

# Scoring the health Service

Medical Student speaks to Radio Three's Tom Service about being "the melanoma in bed four" and life after cancer



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BEST known as the face (well, voice) of Radio Three's Music Matters, Tom Service's broadcasting career commenced on Radio Three's on Hear and Now back in 2001. His encyclopaedic knowledge of classical, world and jazz music has led to his recent selection as the *Guardian's* classical music critic, whilst also contributing to *BBC Music Magazine*, *Opera*, and *Tempo*.

I first met Tom in a Clapham wine bar, whilst attending a friend's birthday drinks. Complaining about the sweat pit status of our surroundings, Tom informed me that he couldn't perspire from his left armpit as a result of post-axillary clearance after malignant melanoma. My interest was piqued, and he soon kindly agreed to be interviewed for *MS*.

**Tell us about the events leading up to your diagnosis.** Around November last year, I spotted that one of my moles looked unusually dark. I consulted my GP and had it removed the following week.

When the biopsy result arrived, the GP's mood had changed; he seemed more serious, so I became suspicious. I thought back to the stream of

doctors I saw at the hospital. Everyone seemed uncommunicative. I asked a nurse if she thought it was malignant and she told me to 'cross that bridge when I came to it'.

There was a two week wait until the final diagnosis, where the histology showed a 5.6mm malignant melanoma. I learnt this when I first met my consultant.

**The first person you spoke to post-diagnosis was your brother. Did you feel a need to tell people?**

Yes, I definitely needed to tell people - I knew I'd need a lot of support from family and friends.

**What was your prognosis?**

I first saw the statistics included on my staging letter: Clark's IV Nodular with a 59% five year survival.

I think I'd have preferred 'we know nothing about this disease and how it will be for you - so think positively and be happy'.

I believe you should live for the moment - statistics are meaningless as they don't apply to your experience per se.

**What treatment did you have? Sorry, we're geeky.**

I had a left sentinel node biopsy under general anaesthetic, then an axillary clearance two weeks later.

**What are your memories of those involved in your care?**

My first meeting was with a consultant, and he showed me pictures of the operation and its aftermath. He did everything right - in fact I went on to develop a very close relationship with him.

The most important person for me was the Macmillan Nurse. The NHS is so target-driven and the nurses are not. They're not talking to you about cancer - they just care.

**The odds of getting cancer estimated at one in three. Do you think you're unlucky?**

I think I'm unlucky in so much as I'm young, I never really had many moles, or a penchant for the sun, or indeed, a family history of melanoma.

**How do you feel in retrospect?**

A funny thing I remember about being an inpatient was one ward round, with the consultant and registrar standing at the end of the bed. I heard them talking about 'the melanoma in bed four'. I knew not to trust the consultant when I saw him drew the curtains, peer at me, and looked back at the notes.

The consultant asked how thick the melanoma was. I replied '5.6 millimetres', and he looked at me, looked back at the

notes, and carried on as if nothing had happened. I thought "You f\*\*\*\*, if you can't even be bothered to look at my notes, what the hell is the point in you being here? You're in a position of some authority. What possible good does it do you not to talk to me - I know about me."

It didn't help me and made me feel like a brown case folder.

**Did it make you consider areas for development in your own life?**

In terms of the effect the 'cancer experience' had on me, I used the experience generally to take control of my life, and find out who I am. I've made lots of changes in the last year or so - I'm now working less. I had three months off at the time of the axillary clearance. I no longer work evenings.

**You're now a year post-diagnosis. Do you feel you're over the worst?**

I have a check-up every few months. In terms of the cancer, I'm cured.

**Any advice for us as future health professionals?**

Yes - treat patients as people.

**Catch Tom Service chatting on Music Matters on Sundays, 5.15pm, BBC Radio Three.**

## Shake, rattle and roll

It's hard to know who loathes the medics' tremor more: the medic themselves, or the patient about to get a cannula straight through their hand...



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HAVE you ever tried to convince some poor soul to surrender their veins to you, only to observe their confidence in you rapidly diminish as they observe your hands shaking? Let's face it, those swab and needle packets are buggers to open, you usually forget something (often the tourniquet after you've finished, still wrapped tight around the arm), and the tactile loss in wearing gloves makes everything slightly more clumsy.

What is more, the tremor has an almost daily variation, dependent on such factors as

hangovers, coffee consumption and how closely the patient is watching you.

Having shaky hands usually predisposes to bouts of hot flushing, perspiration and general nervousness that make even the most simple of clinical tasks seem daunting. You go away and practice venepuncture on the plastic arm in the skills lab, delicately inserting the needle into the cavity created by everyone else having a go, and then, returning to the ward with confidence, you get sent to bleed The Incredible Old Woman With The World's Smallest Veins.

Such tremors reach a peak in the first experience of clinical

finals, usually in the suturing station. Clammy hands make it impossible to get the gloves on, remaining sterile is a joke as the tremor evolves and oscillations increase in amplitude. Somehow, you manage a ragged stitch and scrape through.

Afterwards, things seem to improve once you become a proper medical student and use a needle and syringe rather than those fannish butterflies; that is, until you get the inevitable needlestick from the homeless man you arrogantly thought it would be a good idea to bleed. After that, you just bribe the nurses and leave trails of treats for the phlebs. Phew.

*What can't you do with a tremor?*

- Look competent
- Impress your colleagues
- Put gloves on
- Open packaging
- Hit a vein
- Hit an artery
- Make an incision (well, a straight one)
- Tie knots
- Write on blood bottles

*How can you reduce your tremor and its effects?*

- Prepare all your equipment beforehand
- Avoid caffeine
- Avoid hangovers
- Close the cubicle curtains
- Distract the patient
- Get more sleep!



This hurts me more than it'll hurt you