

LIFELINE

David Warrell



After St Thomas's Hospital, London, David Warrell studied respiratory physiology with Moran Campbell and John B West.

Since 1968, he has researched tropical diseases; including malaria, rabies, relapsing fever, and snake bites in Africa, Southeast Asia, Papua New Guinea, and South America. He is professor of tropical medicine and infectious diseases and founding director (Emeritus) of The Centre for Tropical Medicine at the University of Oxford, UK.

Who was your most influential teacher, and why? In Ethiopia and Nigeria, Eldryd Parry showed me the fascination of exploring disease in Africa.

Which patient has had most effect on your work, and why? In 1970, in Zaria, Nigeria, a patient of mine bled to death after being bitten by a snake; the literature was unhelpful, there was little clinical experience locally, and no antivenom in the pharmacy. This case prompted an enduring research interest.

What would be your advice to a newly qualified doctor? Work in the real world of a tropical less-developed country at the earliest opportunity!

What is the best piece of advice you have received, and from whom? From Moran Campbell: "Don't confuse productivity with contribution".

What are you currently reading? *The Oxford Textbook of Medicine*; trying to discover why Richard Doll chose it for *Desert Island Discs*.

What books are you not reading? Anything about evidence-based medicine or clinical governance.

What do you think is the most exciting field of science at the moment? Attempts to understand infinity.

If you had not entered your current profession, what would you have liked to do? Had I had the ability, I would have loved to have been the leader of a classical string quartet.

What is the least enjoyable task you've ever had? Resuscitating a friend in severe anaphylaxis, single handed, in a taxi, in a traffic jam, in a foreign land.

Jabs & Jibes



Health promotion

The biologist Haldane once pointed out how little attention his colleagues paid to size—often no more than a grudging admission that elephants are bigger than mice—despite size making such a fundamental difference to the way organisms are. Happiness has attracted the same disinterest in medicine. One finds the occasional observation that bereaved spouses often die fairly rapidly, or that the companionship of a dog will cheer a person into a longer life, but little more. Size might matter, but happiness matters more. Yet it is not in fashion to point out that loneliness kills people, and to suggest that doctors are capable of trying to do something about the situation. An exception comes from WHO's definition of health as equalling happiness. What else could they possibly mean by "a state of complete physical, mental and social wellbeing"? And why then is the subject so ignored?

If the structural basis for happiness were to be located by some researchers with a PET scanner, or geneticists were to calculate its concordance in identical twins, then immediate notice would no doubt be taken. Clinical lecturers would quickly be employed to drum such useless and unapplicable facts into generations of medical students. As it is, there exist only haphazard attempts to teach students about happiness. These tend to be inadvertent and made by seniors whose own joyfulness is so ingrained as to be contagious. Save in currency of their own coining, these teachers go unrewarded.

Doctors are occupationally exposed not merely to microbes but to the weary and the desperate. To be depressed is a sinister curse, a cold-fingered miasma able to creep its way into all the recesses of a life. The effect of a depressive's mood on one's own is like an inoculation. In the robust person it can further stir one's immunity; in the vulnerable it can result in a clinical infection.

There is much that is mysterious about moods and states of mind, but also much that is plain and understood. Depression out of the blue is perplexing, but in the forlorn or the dispossessed it is hardly a mystery.

There are many people who have experienced a failure to cope, or to develop and grow in a healthy and wholesome manner. The wish is often to push them out of one's mind as rapidly as possible and close the soundproofed consulting room door behind them. We are plants of uncertain growth, and not all in the garden thrive straight and true.

Doctors should aim to cultivate something more than just healthy physiology.

Maybe we should carry on as we are. We could concentrate on learning which genes are associated with unhappiness, and go on ignoring wholesale all the factors we can actually affect. But perhaps that isn't entering fully into the spirit of WHO's definition. Unhappiness is a blight on life, and anyone who wants to see genetic or experimental evidence before believing that is someone to be avoided. We can't make our patients happy, but we can be advocates for their happiness. Encouraging them, even as we try to keep our own spirits up, are fraternally twinned goals.

The profession must take seriously the attempt to improve quality as well as quantity of life. Medical schools can start by trying to teach happiness. Budding doctors must be infected with *joie de vivre* before being let loose on the world. The Gideons running our medical schools must slip *Bibles* of happiness into their charges' minds. Only then will our profession's obligation to health promotion, and to itself, properly begin.

Man must do more than endure his coming to this world and his going hence. Happiness is all.

Druin Burch

