

GMC Apology



My story – Dr Eliza

I qualified as a doctor during the 1990's. Section 28, in England, was still thriving, which meant that a generation of us had been deprived of the chance to see people like us in books, leaflets, and films at school. Teachers weren't allowed to teach about same-sex couples. Ergo, they didn't exist. Obviously, this was pre-internet. I don't think I had even heard the term bisexual uttered aloud until I was into my mid-twenties. 'Tranny' was a pejorative term for a transvestite. There was no spectrum. People were either heterosexual, or (my mum's expression), a 'bit peculiar', a 'confirmed bachelor', or 'not the marrying kind'.

No one in my ordinary, conservative village, at my school, nor at my sixth form college was anything other than cis-het as far as I knew. We had a punk living in the street next to ours, with his hair spiked an awesome pink, lots of leather and studs, and a chain of safety pins hanging from his nose. I think being an out and gay man would have been much braver. And lesbians? What were they? When our neighbour divorced her abusive husband and 'ran off' with her female best friend; not once did I hear they were anything other than good friends. We were a generation whose only references were effeminate male comedy characters from our 80s childhood, such as John Inman (*Are You Being Served*), Boy George (my first confused pansexual crush), Freddie Mercury, and latterly, George Michael and Julian Clary (my second unconfused pansexual crush). Even Elton John was married to a woman!

The first thing to say is that in my year during my time at med school, no one identified as LGBTQ. Out of 120 students. At our twenty-year reunion, however, the number of non-cis-hets had diminished somewhat. For instance, the statuesque and very cool blonde girl who all the boys fancied but never got anywhere near (thus labelled frigid) was happily married to another woman. My good (female) friend who has had a successful career, but also an unhappy marriage, is now exploring relationships with women for the first time, as she enters her fifties. And another friend – male, now divorced from his wife, is happily living with another man.

Of course, the LGBTQ art students were getting it on somewhere, but this was med school; chock-full of white, cis, middle-class swots. It felt like an extension of actual school – intense, incestuous and competitive as hell. And like any school, what no one wanted to do at that age, was to stand out as different. With no internet, no school education, and an utter whitewashing of anything non-heterosexual, we were naïve as hell. The only same sex kissing I'd ever witnessed that wasn't my own

(remember, no internet), was that chaste peck on the lips in the TV soap *Brookside*, and a more marvellous one in the fabulous Daniel Day-Lewis film *My Beautiful Laundrette*. I'm embarrassed to admit that, aged 22, I couldn't have spotted an overtly gay man if he'd been dancing down the street screaming Abba songs and wearing a rainbow T-shirt.

When I was a house officer, a few of us were quite friendly with a group of male orthopaedic juniors a few years ahead of us. Recruitment was local in those days. To progress to a surgical registrar number in your region, you had to complete the FRCS, do your time as an SHO for a few years and bang out lots of research. Most importantly, you had to ensure your face fitted the bright, white, male public-school, chino-wearing mould as closely as possible. Because when it came to interviews, the bosses would select someone with a profile most like them, who would reflect and reinforce their own biases and opinions back at themselves. Which goes a long way to explaining why most surgeons coming to the end of their careers now are posh, white, straight males who like nothing more than a day at Twickenham and expensive skiing holidays.

One of the guys – we'll call him Steve, was gay. He was trying for a registrar number too, via the research fellow route. He'd been spotted in town with another man, so everyone knew, including the bosses maybe, that he wasn't quite one of the boys. Steve, of course, believed nobody knew, to the extent that he would take one of my female friends to death-by-sherry work events (surgeons did that type of thing a lot back then) and basically pretend that she was his girlfriend. I don't know whether his contemporaries were overtly homophobic in his presence. I like to think not, but there were plenty of unpleasantries going on behind his back. I have a feeling nothing much has changed in that regard today. Subtly excluded from the boys club, Steve was only ever on the fringes of the group. From my recollection, he smiled a lot and seemed to be always trying too hard. His occasional fake girlfriend knew him more than most of us, and sensed he wasn't out to his family either.

I can't imagine what he was going through. Being a gay doctor trying to forge a career in a competitive surgical field must have been incredibly isolating. Looking back, I wish, as a group of young women just having a fun time with a bunch of friends, we'd been more sensitive to it. At the time, mental health struggles were seen as even more of a personal failure than they are now; it goes without saying I didn't know of any out gay senior doctors. It's clear with the passage of time, that Steve had no psychological safety in any of the spheres of his life that mattered to him; home and work.

Sadly, he was found dead in one of the on-call rooms, having obtained some anaesthetic drugs and taken his own life.