

MBMJ PROFILE . . .

MALCOM McILLMURRAY

Emma Farrar

The editor asked a newly qualified doctor to interview a retired consultant for the pages of the *Journal*. What he didn't tell her was that the consultant in question had pioneered the provision of District General Hospital cancer services, support and palliative care and put Morecambe Bay on the map as a leading centre for cancer diagnosis, treatment and palliative care. Dr Emma Farrar reports for the *Journal* on a memorable afternoon taking tea with Professor Malcolm McIlmurray.



In the days when Malcolm McIlmurray was a junior doctor, cancer services were buried deep in the basements of major hospitals. Patients would shuffle down to the only place deemed safe to house the radiotherapy machines, rarely to be seen above the ground floor. Cancer was a subject that wasn't openly discussed and the specialty of medical oncology didn't exist. Things have certainly changed and cancer patients in our locality are now very well provided for. Some years on, I learned from Professor McIlmurray just how these changes came about and how he implemented them in our area.

Malcolm completed most of his cancer training in Nottingham, where he was a university lecturer in medicine. There, he wrote his thesis on large bowel cancer and conducted a study, in collaboration with the university tumour immunology department, on immunotherapy in melanoma. This was where his interest in medical oncology began.

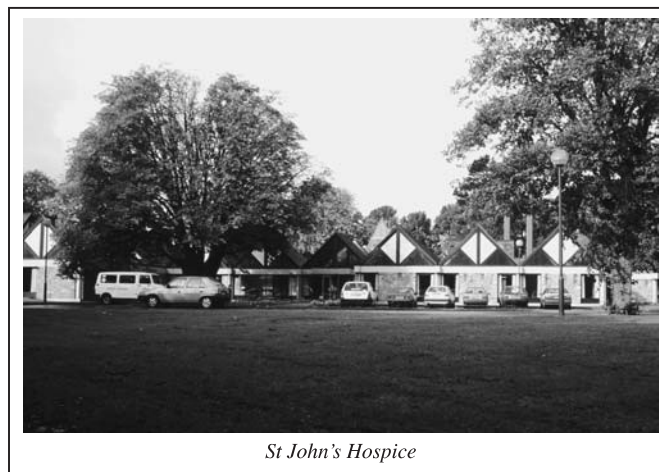
At the time of his appointment to Lancaster as a gastroenterologist in the 1970s, the field of medical oncology had not yet taken off; cancer specialists worked mainly at the

big centres and there were only four oncologists working at district generals in England. Cancer patients in our area were looked after by specialists from Manchester's Christie Hospital and although initial consultations could be held locally, they had to travel there for any necessary treatments. It became clear that there was a need to develop a non-surgical cancer treatment unit in this part of the world and Malcolm rose to the challenge.

The plan was to create a high quality cancer diagnosis and treatment centre here in Lancaster. It could then be emphasised to patients that cancer didn't necessarily need to be treated in a big specialist centre and could be treated just as well on their own doorstep. The majority of the common cancers were to be managed at Lancaster, with certain cancers needing to be referred directly to the Christie. There was also the added advantage for patients who were being seen initially in Manchester to have their treatment and blood checks locally once a management plan had been determined.

Lancaster's first cancer centre was initially housed in the old endoscopy unit; alternating sessions between endoscopy and cancer therapy. It then moved to the old private wing of the hospital (opposite the Medical Assessment Unit) and became an eight-bed unit, with one bed suitable for a neutropenic patient. Cancer patients in the area were now being much better provided for from a medical point of view. However, there still appeared to be a gap in their care that wasn't being filled and Malcolm was instrumental in dealing with this.

It was recognised that caring for cancer patients doesn't just mean treating their physical condition but addressing the emotional and psychological aspects of their illness also. Malcolm certainly noticed this when conducting outpatient clinics and came up with the idea of having a nurse sitting in who could then go and follow up patients in their own home. Of course, 30 years ago the MacMillan nursing service was



rudimentary so this nurse became one of the first cancer support nurses in the country. Soon there were three such nurses covering the whole of the Bay region. Patients now had someone they could discuss all the different aspects of their illness with, from family issues to the horrendous side effects of chemotherapy.

Further to this, Lancaster's small oncology team then went on to set up the organisation CancerCare, now located at Slynedales, by St John's Hospice. This organisation began life in a hired room at Ryelands House, where patients could come and talk about their issues and receive massage therapies. Professor McIlmurray could now not only deal with their medical condition but refer cancer patients into a suitable network of support. CancerCare was one of the first charities of its kind in the United Kingdom and now has over 50 therapists providing treatments in its many drop-in centres across the Bay. It attracted much attention from the media, which prompted the establishment of similar organisations throughout the country.

There was, however, something else missing in cancer care in Lancaster in that there did not appear to be anywhere where people could go in the terminal phase of their illness. Palliative medicine did not exist as a specialty in those days. Provision for patients who were dying consisted of a small independent hospital in Silverdale. This was run by a group of nuns who had a contract with the health service for a small amount of medical cover. Malcolm proposed for this medical cover to be transferred over to a larger unit and after a charity appeal, St John's Hospice opened its doors in 1985. Dr Margaret Ellam was the first consultant appointed to this unit.

After a further appeal in conjunction with the MacMillan charity, £1m converted the old Accident and Emergency department into today's oncology unit in 2001. It's a lasting tribute to a local legend and 'the two Davids', as he refers to his successors Drs Fyfe and Eaton, have a very sound footing on which to develop his legacy.

The editor wishes to thank Dr Emma Farrar for this tribute and is interested in encouraging would-be authors to contact him for the purpose of writing articles such as this. Editorial support will be offered!

The Morecambe Bay Medical Journal Prize *for the best article by a junior doctor*

A prize of £200 is awarded each year to the author of what is judged to be the best article published in the journal.

The prize is open to all junior doctors and the winner of the 2007 prize will be announced in the Summer issue of the journal.