

The Best in the buisness

Medical Student were extremely fortunate to steal a little time from the impossibly busy schedule of the UK's most senior hepatologist and physician. Professor Roger Williams CBE has commanded much media attention recently as George Best's physician.



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THE Institute of Hepatology stands unprepossessingly in a secluded corner of Chenies Mews in Bloomsbury. Cobble and laboratory-laden, the small lane near University College Hospital (UCH) is a miniature academic village, historical by appearance and achievement. The Institute's large and very shiny sign is all that distinguishes it from the modern houses that terrace the entrance to Torrington Place.

At its head is Professor Roger Williams CBE, behind a large wooden desk. High profile in medical circles since he oversaw the first liver transplantation in 1968, Professor Williams's treatment of George Best, since 2000, has secured him a place in the public consciousness.

With a commanding intonation to complement a paragraph's-worth of honours and qualifications, Professor Williams discussed the inception of his prodigious career at the London Hospital Medical School "as part of a class of 60 or 70 people". While lamenting the demise of the intimate, hands-on education after the war but underlining the importance of "scientific development", he does not consider that the fundamental approach to patients has changed.

A good doctor "must have two things, "a real fundamental interest in science in

order to adapt to new techniques and progress", but also a "basic empathy, a desire to help people". "One is very privileged as a doctor to share in people's lives. Very privileged. But it is more than that. I firmly believe that you get more out of life if you are involved in life, in lives."

But it is the Second World War that he credits for his curiosity in liver disease: "I got interested in liver disease while I was doing national service in the army [as a medical specialist] posted at Millbank" where soldiers were brought back from all over the world with various tropical pathologies of the liver. After the war, hepatology became "something of a Cinderella of medical specialties": a modern, untrodden area of medicine where he could make an immediate impact.

A pursuit of success and understanding seems to have always driven Professor Williams: "I always wanted to be an expert in my field. I never wanted to have to ask anybody else to help me...and I wanted to have a research institute working in my area of clinical relevance". Without any obvious role model, the Professor "made [his] own model".

His curriculum vitae does not disagree. Amid a mob of demands on his time, Professor Williams described his chief responsibilities as director of the Institute of Hepatology (since 1996), his private practice at the Cromwell hospital, and international

director of the International Office of the Royal College of Physicians: "quite a bit of work". He describes his work ethic as "entrepreneurial" and confesses that his pleasure in "argument and debate" almost leads to a degree in law, "but I am very happy in medicine and wouldn't want to have changed it in any way".

In a career remarkable by even a football legend's standards, Professor Williams considers the most important advance "was probably my involvement in the introduction of the transplantation of the liver...an advance which has given a second life to people who otherwise would have died." By coincidence it is the year of Best's most famous achievement also: Manchester United's European Cup final victory at Wembley.

But Professor Williams has always "fought against government and ministers" over appropriate legislation to replace the NHS Organ Donor Register. Currently, unless the desire to donate is registered or officially documented, permission for donation falls to the relatives, or even friends, of the deceased or brain-dead organ donors. "It is awful to have to ask relatives for permission [on behalf of the deceased potential organ donor], when they are in a grieving state, when they may not know the person terribly well, when they may not have been informed of the person's wishes".

Due to be implement-

ed in 2006, the Human Tissues Act (a Scottish version became law last month) will not go far enough, believes Professor Williams, to meeting the deficit of 5,000 organs each year. He favours the opt-out, "presumed consent" policy, that exists in certain European countries, where the whole population are donors until they explicitly register a refusal to donate. This seems sensible in a country where less than 25% of organs donated come from registered donors. Professor Williams has indicated his own wishes for donation to his family.

Regarding the ethics of liver transplantation, Professor Williams maintains a staunchly empirical approach. Professor Williams is not cur, but this is clearly territory well-travelled. In the instance of alcoholic liver disease, fulfilment of the transplant compliance criteria (i.e. 6 months of alcohol abstinence prior to surgery), and satisfaction of the doctor and surgeon's clinical judgement, is a sufficient barrier to corruption of the register. Personally, he has never felt that he has "not come to the right decision with any individual patient".

In a "busy clinic" in 2000, it transpires that Professor Williams, raised on the south coast with a passion for sailing, "did not immediately register the background" of George Best when he met him for the first time. Over the course of his treatment, the Professor came to respect "very nice man, a straightforward man... in many ways a very super patient" despite the frustrations of caring for a lifelong addict. Professor Williams talks fondly and without weariness about his abiding memory of his most famous patient: "I will never forget the final event, as it were, the ceremony at Stormont last Saturday".

Nonetheless he is convinced that Best's, very public and protracted, battle with liver disease and alcoholism has improved "awareness of alcohol and its harm to people". He is concerned about alcohol consumption in the UK. Although UK alcohol consumption (11 litres pure alcohol per year) is below the European average (11.5 litres), consumption of alcoholic drinks across the EU has declined since 1980, while in the UK it has steadily risen. "Now you see young people drunk in the street, which you never saw before, binge drinking is incredibly harmful".



It is important to remember that 40% of A&E admissions are alcohol-related.

Professor Williams retains the zeal for reform. He believes that if spending on alcohol awareness programmes, such as education, proper and graphic labelling, and specialist clinics, can match that afforded to smoking prevention (nearly £300 million each year compared to alcohol's £100 million), then the problem "may be worrying, but preventable".

He is a confirmed sceptic of the new licensing laws: "I can't imagine that if a person is in a pub and they can stay there until 2 or 3 in the morning, that they won't continue drinking at the same rate until 11 O'Clock." Merely an extension of licensed hours (60,326 establishments have acquired these, despite only 1,121 opening for the full 24 hours) will prove dangerous. As far as his own alcohol consumption is concerned: "as a liver doctor it worries me that people should see me publicly taking alcohol, so I really avoid it, but I'll enjoy a private glass". With this allusion to relaxation, the conversation turns to the future. Retirement? Never. The future of the NHS first. He anticipates that the NHS will emerge from Labour policy "totally different". The providers' side has been opened up [with] the introduction of private sector and a multiplicity

of providers". Is this competition healthy? Professor Williams expects "a social insurance scheme" in the none-too-distant future that "will remove health care provision from direct intervention by politicians...super people, but not managers of organisations."

He considers that poor accountability for bureaucratic excess is the main failing of the modern NHS. While the EU's Working Time Directive (a pan-European 48 hour maximum working week) is another contention; taking the example that accrual of surgical experience requires more flexible hours.

Professor Williams has too many fingers in too many progressive and enlightened pies to warrant the label of 'old school', even at 74. But it is certain traditional values, his considerate language and manner, his eclectic interests, and his absolute command of his subject that, along with his conspicuous physical presence, a lithe 6 foot plus, set him apart from other celebrity doctors. It is very easy to be cynical about vested interests and publicity, but Professor Williams is a patient's doctor first and foremost: "it would be a hopeless situation otherwise."

Professor Williams looks nowhere else for medical student news

