Charlie tackled the challenge of his illness and mortality with characteristic style and bravery. Those of us who waited for news respected the fundamental right of, and preserved his family's privacy, of his right to autonomy and of questioning and seeking second opinions. When lines of communication were made or audiences gained, the fighting and competitive spirit was clearly undiminished. The public exposure was borne with grace and fortitude. One is certain that he will have observed those who delivered his care with a professional eye: he had, after all, written part of the manual himself and had published some well considered advice for those who mourn his passing.

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Paragraph reproduced with permission of the European Society of Anaesthesiology

The editor wishes to thank Mark Smith, Tony Halsall, Chris Till, Rachel Markham, David Highley, Lesley Simpson and Janet Towers.

We are grateful to his colleague and friend Dr Maire Shelly, the Associate Postgraduate Dean to the North Western Deanery, for the following insight:

Charlie Granger: a loss to intensive care medicine

Dr Maire Shelly, Associate Postgraduate Dean
North Western Deanery, Consultant in Intensive Care Medicine,
University Hospital of South Manchester

In those days, trainees often came and talked to me about becoming involved in a research project and I particularly welcomed Charlie's approach. I remembered being on his appointment committee and being struck that his path to anaesthesia differed significantly from most other applicants. He had previously trained in general practice and, most notably, had taken time out to renovate a croft in Scotland. We talked about his interests and I suggested a project that offered a real challenge.

I was producing some guidelines on caring for the relatives of those who died on an intensive care unit (ICU) for the Intensive Care Society and we came up with a survey looking at current practices to support the bereaved. Charlie rose to the challenge with alacrity. He devised a questionnaire and sent 430 copies to all of the ICUs in the country. He analysed the results and wrote the paper – and when I say wrote, he somehow made it a work of literature as well as science. He enjoyed writing and made reading his manuscripts enjoyable. I was brought up with the short sentence, factual writing style beloved of scientific journals and it was exciting to read something that pulled you into the story of the project so that you became involved in it. The paper was sent off and promptly accepted – without the usual list of changes required. A testimony to Charlie's writing skill.

This collaboration led to others. The next subject was stress – staff stress rather than patient stress – and an editorial entitled 'stressing out or outing stress'. Charlie's take-home message was basically that acknowledging your personal response to the inevitable stresses of clinical medicine is a major step in dealing with those stresses and reduces the likelihood of burnout. His common sense approach to the subject helped many readers understand their own responses to stress better and take steps to manage their stress levels appropriately. Because he was able to communicate his messages in a way that was non-threatening and not seen as wacky or alternative in the extreme, his points could be received by his readers. As he said in the editorial 'denial is no cure.' Charlie had a way of challenging that most robust of coping strategies with compassion.

There followed several more reviews, editorials and chapters. All were characterised by Charlie's elegant writing style and sympathetic approach to these sensitive subjects. He was also a writer who respected deadlines, a precious trait for editors. His drafts were always on time and needed little modification or direction. A direct result of Charlie's work on bereavement is an increased awareness of the support needed by families whose relative has died on an ICU. Many critical care follow-up services include a service for bereaved family members. This

offers the families an opportunity to understand the, often confusing, events on an ICU and to mourn their loved one rather than wonder what happened. It also offers the ICU feedback on how they treat relatives and their bereavement support.

The last time I saw Charlie was in Copenhagen at the ESA meeting in 2008 where he was talking about coping with stress. The hall was packed and Charlie's sense of humour came through as he talked on this sensitive subject. In a time when the emphasis is on clinical cures and information, it is easy to neglect the way we are with others. If the cure fails, we need kindness and humanity, not more information. I will miss having Charlie in the world and so will intensive care medicine.

FURTHER READING

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