Letter from Glasgow

SAM GALBRAITH: NEUROSURGEON, POLITICIAN AND LUNG TRANSPLANT RECIPIENT

Twice I have talked about the death of someone close to me in my Letter from Glasgow.1,2 I make no apologies for doing so a third time for Samuel (‘Sam’) Laird Galbraith who died recently and to whom I had alluded to in an earlier Letter.3 Sam4,6 was one of those rare beasts among British and Scottish politicians—someone who made his name in the real world and then entered politics. He was also one of the longest surviving single lung transplant recipients in the world, having received his lung in the Freeman Hospital in Newcastle, England in 1990 when lung fibrosis had severely disabled him and when he was, literally, days from death.

I’m not writing an obituary and I have referenced obituaries above for readers to peruse. As a neurosurgeon Sam was, medically speaking, at the top of the tree in terms of status. In fact, you could say at the opposite end of public health—I can safely say that no one works as a public health doctor for status! After a brilliant undergraduate career he had an equally stellar postgraduate one. Sam, at 32 years of age, became the youngest neurosurgeon at the Institute of Neurological Sciences in the Southern General Hospital in Glasgow, where the Glasgow Coma Scale was devised by Graham Teasdale and Bryan Jennett.

However, Sam had an intense interest in public health so what I do want to do is reflect on the public health aspects that Sam’s life threw up—some serious and some not so serious but I’m certain he would approve of them all. Sam had a wicked sense of humour—so being a public health doctor I was always described as the doctor responsible for ensuring there were no ‘bed pan crises’ or problems with the drains in our hospitals. But it was always a pleasure to share a cup of tea or, occasionally, a malt whisky with him and talk about medicine, evidence-based health care, health policy and much more.

The first aspect of Sam’s life that strikes me was his love of physical activity. As a boy scout he loved going camping, at Glasgow University he was a keen sportsman playing football, rowing and mountaineering. In fact, the first indication of his lung problem manifested itself when he had difficulty breathing while mountaineering near Manali, India in 1986. After recovering from his lung transplant he went walking (and cast wistful looks at the park and his Braehead shopping centre step regime that kept him active. He also became a mushroom hunter and a keen amateur mycologist, giving free tutorials to anyone who would listen on our golf trips to Ross Priory Golf Course. Sam reminded me that physical activity is good for the body and the mind and an important aspect of public health.

Public health is about looking at the evidence, and about discussing and debating that in a critical but accessible way. Sam did that from his university days onwards at the Aragon pub, on Glasgow’s Byres Road and close to Glasgow University and the Western Infirmary. It became an infamous meeting place for his friends to talk about medicine, surgery, public health, politics, economics, religion, philosophy and other assorted topics. You could almost say that the Aragon was an alternative ‘Glasgow University of life’ to develop broader perspectives. Trained in neurosurgery and academic medicine, and honed by the discussions in the Aragon, Sam had a razor-sharp intellect and woe betide anyone—politician, journalist or discussion companion—who had not marshalled their argument when talking to him.

As a neurosurgeon he was famous for not standing on ceremony nor abusing his status. He regarded everyone in the surgical team as important to achieving the best possible outcome for the patient. And he was regarded by patients as a doctor who spoke their language and took on board the views of patients and their relatives and carers. This underlines another facet of public health—change does not necessarily happen because of one individual (although individual contributions are important) but rather collective action produces a synergy which exceeds the sum of the individual parts.

As a patient Sam had first-hand experience of the National Health Service (NHS) at all levels in Scotland and England—quaternary and tertiary care in the Freeman Hospital transplant centre, secondary care in his local hospitals in Glasgow at the Western Infirmary and Gartnavel General, and primary care provided by his general practitioner and the primary care team. Being a patient made him realize just how much doctors put patients through—and that, at times, we over-investigate and over-treat. Having the experience as a doctor reinforced his commitment to patients and health staff in ensuring everything that we do in the NHS should focus on improving the outcomes of patients. It also reinforced his philosophy that as a politician, just as you do as a doctor, you should ‘always do the right thing not what you think is popular’. He was instinctively wary of any group of patients, doctors, nurses or pressure group who shouted the loudest to get attention and resources. For him it was about the evidence, i.e. what the advantages and disadvantages of a particular action were, and what the best course of action was.

Sam was also interested in the wider determinants of health and health inequalities. He thought himself lucky to be able to escape the working class environment of Greenock to go to Glasgow University but he recognized that many equally talented children did not get a chance to develop their full potential. This was a recurring theme in his life—of helping others in a way that dealing with individual patients cannot do. He was fiercely protective of an NHS which is based on people’s needs not whether they could pay for the treatment. It was no surprise that he was active politically in the Medical Practitioners Union and became its president. This paved the way for him to become a Labour MP in the UK Parliament in 1987. He sat on the opposition benches as, among other things, employment spokesperson recognizing the importance of good employment in ensuring good health among people. In 1997, he became a Minister for Health in Scotland which he used to improve health services and public health. Many credited him with making the links between poverty and ill-health and health inequalities politically acceptable to discuss after the years of aversion to this topic by the Conservative Party.

Finally, and not related to public health, Sam was very fond of India. In addition to having climbed there, our families spent three wonderful weeks on holiday in 2004 in India. We went to Delhi, Agra and Jaipur exploring the ‘Golden Triangle’. Our children
may have been bored with visiting ‘yet another Mughal fort’ but Sam loved it. That included the two days we spent on a train travelling from Delhi to Thiruvananthapuram to visit Kerala. His love of India lives on through his wife and three adult daughters who are more than partial to Indian food, frequently visiting the famous Balbir’s restaurant in Glasgow. Ironically, it is only a stone’s throw from the Aragon pub which was so central to Sam as a medical student and as a surgeon.

REFERENCES

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