Doctors as patients

Doctors' diagnosis

Multiple sclerosis

Harriet Gaze, a journalist who has multiple sclerosis, talks to Stephen Hempling, a former general practitioner whose multiple sclerosis was diagnosed at the late age of 50

When the taxi driver said, "This is Millionaires' Row, love," as he dropped me outside Stephen Hempling's home in Hove, East Sussex, my first uncharitable thought was that, as a medic, Dr Hempling probably got better medical care for his multiple sclerosis (MS) than I did for mine. My condition was diagnosed 13 years ago, after I had vision difficulties, loss of feeling, pins and needles, and a range of other classic MS symptoms. One relapse last year prevented me from working for four months, and I know that NHS neurologists have massive workloads.

As I arrived to interview Stephen Hempling, I wondered what it must be like to straddle two sides of the fence—as a former general practitioner and current independent forensic expert and as someone with a long term, deteriorating condition—both doctor and patient, one of "us" and one of "them."

Last year, Hempling did 92 days in court as an expert witness. He has many years' experience as a police surgeon, has a master of laws (specialising in medical law), and was already doing private forensic work before he retired from his 25 year career in general practice. Having MS diagnosed at the age of 50, he gave up general practice two years later. Now, aged 58, he is happy with life and fully occupied by his forensic career.

STEVE SPELLER

Stephen Hempling expects private treatment without private means

MARK THOMPSON

Harriet Gaze is used to waiting six or seven months to see a neurologist

"The result is," he says, "that I am actually earning more than I was in practice, and I have got my pension and the kids are fully grown—so, funnily enough, for the first time in my life I am not broke. Now I turn round and think, 'Why didn't I do this earlier?'"

To go back to my first envious thought, it is clear that Stuart Hempling expects and often gets good medical treatment. As an ordinary patient, I am used to waiting six or seven months for an NHS outpatient neurology appointment. Hempling expects to be seen within weeks, privately but, as a matter of professional courtesy, at no cost. And whereas most of my symptoms are immediately put down to MS, Hempling has his symptoms fully investigated.

"If I have to be honest," he says, "because of my history—my father was a doctor as well—I would expect private treatment without private means."

As for straddling two sides of the fence, matters are complex. Hempling's condition was initially diagnosed at the age of 50 because two patients had "thrown me

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out on the grounds that I was drunk; I was slurring and swaying.”

Once his diagnosis had been made, Hempling found that other general practitioners would “shunt” patients with MS across to him on the grounds that he could empathise. From an initial six patients with MS, he ended up with 22. “The thing was that I liked seeing them because I liked talking to them. I found it fascinating. Every MS patient has a different set of problems, but they all suffer from one thing—tiredness. It is not in the medical textbooks, but it is the most important symptom of all.”

As for colleagues’ reactions, the picture is mixed. Some doctors, says Hempling, have “an immediate reaction of ‘I am sorry for you,’ and then, ‘You’re not bad are you—I’d never have guessed.’” To me, this sounds as if the only way medics can deal with a disabled doctor is by seeing him or her as hardly disabled at all. But Hempling has a different interpretation: “Us doctors ... are never the same as a patient; we never have the same problems, and we never do things straightforwardly. We tend to shrug things off and just get on with it, and that is another thing in the pigeonhole.”

After his diagnosis, Hempling found that doctors in his practice’s on-call syndicate were helpful and prepared to accept him as part of the syndicate without having any duties, whereas his practice partners were less prepared. General practice proved difficult, partly because of his private forensic work but also because of his need to plan his day in order to control his workload.

Everyone reacts to a diagnosis of MS differently, and Hempling dealt with it philosophically. But he adds, “An immediate reaction was to look at somebody else who has had it for 10 years and wonder what I was going to be like in 10 years compared with them. For-

For more information

- The Multiple Sclerosis Society of Great Britain. Tel: 020 8438 0700. Helpline: 0808 800 8000. Email: info@mssociety.org.uk (www.mssociety.org.uk)
- National Multiple Sclerosis Society, 733 Third Avenue, New York, NY 10017 (www.nmss.org)
- Multiple Sclerosis International Federation (<http://msif.org>)
- American Academy of Neurology (www.ann.com)
- International Multiple Sclerosis Support Foundation (www.nsnews.org)

tunately I have not progressed in the same way as virtually any of them. I mean I have had problems ... but I can’t say I let them bother me.”

As someone well versed in the “touchy-feely, experience your grief” school of diagnosis, I’m impressed by Hempling’s matter of fact attitude. I wonder how much is just down to personality, education, or circumstance. But also I’m amazed at people’s different responses to health issues. As a journalist, I suspected I had MS for a good couple of years before I was diagnosed 13 years ago. Yet, despite his medical background, Hempling managed to have no suspicion that he had MS until he was 50. With hindsight, he thinks it likely that his first symptoms were back in 1971.

As for talking about multiple sclerosis, Hempling is used to mentioning it every time he is introduced in court: “I say ‘I am telling you because I may sound a bit slurred, and if I do it is not because I have gone out for a quick one.’ I always reckon that my reputation is worth more than secrecy.”

Competing interests: None declared.