JULIAN TUDOR HART

My granddaughter, aged 14 months, recently received a Christmas present of two giraffes.

Not only giraffes, but age and sex matched pairs of zebras, tigers, crocodiles, elephants, snakes and hippopotami ….

….. plus a boat to travel in and an old man in a beard to steer it.

In due course we shall explain to her that all this was made by a man in his 91st year, one of his last creative acts in a long and hugely productive life. This evening at the Pearce Institute Govan, we shall celebrate Julian Tudor Hart the man. At this conference, we are remembering, celebrating and travelling forward with the doctor.

As a GP in West London in the 1950s, one of Julian's patients was Paul Robeson, the American singer, communist and civil rights activist. The music Julian chose for his funeral last July, included Paul Robeson singing the Ballad of Joe Hill.

I dreamed I saw Joe Hill last night
Alive as you or me
Says I, But Joe, you're ten years dead
I never died, says he
I never died, says he

In a sense Julian didn't die either – he is still a presence, in his writing, ideas and example. That's what we're celebrating. Not looking back at past achievements. Julian wouldn't have liked that. But rather, looking ahead, with colleagues, organising, planning the future, concentrating on what we can do. We think it's a conference that Julian would have liked to attend.

Why Glasgow? Many reasons. His paper on *Patients as Co-Producers* came from a seminar held in the Glasgow University Department. The University gave him an honorary degree, the only one given to a GP in over 100 years. His 80th birthday symposium was held here, as was a memorable joint occasion with the late David Donnison, giants of social medicine, asking Lenin's question, "What then shall we do?", the idea for which began with a kitchen conversation between the two of them, reminiscing about how they heard the result of the 1945 General Election.

But Julian's Scottish connections went deeper. His middle name was Macbeth after his maternal grandfather Norman Macbeth, born in Glasgow, educated in Edinburgh, an apprentice engineer. In 1871 he worked in the drawing office of Messrs Tod and McGregor, shipbuilders in Partick, shown here between the rivers Clyde and Kelvin,

before moving with his wife, Annie McNicol from Helensburgh, to Bolton where he worked for 30 years and they brought up a family of 9 children.

The eldest was Ann Macbeth, one of the Glasgow Girls, an associate of Jessie Newberry and Charles Rennie Mackintosh at Glasgow School of Art, where she was head of needlecraft and embroidery, but also a suffragette, designing a banner for a famous Edinburgh procession, for which she was imprisoned, put in solitary and force-fed in 1912. As a teenager, Julian spent summer holidays with his aunt at her home in the Lake District.

Julian's other grandfather, Percyval Tudor Hart, was from a family of Canadian mining engineers. His father sent him to study medicine in Paris, which he couldn't stomach, so he left to be a painter. Cut off from parental support, he was a starving artist, a fellow student with Henri Matisse, a neighbour of Toulouse Lautrec. His career picked up, teaching painting in Paris until the Great War, then London, then back to Canada.
His first wife, Eleonora Kleczkowska, called "Nellie", came from Polish aristocracy and died young from tuberculosis. It's the plot of *La Boheme.* Julian spent World War 2 in Canada with his grandparents.

The Tudors and Harts were closely related Canadian business families. The combined surname arose when Percyval's mother, a Tudor, divorcing his father, a Hart, wanted to keep both names. The families included Ephraim Hart, a Bavarian Jew, New York merchant and politician and Frederic Tudor, the Boston Ice King who made his fortune exporting ice, before refrigeration, from Massachusetts to Cuba and India.

Ann Macbeth's sister Alison Macbeth was a doctor. In 1926 she married Alexander Tudor Hart, also a doctor, born in Florence, the son of Percyval. They split up when Julian was three, his father going on to fight in the Spanish Civil War, having married Edith Suchitsky in Vienna, enabling her to live in the UK as Edith Tudor Hart. She was a photographer (as shown), a KGB agent and spymaster for the Cambridge Four – Mclean, Philby, Blunt and Burgess. As he said in the recent documentary *Tracking Edith*, Julian had little contact with his step-mother. He was brought up in Woburn Square by his mother Alison, a single parent and GP who became an endocrinologist.

It's a complicated background. Based on his grandparents, and where he lived, Julian could have played rugby for Scotland, England, Wales, Italy, France and Canada. And from his aunt Ann and grandfather Percyval, we can see where he got his eye and hand for a line.

For the last 60 years of his life, Julian lived and worked in South Wales. Qualifying in 1952, he wanted to be a general practitioner in a coal-mining community - partly following his father's example, partly due to the romance of mining practice, as

described in AJ Cronin's novel *The Citadel,* but mainly because as a privileged person that was the type of community he wanted to belong to.

Working for the MRC Epidemiology Unit in the Rhondda Fach, he observed many serious clinical cases which as a researcher he could do nothing about. So he left, exchanging, in words he quoted from *The Go-Between,* 'A life of facts for the facts of life", moving to single-handed practice in the mining village of Glyncorrwg in West Glamorgan.

The work was hard, with huge surgeries and visiting lists. It took five years to reach a stable position, working through the unmet need, but more significantly, marrying Mary Thomas, whom he'd met at the MRC Unit. They were married for 55 years. His story was her story and vice versa. The book is dedicated to both of them.

So much of what Julian Tudor Hart pioneered is orthodox now. He was the first doctor to measure the blood pressures of all his patients. Famously, the last man to take part had the highest blood pressure of all, which remains an important teaching lesson. Julian and Mary put their records into shape, converting from Lloyd George to A4, to establish the information system that allowed them to start by screening the records, not the patients; and to measure what they had not done (the "measurement of omission"), so they could describe, address and reduce the "rule of halves".

Later, Julian described a cohort of hypertensives diagnosed under 40 and followed up over 20 years; and was "his own coroner", reviewing over 500 consecutive deaths in general practice.

After 25 years, involving 210,000 patient encounters, about 180 per week, he could show 30% lower premature mortality rates, compared with a neighbouring population, partly by delivering evidence-based medicine but also unconditional, personalised continuity of care for all his patients. Julian showed that long term commitment to a particular community could improve health, lengthen lives and narrow health inequalities, in the most deprived community in West Glamorgan, confounding the inverse care law.

In his own way and in his own time, Julian imagined and realised the exceptional potential not only of consultations, as described in a seminal paper by Stott and Davis, but also of general practice as a system, capable of improving the health of a whole community.

In "A New Kind of Doctor", he looked back at the care of a man invalided out of the steel industry, with a list of problems we now call "multimorbidity".

Overall the story is a success. For the staff at our health centre it was a steady unglamorous slog through a total of 310 consultations. For me it was about 41 hours of work with the patient, initially face to face, gradually shifting to side by side. Professionally,

the most satisfying and exiting things have been the events which have not happened: no strokes, no coronary heart attacks, no complications of diabetes, no kidney failure with dialysis or transplant. This is the real stuff of primary medical care.

At a seminar in Glasgow, we asked Julian what happened next. The man had died, of something else, a late-onset cancer I think, but when Julian told us this, there was a tear in his eye. His patient had become his friend.

By his own admission, Julian began as an authoritarian, paternalistic doctor, but he changed, he had to change. "Initially face to face, gradually shifting to side by side", Julian was talking and writing about "co-production", and the pace at which it could be achieved in a deprived community, 20 years before it became a policy catchword.

Julian counted as a scientist anyone who measured or audited what they did and was honest with the results. *Galileo Galilei* was his favourite play and he often quoted Brecht's line*, "The figures compel us."* Julian didn't pursue scientific knowledge for its own sake or for academic advancement. His research always had the direct purpose of helping to improve people's lives.

Glyncorrwg was the first UK general practice to receive research funding from the Medical Research Council. Mary and Julian had both worked with Archie Cochrane and his team at the MRC Epidemiology Unit where they learned a democratic type of research in which everyone's contribution was important and the study wasn't complete until everyone had taken part. And so, in Glyncorrwg, there was the Shit Study, the Pee Study, the Salt Studies and the Rat Poison Study, all with very high response rates.

He wouldn't be allowed to do that now. Research ethics committees see research on your own patients as coercive. They are strong on patient rights; weak on patient responsibilities. Julian's view was that if people wished to benefit from research evidence, they should contribute to it. Exclusions weakened the evidence. But it was always a partnership; research with patients, not on patients. The public meeting, explaining a cancer study, and captured on film by the BBC, still astonishes as an example of community engagement. The community studies of salt restriction, with never to be repeated levels of engagement, were built on trust.

Many young doctors were attracted and inspired to work at the "unofficial university of Glyncorrwg", shown here at a reunion. Six are here today. We were hairier then.

He was a prolific writer of research papers, articles and books, his books translated into several languages, including Spanish and Chinese. He lectured widely, at his exhilarating best when speaking impromptu. In this slide he sketched his meeting with Italian colleagues.

The problem with medical education, he said, was that students were being taught the wrong things by the wrong people in the wrong place. *"Intellectual opposition to social injustice, even when present, is only the beginning of understanding. If students are to retain patient-oriented rather than disease-oriented, they must learn to identify in complex, concrete, detailed terms with people they know only as crude stereotypes, and of whom they are usually afraid."*

Standing for election to RCGP Council, Julian topped the poll. During Council meetings he sketched senior College figures. But his image-making went far beyond cartoons.

What he offered GPs was an image of themselves as important members of the medical profession - alongside specialists, not beneath them. The writing was important, finding a language that described the work of general practitioners, not only as it was, but also as it could be.

Julian was humble in himself but ambitious for his ideas. He accepted with ambivalence the honours and sentimental treatment that came with age but he never lost his edge, and if we are to celebrate his life it should be by holding to the principles he held dear.

The work of a general practitioner is immeasurably enhanced by working in, with and for a local community, for long enough to make a difference.

Everyone is important, the last person as important as the first, and the work isn't done until everyone is on board.

Julian was the "worried doctor", anticipating patients' problems, not waiting for them to happen, and then avoiding them by joint endeavour.

Drawing on Marx, he saw health care as a form of production, producing not profits but social value, shared knowledge, confidence, the ability to live better with conditions, achieved not by the doctor alone but by doctors and patients working together. Patients were partners, not customers or consumers.

The NHS should never be a business to make money but a social institution based on mutuality and trust - the ultimate gift economy, getting what you need, giving what you can, a model for how society might run as a whole. In re-building society, co-operation would trump competition, not marginally, but as steam once surpassed horsepower. The Glyncorrwg research studies showed glimpses of that social power.

In addressing the exceptional potential of general practice, Julian left unfinished business – the business of forging alliances, not with power, or the establishment – that's a prescription for things to stay as they are – but with patients, colleagues and communities. Accountability, not just upwards to funders, although that is necessary, but

downwards to local communities, and horizontally to colleagues, so that progressive practice is a force to be reckoned with. Lone voices and lone examples are insufficient on their own.

Endorsing general practice in the Deep End, he wrote *"Everything depends on leaders at practice level, demanding media attention, gaining public support, and insisting on material resourcing from governments, in return for which they can guarantee immensely greater efficiency of care generated by people who know each other."*

Julian's gift to us today is not the example he worked out in the microcosm of a Welsh mining village over 25 years ago; it is the present challenge of how to follow and give practical expression to his values in local communities in the future.

Graham Watt
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