

# Finding Your True Calling In or Out of Medicine



*By Antoine Tirard and Claire Harbour-Lyell*

**F**ew of us with the privilege of access to a choice in our medical care have neutral feelings about those who treat our various ailments. We exchange opinions, contact details and stories about our doctors, and often have much to say about their “bedside manner” as much as their ability to treat or cure. What exactly is it that makes a great medic? How transferable, if at all, are his or her skills and competencies, beyond the hospitals, clinics and consulting rooms of the world? Indeed, what might attract a business professional into the field of medicine at a later age? What could possibly induce him or her to undergo years of harsh training at the age of forty or more? And where might the common ground lie? In this article, we meet four extraordinarily versatile professionals, with their own talents and experiences, who have been both medics and executives, and try to

answer some of those questions.

Richard was diagnosed with type 1 diabetes at the age of 12 in 1946. He readily says “I do not know of many diabetics who developed the illness around that time who are still alive”. The story of how he has beaten those odds is a modern-day battle of David and Goliath, but it has brought better health to many thousands of those enlightened enough to follow his methods.

During his childhood, Richard used the techniques of the time, including sterilizing his needles and syringes by boiling them and sharpening the needles on abrasive stone. Every night his parents would go to sleep, nervous that he would not wake up in morning, due to one of the crashing low blood sugar that he regularly suffered from, given the inaccuracy of insulin dosing at that time. By the time he was 25, and working as an engineer, Richard was already

suffering many of the side-effects such as frozen shoulders, deformed feet, and kidney disease. While his doctor told him that this was normal, he could see clearly that if he continued on this path he would not live to see his young children grow up.

In 1969, Richard's life turned around, as he discovered a ground-breaking piece of equipment for measuring blood sugar more simply than ever before with just a single drop of blood. This was a revolution in a world where until then, testing had relied on inaccurate urine analysis. Despite its high cost, Richard was determined to obtain one of these devices, and asked his physician wife to order one, given that his "lowly" status as an engineer did not qualify him to do so.

### I Want a New Drug

Over the next months, Richard was able to use his engineer's mind to grasp and then analyze the problem of a diabetic's roller coaster blood sugars. "Engineers are accustomed to solving problems mathematically, but you have to have the information to work with. And now, for the first time, I was gaining insight into the mechanics and mathematics of my disease".

As his experiments went on, he correlated the side effects he and other diabetics were suffering to high blood sugar levels, rather than simply to "the disease". As he dug around difficult-to-obtain scientific journals, he discovered that animal experiments in normalizing blood sugar levels had prevented and even reversed side effects completely. Then followed a year of minute experimentation, adjusting levels of insulin and quantity of carbohydrate in his diet to the extent that he had achieved "normal" and consistent blood sugar levels. Even greater was the achievement of reversing and eliminating the vast majority of the side effects, including the kidney disease.

By 1973, "exhilarated by the success", Richard wanted to tell the world the news that, while incur-able, diabetes was controllable through diet and careful control of insulin doses – the "law of small numbers". He wrote a paper documenting his findings, and sent it out to medical journals, only to meet with endless



rejections. "The rejection letters I received are testimony that people tend to ignore the obvious if it conflicts with the orthodoxy of their early training".

In the hope of increasing his influence, he joined the major lay diabetes organizations, expecting to move up the ranks, and getting to know physicians specializing in the disease. Despite numerous conventions, committees and high-level encounters, only a handful were willing to put his technique to the test. He also battled to get home blood sugar testing available, so that patients could take matters into their own hands. But, as Richard recalls, "Progress was entirely too slow for my liking. I knew that while the medical establishment was dallying, there were diabetics dying whose lives could have been saved".

And so in 1977, he gave up his job as an engineer and took up medicine studies, on the assumption that "if he could not beat them, he may as well join them". Richard entered the Albert Einstein College of Medicine at the age of 45.

He began publishing papers and books with the MD attached to his name shortly thereafter and has since treated thousands of patients in his practice in New York state. He is now 83 (the magic "nor-mal" blood sugar number), still consulting full time, writing more books, and converting the world, one delighted patient at a time. His consultations are without any doubt the result of his engineer's mind. A new patient will be expected to attend for a minimum of three days, with five or so hours of multiple tests carried out on day one, which are mostly not done elsewhere, so detailed and refined is the process. In this and so many ways, Richard's

skills are leveraged and enhanced, and he is clear that without his previous professional life and natural interest in minute detail, his success and satisfaction would not be nearly as significant.

While the establishment is still struggling with full acceptance of Dr Bernstein's simple but effective approach, one only has to look at the number of "keto" items on offer on menus the world over to realize that the tide is turning. His transition gave him the legitimacy that was needed to begin that shift.

Paula also spent around 20 years before she took the jump into medical practice, though she had circled round it a great deal before leaping. In her childhood, she had been a volunteer for the St John's Ambulance Society, and contemplated a vocation as a doctor or nurse but had a change of heart and found herself propelled into a retail management career. It was perhaps her interest in people that drew her to Human Resources, first at Marks and Spencer, and then on through several National Health Services organizations, culminating in a European directorship with a leading global financial services company. During this period, she was volunteering in a palliative care hospice, and deriving satisfaction from this contrasting aspect of her working life too.

### Comfortably Numb

All was "very comfortable" at this stage, yet the nagging idea of being "disproportionately interested in a medical career" did not go away. Eventually Paula hedged her bets somewhat, following her attraction towards manual therapies, entering training in osteopathy, which offered her direct patient contact and enabled her to juggle study with her continuing corporate career. Not surprisingly, Paula discovered that she "liked patients as much as I had thought", and particularly enjoyed those with complex needs, so she again became involved with hospice led care and studied for a master's degree in palliative care.

With that degree in hand, and the encouragement of the consultants at the hospice, she found the courage to apply to medical school,



looking for the places that were most open to mature students, as she was, by now, 43 years old. She was tough and gave herself "just one shot" at the application, and was accepted at Barts and the London School of Medicine. This was a significant lifestyle change. She had to sell her home, downsize her outgoings and fund her fees for four years of study.

Paula feels the challenges of returning to full time education and a peer group with whom she had little in common, cannot be underestimated. She also acknowledges that having so recently left a busy corporate role, "the switch from the role of boss and decider to being treated as an 18-year-old perceived as unable to organize and manage her own workload and responsibilities" was difficult.

Being the same age as the consultants helped her to optimize learning opportunities. She found she made good relationships with them, as she did with the patients, whose confidence was doubtless inspired by her maturity, common sense, and ability to communicate with empathy from life experiences. Other traits that have smoothed her path include being a responsible problem-solver and having a willingness to tackle the underlying problem rather than its symptoms. And this has helped her in a number of the clinical teams she has participated in. She also comments there is a need to be philosophical about the journey through the years of post-graduate training, however bumpy – and particularly to accept what you can and cannot influence.

The choice of medical specialty after qualification was a difficult call for Paula, as she was drawn in several directions. She had always anticipated she would train in general practice

and continued to have a deep passion for palliative medicine, believing that much of this care should originate in the community. Her chosen career in general practice seemed to combine those areas of interest. However, whilst at medical school she had also developed an interest in pre-hospital medicine, while sensing that a hospital based career in emergency medicine was not the right way forward for her. Luckily, as a volunteer with her local mountain rescue team, she is able to continue to develop those emergency medicine skills and experiences and enjoy the benefits of the great outdoors at the same time. Paula is clearly living her medical career dream to the full, and has no regrets at all.

### Like a Surgeon

In contrast to Paula's consistent attraction to the medical field from a young age, Jonathan was somebody who stumbled into it through brilliant scientific academic performance in high school along with social pressure. This is how he found himself studying medicine to Cambridge and "hating it". Curiously, once he began the phase of his training in which he spent time on wards dealing with people, leading teams as well as counseling with patients, he realized he enjoyed this part. This motivated him to work hard and to aspire to what is perceived to be one of the most challenging aspect of medicine: surgery. Early on, he realized that he would never be a "great" surgeon, and did not want to settle for being only average. What is more, he observed that he had never met a happy senior surgeon, and chose not to pursue this path for much longer.

Jonathan was dating a woman to whom he is now married, who went to INSEAD to study her MBA quite early on in their relationship. Through this, he encountered many of her colleagues and other MBA students who, as he put it, "were flying around the world in first class and earning lots of money!" Jonathan also observed that working as a management consultant was something that was not repetitive, unlike surgery. He began to feel tempted to give up the sunk cost of 13 years invested in his training. The final decider was



was a medical school friend who committed suicide and this just spurred him into action.

Jonathan applied and was accepted on the MBA. In the early weeks of the program, students were exchanging ideas of their aspirations. Jonathan raised his hand, and to everyone's amusement, stated his intention to be a partner at McKinsey. The period studying the MBA was tough for him, as he was not particularly socially suited to the environment and nor were his grades outstanding. However he spent his time reading every single volume of the McKinsey Journal, as well as studying each of the frameworks, so that he was an absolute expert by the time he came to the only two interviews he was invited to in the recruitment period.

After his BCG interview, he got a call later that day informing him that he had no chance of ever becoming a consultant. On the other hand, in his McKinsey interview he was, according to the interviewer, full of tenacity and they decided to give him a chance.

There was much unlearning to do, beginning with egocentricity. Jonathan described himself as having been an arrogant jerk but McKinsey knocked that out of him, although it took a decade. One of the senior partners pointed out that all of the New York associates wanted to work with Jonathan, "once not twice", as he made them feel stupid. The recommendation was that he not tell them the answer but instead lead them to it.

Although Jonathan accomplished great work in consulting and did indeed make it to partner, he discovered his true calling when he began to work in leadership teams of healthcare

companies. This led him to a series of roles in Science, Research and Strategy, at companies from Pfizer and Haemonetics to IQVIA and iCarbonX, where he is now. He compares his former worlds of consulting and surgery to his current environment, describing the two former as monocultures with only one route to the top, whereas industry leadership creates opportunities for all, which he is enjoying immensely. He recognizes that he lacks many of the skills required to be a CEO, and thus there is little potential for him to be promoted, but he is happily fulfilled as a developer of teams and scaling for growth.

Jonathan appreciates the opportunity to work in a meritocracy where there is a vision and a defined culture, which he had never encountered in the NHS. He also enjoys the “bigger tool box that comes with managing several people and influencing thousands”.

Jonathan reflects on the need for a greater EQ than IQ, admitting in his case that this is a limitation to his success in business. He doesn't always recognize emotions and feelings, and explains this is why he's not a CEO, but a brilliant number two.

He definitely believes he should have made the move earlier, and attributes his eventually finding the courage to his wife. As for the skills that were easily transferable, he points firstly to the that of command, suggesting that the need to step into the vacuum when there's blood spouting out of patient is rather similar to the need to be decisive during a merger. “If there's nobody in charge then it's me!”

He would never go back to medicine, clear that he was the wrong person from the outset. While he has used his scientific skills from medicine, and his love for working with people, leading teams and solving problems, he's even more inspired by building and creating things he's proud of, as well as creating a strong talent pool. With the fervor of a Boy Scout he told us that 21 of his former employees are now Chief Information Officers.

While he does admit to missing the thrill of saving lives, Jonathan sees parallels in business, recognizing that stories fuel the development of any business. Jonathan's advice



is to recognize that whatever career change you make, it is not a one-way valve, and therefore isn't such a big decision as it might appear. On a final note, he suggests that “anyone considering such a transition should look ahead and observe somebody 10 to 20 years older in the same profession, and ask if that is the kind of person you want to become in the future. If yes, stick around, and if not, then get out!”

Finally, Celia, who has moved in and out of medicine since she began her career, has a different story to tell. She was always planning to be either a doctor or a vet, and eventually decided to opt for caring for humans, based on advice she received and found persuasive while attending a careers fair. She was supported through university medicine studies by the Royal Army Medical Corps, and thus her first house job was in a military hospital. Months more of such postings would have ensued, but the Gulf War broke out and army establishments became off limits to civilians, and she then transferred to a non-military role. This switch allowed her to reflect on her experience, and to recognize that her natural preference might not be for treating otherwise healthy young men, and that her talents in care could probably lead her in other directions, especially when it came to building rapport and more holistic approaches.

Celia moved on from that first civilian posting to a series of roles in a GP training scheme, which involved her in various specialties, and moves around the north of England, mostly in her native Yorkshire for the next few years. Towards the end of that time, she met and married a military man, and thus, shortly after she had become fully qualified as a GP, she began to work

in local surgeries, wherever they were posted, and developed a rich experience of different places and populations. The work involved was pressured and sometimes stressful, due to the constraints imposed by the ailing National Health Service, which could no longer afford to serve patients as it once had. The need to move people through a system under time pressure meant that she was often challenged, as were all the others, to fit everything in, and led, naturally enough, to a frustrating sense that there might sometimes be crucial gaps or omissions.

### Dr. Feelgood

An increasing realization emerged, in which Celia could see that her moments of greater pleasure and satisfaction came when she had comforted an elderly patient late at night, or empathized with a depressed mother of a child with ADHD. The part she most enjoyed was the giving of advice and the building of connections. She was always particularly satisfied if she was able to help a patient through her words and ideas, nurturing solutions that went beyond a mere prescription.

When Celia was invited to become partner at her surgery, there were various reasons for her turning the opportunity down, including the fact that she was constrained by her need to follow her husband geographically. This led to her leaving the practice, as it was not possible to stay under the conditions she had been enjoying. She decided for the time being that she would do locum work instead. At the same time, she elected to turn a hobby into a new professional direction, undertaking a course in creating and marketing a photography business. This led to a rapidly-growing and engrossing activity for Celia, with her business thriving so much that she soon did not have space or need for booking any further medicine work. As the invitation to renew her membership on the medical register came up, two years after she had last consulted in a surgery, she decided that the resources needed for the membership itself and the concomitant CPD work were not likely to be a good investment for her at that moment.

## Six Reasons Why it's Never Too Late to Be a Doctor

1. **Medical schools are increasingly open to non-traditional students** – They are looking for fewer 'science nerds', more 'culturally competent' doctors and have adapted the student demographics accordingly.
2. **Older medical students may be able to shorten the time of their study** – if you already have a degree, four years of medical school and a three-to five-year residency will still be necessary, but it's less than the standard eight or more years of education plus three-to-seven years of residency.
3. **They are generally seen as accomplished, mature, grounded and disciplined** – Older medical students are more likely to have real-life experiences like balancing their checkbook, taking care of others and a stronger work ethic.
4. **They are on a true mission** – Their purpose is to improve patients' lives and wellbeing and address unmet health care needs. They had time to think about it and arrive at the conclusion that they really want to be doctors.
5. **They are highly motivated and willing to make sacrifices in pursuit of their passion** – Because they are older, their motivation is more obvious. They are ready to give up everything to become a physician.
6. **They bring a wealth of transferable skills** – Having experienced, they have greater perspective, a greater ability to relate with other people, and to build trust and empathy.

They say "life begins at 40", and the year she reached that milestone, Celia found herself with a thriving new business, which has continued to flourish over the past twelve years and offered her a strikingly contrasting professional satisfaction from that of medicine. She has built on her love of creating connections and interactions, and uses her natural empathy to help her subjects authentically communicate the best of themselves through her portraits and images.

In addition to the photography business, which has sustained Celia and her family, she has developed a business as part of a larger organization, promoting and selling high quality nutrition and skincare products. She has particularly enjoyed the health education aspect of this work, in which she helps individuals to take responsibility

## Seven Top Executives Who Studied and Practiced Medicine



**Atul  
Gawande**

CEO, J.P. Morgan  
Berkshire  
Hathaway  
Amazon venture



**Deborah  
Dunsire**

President and  
CEO,  
Lundbeck



**Flemming  
Ørnskov**

CEO, Shire



**Penny  
Dash**

Senior Partner,  
McKinsey &  
Company



**Laurent  
Attal**

Executive VP  
R&D, L'Oréal



**Sue  
Desmond-  
Hellmann**

CEO, Bill &  
Melinda Gates  
Foundation



**Olivier  
Brandicourt**

CEO, Sanofi

for their own wellbeing, and offers information and support to each client. This direction is part of a growing passion for a more holistic philosophy and purpose, and that has also led Celia to becoming a mentor in the Health Creation programme created by Dr Rosy Daniel, where the focus is on a proactive approach to any health issue. Celia is thrilled to be able to offer helpful choices alongside more traditional GP solutions.

And so, Celia has found a renewed medical *raison d'être*, which means that she is now retraining and re-registering as a doctor. In her version, she will be focused on helping as many of her patients as possible to take responsibility for their health, and encouraging them to look for overall wellbeing as well as just to leave with a prescription in hand. Things are “all coming together” for her, and knowing that she is part of a growing eco-system of like-minded practitioners gives her a special place from which to operate positively and optimistically. “The essence of what I am doing this time is different, and I have grown into the practice I now have”

The photography activity will not totally disappear, but it will probably take a back burner much of the time. Celia is now motivated by the unique mix of work she has created, allowing her to use her natural talent of caring and empathizing both within her renewed medical practice and outside it, and to operate from a sense of sharing wellness, whatever the medium used. She is a wonderful example of someone who has defied convention, and disrupted her career, and it is quite likely that

there will be other, new chapters in her professional life story as we go forward.

### Somebody Get Me a Doctor

Overall, the signs are clear. Moving in or out of medicine is not easy, but there are many skills and experiences that can be transferred, even if the context and situation shifts are dramatic. One thing is crystal clear: a sense of caring and empathy are required for medical practice, alongside a genuine desire to help and serve. And yet the ultra-long training years which so emphasize the technical, knowledge-based aspects of medicine have the potential to confuse some wannabe medics, leading to mistakes of choice in both directions.

Occasionally one reads encouraging articles, suggesting that medics should be recruited, even at undergraduate level, for their social and empathic skills. These examples highlight how useful that might be as a strategy if it were indeed implemented more widely. The time has not yet come, but the caring element is something both businesses and patients can benefit from, and thus the key for any changer, in either direction, is in recognizing where best to deploy one's talents at any given time, knowing the switch back can be made, if there is good reason.

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