

## Interview with Professor Richard D Griffiths



**Richard D Griffiths BSc, MD, FRCP, FHEA**

Prof Griffiths is a Professor of Medicine (Intensive Care), Dept of Musculoskeletal Biology, Institute of Ageing & Chronic Disease, Faculty of Health & Life Sciences University of Liverpool, and Honorary Consultant Physician in Intensive Care Medicine, Whiston Hospital, UK.

He obtained a BSc in Physiology during undergraduate training in medicine (MBBS) at University College London during the '70s. During the early '80s in London obtained a research MD studying muscle energetics in the early days of human Magnetic Resonance Spectroscopy. Became a consultant in adult Intensive Care Medicine in 1985 following a move to Liverpool in 1984 and continued research interests in muscle and expanded these into nutrition (glutamine) and the critically ill. Since then has been a pioneer of the rehabilitation of the post-ICU patient. He extensively involved over the last two decades in undergraduate curriculum reform and as the Director of the Final Year has pioneered a fully portfolio based professional learning programme.

### How long have you been working in your speciality?

I have been a consultant intensive care physician for more than 25 years.

### Which aspect of your work do you find most satisfying?

To be able to improve patient care through clinical research and the training of medical students.

### What achievements are you most proud of in your medical career?

Raising the awareness of the physical, psychological and cognitive challenges ICU patients and relatives face during recovery and contributing to the evidence base guiding rehabilitation. Clinical nutrition research on glutamine and identifying the need to use six month mortality outcomes in the critically ill. Creating a final year of undergraduate medical training that fosters professionalism and critical self awareness based upon a clinical portfolio and appraisal process that produces graduates fit for practice.

### Which part of your job do you enjoy the least?

Very little, but perhaps the ever increasing bureaucracy of regulation in practice and research.

### What are your views about the current status of medical training in your country and what do you think needs to change?

In the UK most medical schools have radically reformed their curriculum to meet the needs of modern medicine and life-long learning. In Liverpool our students are recognized to be well prepared with the skills to ensure patient safety and start foundation training following a course commended by clinicians, hospitals, examiners and GMC alike. Post-graduate changes have paralleled these developments and while the training structures and closer observations are to be commended the restrictions on working time remains a concern for the acquisition of real "shop floor" experience. Our trainees simply don't get enough "flying hours" as in the past.

### How would you encourage more medical students into entering your speciality?

Intensive care medicine is popular. The problem for students is to understand how to get there. The new Faculty of Intensive Care medicine, that has just started, brings an independent speciality out from under the umbrella of its various parent specialities and hopefully will provide the focus to make the career pathway clearer in the future.

**What qualities do you think a good trainee should possess?**

All those attributes that the GMC expect of a practitioner! In particular I like to see enthusiasm, self awareness and measured confidence, an enquiring and questioning mind and a degree of professional flexibility mixed with the ability to ask for help and advice. I need to trust them just as their patients need to as well.

**What is the most important advice you could offer to a new trainee?**

Stay calm, be professional and follow the basic principles of good medical practice doing the simple things well, and don't be afraid to ask for help.

**What qualities do you think a good trainer should possess?**

Maintain professionalism and be a role model at all times with the ability to listen, support and recognize the strengths as well as being firm with those things that need developing.

**Do you think doctors are over-regulated compared with other professions?**

No, while regulation does not itself prevent bad medicine it does prevent it being ignored.

**Is there any aspect of current health policies in your country that are de-professionalising doctors? If yes what should be done to counter this trend?**

De-professionalising only occurs when doctors avoid taking leadership roles. I think this was a fear in the recent past but in the last 10 years in the UK there has been a strong drive to redefine professionalism and the role of the doctor for the 21<sup>st</sup> century and it is central now to modern undergraduate and post graduate training with the importance of Consultants and GPs taking leadership roles in planning health care delivery.

**Which scientific paper/publication has influenced you the most?**

Huxley AF 1957 "A theory of muscular contraction" Prog. In Biophys. And Biophys. Chem; 7:255.

Professor Sir Andrew Huxley was awarded the Nobel prize in medicine in 1963 with AL Hodgkin for nerve conduction but my personal memory is in muscle physiology (as one of my tutors) for his work on the theory of muscle contraction and the role of cross bridges. His clarity of thought was demonstrated in his ability to always ask the question everyone else wished they had asked! He was a kind and gentle teacher that gave time even for a simple medical student.

**What single area of medical research in your speciality should be given priority?**

The brain is the forgotten organ in multiple organ failure. We now recognize that acute brain dysfunction is a serious problem but we know little about its pathology, how to prevent it or recover from it.

**What is the most challenging area in your speciality that needs further development?**

There has been a rush towards ill conceived large scale pragmatic clinical effectiveness studies of various therapies few of which have shown much to change practice. Rather there is a need for more detailed scientific research to better define efficacy of therapies by exploring the pathological processes and the genetic and environmental influences of common disorders that result in multiple organ failure.

**Which changes would substantially improve the quality of healthcare in your country?**

Addressing the challenge of an ageing population and in particular the community medical and non-medical support of the aged infirm so that modern medicine does not grind to a halt.

**Do you think doctors can make a valuable contribution to healthcare management? If so how?**

By showing leadership and making the changes happen and not leaving it to others perhaps less informed to direct change.

**How has the political environment affected your work?**

I have tried to ignore it as much as possible. Politics is a business best left to politicians while the rest of the world gets on with life.

**What are your interests outside of work?**

I treasure my family, a marriage of 28 years, with two undergraduates in medicine and one in architecture and doing all the jobs they ask of a father. When not escaping to the south of France or walking I become a generalist handyman so it can be a gardener, electrician, plumber, decorator, carpenter, car mechanic.....and the Sunday Roast!

**If you were not a doctor, what would you do?**

With the exception of playing a musical instrument anything that combines academia, teaching and its practical application, but with preference in the natural world.