DEVELOPMENT DIARY

The Royal Society of Medicine's Fundraising Newsletter

2009-2010 Volume 1



Dr Thelma Bates has been a Fellow since 1971. She is well known to many of us and she is a distinguished member of the RSM family. She recently decided to leave a legacy to the RSM. The Development Diary talked to her about her career and her links with the RSM



From a very early age, Dr Thelma Bates, OBE, had no doubt at all where her future lay.

"I was six years old with a broken arm and I fell in love with the smell of the hospital. I wanted to know what was happening behind those closed screens and I was absolutely certain that this was where I wanted to be – not as a nurse, but as a doctor."

With a war on, money short and with no family members practicing medicine, it was not the easiest journey but, twelve years later, she entered medical school at Birmingham University, qualifying in 1952.

Soon after qualifying, she decided she wanted to see more of the world and promptly persuaded a shipping company to giver her a job as a ship's surgeon on a one-way voyage to New Zealand. There she worked as a GP locum for single-handed practices, "mostly in remote and beautiful places". Before briefly returning home (again as a ship's surgeon), she took a non-medical sabbatical, crewing for six months on a yacht in the South Pacific. Finally, she decided to settle – for the moment at least – in Tasmania, where she married an English surgeon and had her first child. She took up a chance

opportunity of working in the radiotherapy and oncology department of Launceston General Hospital – initially, at least, attracted not by any great interest in oncology, but by the regular hours compared to those of general practice. Soon, however, she and one other colleague were running oncology services for the whole of Tasmania.

Thelma and her husband returned to the UK to obtain optimum medical care for their daughter who was born with minor thalidomide deformities. They went on to have two more children and Thelma returned to medical practice in the radiotherapy and oncology department at St Thomas' in London. Her – "far more difficult" – Australian qualification was unfortunately not recognised so she had to take the UK postgraduate degree before becoming a consultant oncologist in 1967. St Thomas' is where she remained for the next thirty years – latterly as clinical director.

Now that we've become used to the advances in care of the dying and the highlydeveloped hospice movement, it seems difficult to imagine that when Dr Bates was first practising at St Thomas', palliative care was not even on the curriculum for those studying oncology. "It was something one just picked up from one's seniors." But Thelma began to refer some of her patients to Dame Cicely Saunders' newly-opened St Christopher's Hospice. With blunt self-effacement Dr Bates acknowledges, "It came as a surprise to find that my patients were so much more comfortable and content at St Christopher's than with me at St Thomas'. It was very obvious that there were clinical skills that I lacked, and something had to be done about it."

From then on, it became her goal to improve the standard of palliative care at St Thomas – not the easiest of tasks in a busy hospital, where staff "were used to doing things the way they'd always done." Dr Bates travelled to New York to learn from the experiences of St Luke's Hospital where a multidisciplinary palliative team worked within the hospital. Not too long after that, St Thomas' had its own "Terminal Care Support Team", the first hospice team in a UK acute general hospital and a blueprint for others to come.

As well as providing specialist care within the hospital, the Support Team provided specialist home care nursing, a weekly outpatient clinic and a bereavement service for relatives – effectively, a full-time, seven-day-a-week service on demand. Patients with incurable cancer began to be referred earlier in their illness and Dr Bates' team were soon providing care for around 25 patients within the hospital and forty at home. When a grateful patient's husband asked "How can I possibly help you?" Dr Bates replied "By buying me a doctor." So that's what he did.

By the time she left St Thomas' in 1991, a small revolution had taken place in the way in which incurable patients were cared for in hospitals – in no small part down to the work of Dr Thelma Bates.

Dr Bates would later help introduce modern palliative medicine to the Trinity Hospice – she remains on the council to this day – and become a founding trustee of the Princess Alice Hospice.

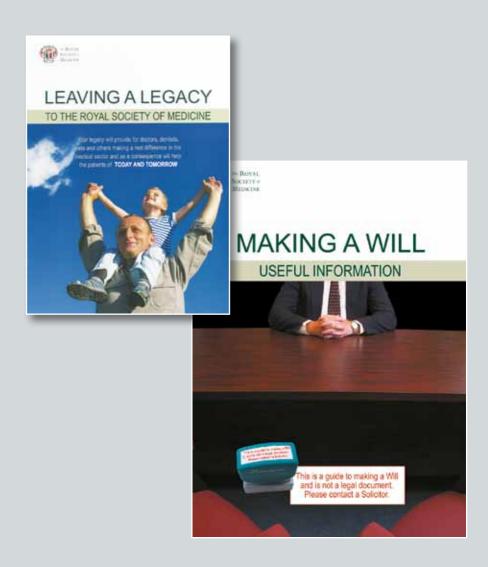
Dr Bates has been an RSM Fellow since 1971. Perhaps as a reflection of the multidisciplinary make up of the teams she has led, she has been keen on the broad-based nature of the Sections. She held office in the Oncology Section and was President of the Radiology Section. More recently, she has been a President of the Retired Fellows Society.

"I've always used the Library and taken advantage of the ongoing education provided – family commitments permitting. And I'm still taking advantage of the educational provision even now – I'm a keen fan of the innovations meetings.

LEAVING A LEGACY
FOR FUTURE GENERATIONS...

Members of the Society are welcome to contact the Development Office for a free copy of two brochures - 'Writing a Will - Useful Information' and 'Leaving a Legacy to the RSM'.

The Society appreciates all legacies received from Members, large and small. All donations support medical education (unless the donor has requested a specific way the money should be spent).



For more information about leaving a legacy to the RSM please email paul.summerfield@rsm.ac.uk

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