 'no' when someone asks for his help. Since he finally retired last year, I have lost count of the number of people who have said to me, "...of course, John Pepper used to do it but since he retired..."

Lest you think that all of the above left John with no time for anything else, you would be wrong: in 1973 he married Hilary, a lawyer turned magistrate; Hilary and John have therefore just celebrated fifty years of marriage. Two sons, Thomas Robert and Ross Henry, followed in 1977 and 1983 respectively. John is a polymath: his richly deserved and, it is to be hoped, long and healthy retirement is filled with learning to speak Russian, sailing his boat in Norfolk, time with his young grandchildren and wider family, as well as taking his much-loved Labrador for his weekly hydrotherapy sessions.



I have had the great good fortune to have been his registrar, his senior registrar, his consultant colleague, and am proud to call him a friend. When John sent me an SMS at some improbably early hour (even in retirement, he is up and about at four in the morning), asking if I would "say a few words" at this event, I could not have been more touched. Joining, as he does, previous winners including Magdi Yacoub, Terence English, Donald Ross, Peter Goldstraw, Bill Brawn, Marian Ionescu, I cannot think of anyone more deserving of such an award. I would ask therefore that you stand, and bring the roof down in acknowledgement of John Pepper, recipient of the Society of Cardiothoracic Surgeons Lifetime Achievement award.

## BLAST FROM THE PAST...THE GOD.

From a consultant's office in Birmingham Heartlands Hospital

We are almost bidding farewell to this year and getting ready for a new year. Things have changed and evolved in the last year let alone decades.

This was a wall hanging in my trainer and mentor Mr Pala Rajesh's office in Birmingham Heartlands Hospital which told the story of an era. He said it was left in the office from his predecessor who had retired.

It told the story of the surgical hierarchy before the level playing field, but what was most impressive to me was the role of a medical secretary. As we work with transcription, hot desking and shared secretary this note tells a story of how things were and the importance of the Medical secretary.

### CONSULTANT

LEAPS OVER TALL BUILDINGS IN A SINGLE BOUND  
IS MORE POWERFUL THAN A LOCOMOTIVE  
IS FASTER THAN A SPEEDING BULLET  
CAN WALK ACROSS THE ROUGHEST SEAS  
GIVES POLICY TO GOD

### SENIOR REGISTRAR

LEAPS OVER SHORT BUILDINGS IN A SINGLE BOUND  
IS MORE POWERFUL THAN A SWITCH ENGINE  
IS JUST AS FAST AS A SPEEDING BULLET  
WALKS ON WATER IF THE SEA IS CALM  
TALKS WITH GOD

### REGISTRAR

LEAPS OVER SHORT BUILDINGS WITH A RUNNING BOUND  
AND A FAVOURABLE WIND  
IS ALMOST AS POWERFUL AS A SWITCH ENGINE  
IS SLOWER THAN A SPEEDING BULLET  
WALKS ON WATER IN A SWIMMING POOL  
TALKS WITH GOD IF SPECIAL REQUEST APPROVED

### HOUSEMAN

CLEARNS A SMALL HUT  
LOSES A RACE WITH A LOCOMOTIVE  
CAN FIRE A SPEEDING BULLET  
SWIMS WELL  
IS OCCASIONALLY ADDRESSED BY GOD

### MEDICAL STUDENT

RUNS INTO SMALL BUILDINGS  
RECOGNISES LOCOMOTIVES TWO OUT OF THREE TIMES  
WETS HIMSELF WITH A WATER PISTOL  
HUMBLES HIMSELF TO ANIMALS  
IS AWARE THAT GOD EXISTS

### MEDICAL SECRETARY

LIFTS BUILDINGS TO WALK UNDER  
KICKS LOCOMOTIVES OFF THE TRACK  
CATCHES SPEEDING BULLETS IN HER TEETH  
FREEZES WATER WITH A SINGLE GLANCE

SHE IS GOD!

## SCTS NAHP INSPIRATIONAL STAR OF THE YEAR 2022



Nominee: Mrs. Jayne Sharman.

Thoracic ACP, Glenfield.

It is indeed a great privilege and honour to nominate Mummy Jayne, as we all call her, for the Inspirational Star Award. I have known Jayne from the time I started at Glenfield Hospital, University Hospitals of Leicester. In fact, she was the first person I met in Ward 26 where she was a deputy sister in 2009.

Jayne has since evolved into various roles as a Thoracic Nurse Specialist and now an Advanced Nurse Practitioner. She takes up any challenge offered and will see to it the task is complete. She has been instrumental in developing each of the roles she has held, improving the TSN service and expanding it to a service of three. Her patient admission booklet, her co-contribution with me to the Roy Castle Lung cancer booklet and LVRS information are examples of her national contributions. More than anything, she is the person we all go to for support, encouragement, and a friendly cup of tea.

She truly is an inspiration.

- Sridhar Rathinam, Consultant Thoracic Surgeon.



## VIRTUAL INTERVIEW BY PROF BHUVANESHWARI KRISHNAMOORTHY.



1. Tell us bit about yourself (please include personal, career highlights, key moments in your life).

My name is Jayne Sharman, I am an Advanced Clinical Practitioner (ACP) in Thoracic Surgery at Glenfield Hospital, part of the University Hospitals of Leicester (UHL) Trust. My personal highlights include becoming a wife, mum, and then a Nana to my five beautiful grandchildren whom I adore. My career highlights are numerous, from qualifying as a nurse to achieving my Master's in Advanced Clinical Practice with lots in between. Other highlights include caring for patients who are often at their most vulnerable and supporting them through their own journeys and the medical team, whom I have seen grow from junior medics to very senior roles. I am often referred to within the department as 'Mummy Jayne' as I like to see them flourish and grow!

2. Why did you become a Thoracic ACP?

Whilst working as a Thoracic Nurse Specialist (TNS), I noticed there was a gap for a Non-Medical Prescriber (NMP) within the clinical team. Therefore, after a discussion with the Head of Service, I began my NMP course. I continued to be a full-time TNS with day release for the University days. Concurrently, UHL was formalising a pathway with the local university for a Master's degree (MSc) in Advanced Clinical Practice, of which I was fortunate to enrol and then subsequently qualify, becoming the first ACP in Thoracic Surgery at UHL. Working as a Thoracic ANP provides an opportunity to care for patients who have long-term chronic lung conditions and lung cancer. It is a very satisfying job and enhances the continuity of care provided to these physically and mentally vulnerable patients. I love my job because it helps me to develop the future generation of junior ANPs, train junior doctors, and practice evidence-based care for thoracic patients. This collaborative training approach to the development of ACPs and ACPs beyond 'expert' level offers a career pathway that reflects the advanced level skills practised by ACPs.



## VIRTUAL INTERVIEW BY PROF BHUVANESHWARI KRISHNAMOORTHY.

### 3. What is the history of Thoracic ACP in CT surgery?

The foundations of advanced clinical practice in Britain lay in the late 1960s and 1970s. The ACP programme started growing dramatically during the 1990s due to the growing pressure faced by the National Health Service to meet the demands of society. Currently, the ACP programme acts with the four pillars of Health Education England's advanced practice model - Clinical, Leadership, Education and Research - which provides the foundation for advanced-level practice. Until 2016, there had never been a Thoracic ACP at UHL, although the role of ACPs in other areas across the country had begun to evolve and gain impetus. ACPs appeared to plug the gaps left by the changing guidelines for doctors, to ensure safe and effective care was provided for the patients. Within the thoracic service at UHL, it was felt that the ACP would be the constant in an ever-changing workforce as the doctors rotated

### 4. What are the key moments that got you to where you are now?

I have now worked in thoracics at UHL for twenty years in various guises from staff nurse (band 5) to being a sister on the ward, a Thoracic Nurse Specialist and now ACP. I have always been keen to learn new skills and competences and luckily, I have always had a supportive team around me to encourage and help me achieve, so I have been extremely fortunate. The team that I work with are great, and I feel truly blessed to not only call them my work family but also my friends. I cannot pinpoint one key moment that propelled my career, as I feel that it is a catalogue of key moments that has allowed me to become what I am today. For example, I think one of the key moments which I found most humbling was when I saw a patient at a social gathering, where neither of us knew that the other would be there. When they saw me, they insisted that I met all their family and friends, stating that I had been such a support and made such a difference to their in-hospital stay

### 5. A day in the life of a thoracic ACP...

My role is extremely busy and varied. I can be on the ward doing ward rounds, reviewing patients, phlebotomy, cannulation, clerking, prescribing, discharge summaries and so forth, in addition to performing some procedures within my realm of competences. Or I could be in clinic reviewing/examining patients, ordering investigations, and dictating patient letters. In addition, I continue to teach the junior medical team, the nursing team and, of course, the patients in all aspects pertaining to thoracic surgery.

## VIRTUAL INTERVIEW BY PROF BHUVANESHWARI KRISHNAMOORTHY.

6. What challenges have you faced? How did you overcome them?

I think one of the biggest challenges is how busy the department is! However, I have been able to co-design the Thoracic Admission booklet, which is now standard practice within our unit. This is used to clerk the patients on admission, recording their past medical history, allergies, medications, and investigations, and create a reference that is used by the medical staff, avoiding delays in treatment for the patients. I have also structured how we record our blood results, review of chest x-rays, and consultant ward rounds. These are recorded on different coloured stickers and are placed within the medical notes, which hopefully makes it easier for the multidisciplinary team to see.

7. How do you interface with trainees and surgical trainees?

On a daily basis, I work with the trainees and help them in any way I can! From offering advice and guidance about the day-to-day running of the department to supporting them with the surgical skills required in the department such as suturing. I also feel that as well as being a colleague, I am a friend, that if they have any worries or concerns (personal or professional), they can talk to me. It is vital to speak up and raise concerns pertaining to work. Being a mother figure for my colleagues allows them to consult me confidentially and take advice when they need someone to share their problems. Mental health wellbeing is important for all of us in this busy digital world. It is paramount that we support each other even though we are just work colleagues.

8. What are the other interests do you have apart from ACP job?

In addition to my ANP role I am also a Nana to five beautiful grandchildren who keep me very busy on my toes. I also like to go away on nice holidays with my husband and go out for lovely meals and socialise with friends (which is not really good for my waistline), but it brings togetherness and strong bonding I also love to knit for the grandchildren as I find this so relaxing, which I feel is an integral part of one's own well-being.

9. What advice/top tips would you like to give it to current junior ACPs and those considering it?

I have had a varied career in thoracic surgery at Glenfield and have enjoyed the majority, which keeps me going back each shift! My advice to anyone going into nursing is to find a speciality you love and encompass all the opportunities that come your way. I could never imagine becoming an ACP in thoracic surgery and I am so proud that I have achieved this! The blood, sweat and tears that you put into the course are worth it once completed, although you cannot see that at the time. Having a good supportive mentor and team around you will help you complete your goal. I think the one thing I quickly realised is that the team also want you to succeed and will always help when asked!

## VIRTUAL INTERVIEW

### BY PROF BHUVANESHWARI KRISHNAMOORTHY.

10. What has made you laugh?

There have been so many things over my time in thoracics at UHL from laughing with my colleagues often over the silliest things that would not be even funny to anyone else but at that moment in time were hilarious.

11. What has made you cry?

I have cried more tears of joy throughout my career than tears of sadness. However, we all have certain patients (and their significant others) that, despite all interventions, still pass away, bringing a tear to the eye of the most experienced medical staff. I also went through the Kubler-Ross stages of grief with my dissertation for my MSc, as that was tough at times, and when getting my feedback from my university lecturer often brought me to tears with frustration

12. How do you maintain a good work-life balance? Any advice for your juniors?

I do think it is important to have interests and friends outside of work as I feel this enhances you as a person to achieve your optimum potential. However, as a work family, we have had some great work nights out, conferences and courses, which also help cement the friendships you make at work. When you are working with people you like, the toughest and busiest days seem easier.

13. If there was one thing you know now that you wish you knew at the start of the journey, what would it be?

That when you have a supportive team around you, you can achieve your goals with lots of hard work and dedication. When things get tough, just remember others have been there, and all have their own stories to tell, but as a junior member of the team, you are not always aware of their trials and tribulations. **YOU CAN DO IT!**



## CHRISTMAS AT ROYAL PAPWORTH HOSPITAL A FEW THOUGHTS FROM A CONSULTANT SURGEON

— AMAN S COONAR, CONSULTANT THORACIC SURGEON



“SO THIS IS CHRISTMAS  
AND WHAT HAVE YOU DONE?  
ANOTHER YEAR OVER  
AND A NEW ONE JUST BEGUN..”

*In 1971, John Lennon and Yoko Ono released Happy Xmas (War Is Over) as both a Christmas song and a peace song protesting the Vietnam War.*

*Fifty-three years on, this cheery song and other carols play in my mind while I go about my work.*

*Christmas in hospitals and at Royal Papworth Hospital is a time of reflection, rest, connection, and celebration. The festive season is marked by cherished traditions rooted in common humanity that unite patients, staff, and communities in a shared spirit of hope: twinkling lights brightening the darkness. This spirit is reflected in core NHS/healthcare values, including respect, dignity, compassion, and care by all for all, to improve lives.*

*Central to my hospital’s Christmas celebrations are the carol concerts, held both within its walls and often at the magnificent Ely Cathedral. The hospital’s more casual services bring comfort and warmth to staff and patients, while the Ely Cathedral concert gathers the wider community in a spectacular celebration of the Christmas spirit that is intimate, joyous, and inspiring. These events underscore the importance of gratitude and collective support and emphasise the NHS value of “working together for patients,” as music and shared traditions uplift spirits and foster connections.*







*The story of the Nativity provides the meaningful backdrop to these celebrations. At its heart, this tale of a family in poverty given the gift of a child, is about love, resilience, compassion, and hope in the face of hardship. Leaders sensed a turning point. Mary and Joseph's journey to Bethlehem, their search for shelter, and the birth of baby Jesus in a humble place resonate deeply. For patients facing health challenges and staff resiliently working to provide care, the Nativity serves as a reminder of the strength and light that can shine even in the most difficult circumstances.*

*At Royal Papworth Hospital, a blend of values and technology inform our culture and guide the way we function. We try to ensure that compassion and humanity underpin every aspect of care, and that patients feel supported both emotionally and physically. Simultaneously, advanced medical technology, wisdom, expertise, and surgical prowess play their critical roles in delivering transformative treatments. By continuously striving to find harmony between human values and cutting-edge innovation, we work to deliver the best outcomes for patients whilst respecting their dignity and individual needs.*

*For staff, this culture extends beyond clinical excellence. Hospitals rely on the energy and commitment of all people, including non-clinical and non-NHS workers. Many will work through the holidays to provide care and facilities, but time to recover is recognised as vital for well-being and productivity. By fostering a supportive environment that values rest, rejuvenation, and resilience, the hospital ensures that our team can continue to provide compassionate care, a cornerstone of NHS principles. As leaders in healthcare, we have a responsibility to model and enable this.*





*Christmas carries the weight of global events, such as the ongoing war, the climate crisis and turmoil elsewhere. This serves as a sobering reminder of the fragility of peace, our planet's welfare, and the shared need for understanding, compassion, and gentleness across communities and borders. The hospital's celebration of Christmas reflects universal themes of love and unity that transcend faith and culture. Just as the Nativity inspires hope, so too do the diverse traditions of other faiths—whether the light of Hanukkah, the gratitude of Eid, or the joy of Diwali—reminding us of our common humanity.*

*In blending tradition, values, and cutting-edge technology with its mission of care, we at Royal Papworth and other hospitals have a culture that lets us enjoy the meaning of Christmas. It is a time of generosity, resilience, and connection. At the darkest time of year, it serves as a beacon of hope and a celebration of shared humanity for all who pass through our doors.*

*“And so this is Christmas, and what have we done?”*

*Wishing you a Merry Christmas and a peaceful New Year.*

A VERY MERRY CHRISTMAS  
AND A HAPPY NEW YEAR  
LET'S HOPE IT'S A GOOD ONE  
WITHOUT ANY FEAR “

LENNON & ONO, HAPPY XMAS (WAR IS OVER) 1971

