

'As a GP, I know first hand that fact really is stranger than fiction'

Dr Rosemary Leonard talks to Victoria Young about consultations up a tree, finding love – and her new book about life as a GP



DR ROSEMARY LEONARD lives in south London. She is married and has two sons and three stepsons.

I'd wanted to be a doctor since the age of nine, when I shut my fingertip in a door and the GP stitched it back on. I still remember the nine silk stitches around the tip. I then had two weeks in hospital and was just fascinated by what was going on there. In the end, I had to have the tip removed. Everyone took the view, "It's only a finger and it's on her left hand." The whole experience left me knowing that I wanted to do medicine.

Back then, it was unusual for girls to go to medical school. I still remember my careers teacher saying, "Well, when you don't get into medical school, Rosemary, you're going to do nursing." I said, "No I'll be a pharmacist" – I was interested in the science of it.

I wasn't remotely confident. I sat the exam for Newnham College, Cambridge and was invited for an interview, but

when I got there, my name wasn't on the list of interviewees. I just stood there, gobsmacked, thinking it had all been a big mistake. Then the porter said, "Ah, it's Miss Leonard, isn't it? Look over the page." And there was my name under "Candidates for Awards", which meant scholarships. So I knew then, unless I really fluffed it, I was probably in.

One of the things that I wanted to get across with my book is that true life is stranger than fiction. Like the girl who turned up to my morning surgery with intermittent stomach pains. I thought she had appendicitis or a twisted gut, but the pains turned out to be contractions! She genuinely didn't seem to have a clue she was pregnant.

The most unusual consultation I've ever done was when I had to climb a rope ladder to a tree house. I was visiting an eco-warrior lodged up the

tree, with such agonising stomach pains he couldn't move. I realised it was probably appendicitis and he had to be winched down by the fire brigade and taken to hospital. Then there was the woman who came to see me because she wasn't getting pregnant. It emerged after four months of tests that she was

trying to get pregnant through her tummy button! I had to explain the facts of life to her, but I got a counsellor to see her as well. As a GP, you have to get used to the fact that people move away so you don't always get to hear the end to the stories, but I know that she got pregnant soon afterwards.

I'm very much the old-fashioned GP. I bump into my patients all the time and people ring up out of hours and say, "Is there any chance...?" They even come to the door occasionally in an emergency. My view is that if people do come to the door, they are in need; I'm part of the community here, and that's my job.

I don't get embarrassed. It's got easier as I've got older. But you get trained out of embarrassment very quickly. My advice for people embarrassed going to the doctor is: don't be. We've generally seen it all before – and we're there to help.

My surgeries often run late because I chat to my patients; if I didn't, I'd never get to know them, or hear some of the surprising stuff that comes out – and the horrors they have lived through. There was a lady who always came in wearing about five layers of clothing: thick tights and jumpers. One day I started exploring it – partly because I thought she might have an underactive thyroid. I said, "Do you feel the cold?" And then it emerged that she'd been in Belsen. She just said, "I never want to be that cold ever again."

You also get to know patients who are hypochondriacs or attention seeking. They might just want a bit of attention, but then there are those who have anxiety about every little ailment and believe there's something seriously wrong. Quite often, especially with the breakdown of the family unit, they have nobody else to talk to, so they come in just to talk. At my surgery, we do feel we are a social support mechanism and the receptionists get used to being a social support as well.

Some people turn up having googled their symptoms and they say, "I've already diagnosed myself, but I need a referral." I refrain from saying, "I didn't go through six years of medical school and three years GP training to be treated as a secretary." I'd say only one in ten people who diagnose themselves are accurate.

My sons were four and six when their father moved up North for a job and, soon after that, we separated. Then Adrian, our Kiwi nanny, arrived. He came to the UK to photograph cars as a freelance photographer and needed to earn some money. Adrian was a godsend. He stayed for the main duration of their childhood, and Thomas is still in contact with him because he's a complete petrolhead.

Being a working mum was very difficult, but I had to do it. The financial onus was on me to provide. I just had to make it work, and because I was working locally, I could quite often nip home at lunchtimes and organise my surgery around any school events.

I recently remarried after 15 years as a single mother. We have an unusual situation where Martin's job is based in Switzerland. He has three sons in their twenties and we've recently done a big extension on my house to turn it into

One girl came in with stomach pains and it turned out she was in labour!

When patients don't get better

I do get upset, inevitably, when my patients are suffering. But it's part of my job to get to know people and not to get emotionally involved – it would be unprofessional. That said, recently somebody died, and we were all terribly upset – maybe it was because she was my age and had four teenage kids and she died very suddenly of

breast cancer. But there comes a point when there is nothing that can be done. Dealing with death is very much part of my job and what I feel is that it's part of my job to give people a good death. None of us lives forever. And in the same way that babies should be brought into the world in a good way, I see a very important part of a GP's role to prepare

people for death and give them a good death. But coming into so much contact with death has skewed my perspective. When something happens that would normally upset a person – a minor car crash, say, or a break-in – and someone gets upset, I'm able to say, "No one died." I suspect, in a way, it makes me quite sanguine and calm.

How to get the best out of a consultation

BE POLITE. SMILE. Try to be as accurate and concise as possible. And listen to what the doctor is saying – so many patients don't listen because they've come in with their own agenda. Don't be demanding. It's okay to take somebody with you if you need some moral support. But when you bring a second person in because you want to make demands, you'll get off on the wrong footing.

"our" house, with more space for storing all the boys' stuff. But we don't have what most people would term a normal, married life. He's a steel trader and he travels all over Europe. He sometimes flies in midweek, but generally we make sure we see each other every weekend, which means one of us getting on a plane. People think it's so glamorous, but there's a lot of hanging around in airports.

I completely fell in love with Martin. We are great friends and have so much in common. We both have a real ethos of family coming first. And we try to make sure we all come together as often as possible. The boys get on really well, which is great, and we've got an absolute open-house policy.

We're both independent, which is lovely. In some ways, part of my life is the same as before and I still do my own thing. Work is the constant – and the boys. Will's in his second year studying medicine and Thomas has recently graduated and is working as a management consultant. I'm extremely proud of my boys. More than anything, I think they're nice people.

I've embarked on a whole new chapter to my life. And it has changed hugely – for the better. I never dreamed it would turn out like this – it's a bit of a fairy tale, really.

Doctor, Doctor: Incredible True Tales From A GP's Surgery (Headline) is out now. w&h



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