

# SHEILIA

**Professor Paul Thomas**  
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She walked into my consulting room and sat down, composed and calm. She spoke first: “I’ve decided you’re going to be my doctor”. It wasn’t a question.

“How can I help?” I said.

“It’s all in the notes” she said, gesturing to the unopened ‘Lloyd George envelope’ in front of me – a slim, buff coloured packet, designed to fit in a jacket pocket. I had just taken it out of the wooden box in which about twenty other sets of notes remained, indicating that I was about half way through the morning’s surgery.

I read: ‘Abnormal cervical smear, falsely reported as normal’. ‘Disseminated cancer, unresponsive to treatment’. ‘Months to live’. ‘For palliative care’. This handsome, thirty year old woman was asking me to supervise her death. The year was 1986. I was in Toxteth, inner city Liverpool. I was even later than usual finishing my morning surgery.

That was how I met Sheila. And through her I met her extensive network of friends, who became my friends as we worked together to support her dignified exit, eighteen months later.

A dignified exit! What a pompous and misleading term. What is dignified about constant pain that even the strongest treatments cannot remove? What is dignified about becoming unable to walk? Or speak? Unable to do so many things that previously were so easy?

The thing is that Sheila truly was dignified. But this wretched disease did everything it could to take away that dignity. One by one we each felt the strain of daily exposure to her suffering. Team-working saved us. Our medical team included district nurses, MacMillan nurses, practice nurses, a pain consultant, and a pharmacist who personally dropped off medications in her first floor flat. We made a rota and supported each other by telephone. A small army of carers did the same. Whoever was available met up on Fridays nights in a pub, telling jokes and reminiscing about the days when Sheila was a powerful force with her sharp wit, strength of mind - and strength of arm!

We planned together. The housing manager was surprised one day to see a delegation, including myself, demanding that an intercom (that had initially been refused) was installed, for Sheila to unlock the door for visitors. The intercom was installed the next day.

The local hospice was very important in the final days, when our impotence to make a difference brought everyone low. We discussed assisted suicide - the ethics and the practicalities. Thankfully, in the end nature did the job. Sheila looked so peaceful in death. I hadn’t seen that look on her face for over a year.

Her wake was fantastic. We took over a favoured pub. We danced to music chosen by Sheila. Food was abundant. We laughed as we celebrated her life. Two people gatecrashed. When leaving a couple of hours later they asked if, before they left, they could ‘thank the bride and groom for such a good party’. The story

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spread fast and fuelled the celebration. It was a sign, we all agreed, that we had done a good job. We had snatching good from the jaws of bad. Sheila would have approved.

Sheila, I want you to know how much I learned from you. I learned that to be a healer a GP must go beyond the administration of medical science, and that health is possible even in very unhealthy situations. By being sensitive and responsive to what patients and carers say (in their words and also in their eyes) a GP can improve the health of a whole situation, and also help others to do the same. This approach does not take away the fact of disease, but it helps people not to be cowed by it. It helps to retain vitality and hope. I also learned that this aspect of my role is harder than the so called 'hard' science of medicine. But equally important.

I also learned that team-working is essential when dealing with complex human problems. Without it individuals can crumble, new ways to do things may not be considered, mistakes can go un-noticed, triumphs are not celebrated. The harder the situation, the more important good team-working becomes.

Sheila, I still see some of your friends – I mean our friends. We meet and chat about what we are doing, and the way the world is changing. We don't mention you by name, but we all know that each of us is thinking about you.

There are new healthcare structures now - practice based commissioning, polyclinics, autonomous provider units, Primary Care Trusts. At present they seem to be rather weak at helping GPs and nurses and carers to work well together. But there is a chance that this might change - if enough people come to realise that trusted relationships are at the heart of quality care.

I want to thank you, Sheila, for walking into my consulting room that day. Knowing you has made me a better doctor, and a better person. I will never forget you.

My thanks to Chae, Billy, Julie and Jude.