

# European Doctors Orchestra

## THE FIRST CONTINENTAL CONCERT, IN BUCHAREST, JUNE 2005

There are two things that guarantee the cat will make a swift exit: the sight of the vacuum cleaner, or me getting my violin out of its case. For most of the last 20 years or so, the vacuum cleaner has posed by far the biggest threat as the violin has barely seen the light of day. But, early in 2005, all that changed.

I had attended the European Doctors Orchestra (EDO) inaugural concert in November 2004, in Blackheath, London, more out of curiosity than anything else. Involuntary foot-tapping began early on, and it wasn't long before a smile became fixed on my face. It matched the smile on the faces of most of those who were playing. This thing was infectious. The overwhelming impact on me was that I came out determined to find the courage to play my violin again.

Apart from a vague attempt at maintaining my musical interests when starting medical school, my own playing dwindled sharply to nothing once I started clinical training. A few desultory efforts over the course of the next two decades resulted in little else but a vague yearning and a huge dose of anxiety whenever I came close to playing again. I knew I missed the excitement of playing in an orchestra, but I had never quite found the right sort of group. I didn't want to take on a huge commitment or take music making too seriously; I wanted music to be fun.

At first glance, the EDO seemed to have all the ingredients I was looking for. They invite anyone who has reached grade 6 or more to register for an intense 3 days of rehearsal followed by a concert. This happens twice a year, once in London and once 'somewhere else in Europe'. Not only are there no daunting auditions, but there's also the opportunity to travel. I was hooked by the whole idea.

My violin and bow were overhauled and restrung as a birthday present. Lessons were another present. I found a wonderfully patient teacher who lives within spitting distance of my home, and who welcomes returning adults. I was set. I had committed to playing in the EDO's first continental concert, and as any goal-oriented medic knows, that in itself loomed large as an incentive to arrange

lessons, work out which end of the bow to hold, familiarise myself with reading music again and generally get my act together.

Six weeks or so before the concert, each of us who'd registered for the Bucharest extravaganza was sent a CD of the music and a CD ROM of the sheet music. I listened obsessively to von Suppe's *Light Cavalry Overture*, Mozart's *Sinfonia Concertante* and Dvorak's *Symphony No. 8*. until I could sing along to it all in my sleep. And gradually my violin started to come back to life, and slowly, very slowly, I began to play through the parts. It was a bit like studying for exams. Practicing was something I did because I didn't want to make a fool of myself, and because I had promised myself that I would make an effort. Then it became something I started to enjoy as I got to know the music better and I could play along with the CDs. Paradoxically, after many years of playing in orchestras as a teenager and never really preparing for any of the many concerts I had played in, this was the first time I had made such an effort. And, not surprisingly, the work paid off.

From the moment I arrived at Heathrow, and met up with other members of the orchestra, I felt a sense of relief. Almost everyone I spoke to seemed to have been rediscovering their love of making music after many dormant years. Very few had found time to play regularly as junior doctors, and many are now well-established GPs and consultants. I was in good company; the rehearsals were fun, and the sense of humour and inimitable patience of our conductor, Warwick Stengards, brought us neatly into line. We were joined by members of the Bucharest Doctors Orchestra and by a few exceedingly helpful professionals to fill the odd gap. The Romanian hospitality and organisation was second to none. And we enjoyed the thrill and privilege of playing to a packed and thoroughly appreciative audience in the Atheneum Theatre. For an orchestra made up mostly of amateur players who had come together simply for the fun of making music, the concert was the icing on the cake. To receive the warm and spontaneous standing ovation that we did was both a moving and humbling experience.

**Abi Berger**

## PAST, PRESENT AND FUTURE

Early last year, Miklos Pohl, the founder of the Australian Doctors Orchestra, brought that orchestra's history with him on his relocation to London as a consultant plastic surgeon, and brought me into the loop of another ambition — the founding of the European Doctors Orchestra. We agreed that it would work, and a very tight schedule was established with the aim of an inaugural concert in 6 months time. At that first evening meeting, all we had was the idea — but there was no money, no database, no conductor, no venue, no programme, and no soloist. But by the end of the evening we had recruited our soloist and our conductor, both of whom took the whole thing on trust and agreed to help. A few days later we agreed a programme; Rossini's *Thieving Magpie Overture*, Beethoven's *Violin Concerto*, and Brahms' *Second Symphony*. Wonderful. Now all we needed was funding and a venue — and players. We sent out letters; we made phone calls; we sent emails; we lived off our nerves, our fingernails, and the internet for weeks. Very slowly, we established a database of players, many of who agreed enthusiastically to play but, too often, would find reasons to withdraw. We began to despair.

But then our first overseas player, a clarinet-playing internist from Denmark, joined. This opened a floodgate, with registrations pouring in so that, when rehearsals began, we had over 90 players — physicians, surgeons, GPs, pathologists, oncologists, medical students — from eight different countries. And, as the orchestra grew, so did our sponsorship. We rehearsed intensively for a weekend, all day Friday and Saturday, in a church in Greenwich, with the final Sunday morning rehearsal in the Blackheath Hall before the afternoon concert. Everyone had received copies of the music beforehand and, at the first rehearsal, it was clear that the majority of the orchestra had been practising. That rehearsal was interesting; it was a sort of reunion, meeting once again music with which most of us had grown up, and it was the first contact of a truly multinational orchestra with its conductor, Rupert Bond. We began with the Rossini; it was a cheerful amateur shout and, as fingers

and embouchures settled down, we began to work in detail before taking our coffee-break in the basement. Audit, management, and facilitation went out of the window, as did the agonies and inconsistencies and idiocies of the new contract; instead, there was this wonderful conversational buzz as musicians from all over Europe talked music with each other, renewing old friendships and making new ones instantly in the excitement of playing in a full-strength symphony orchestra.

Then, we started work on the Brahms, with the orchestra's committee scattered through the orchestra, watching and listening. Something wonderful began to happen with that hushed introduction on cellos and basses; the orchestra was falling in love with Brahms all over again, and the first horn call made us shiver with its beauty and plaintiveness. More detailed and very hard work followed in the sectional rehearsals and next day our soloist, the violinist Elizabeth Wallfisch, came to rehearse the Beethoven concerto — 'this mighty work, the sovereign lord of all violin concertos', as Rosa Newmarch called it. The privilege here was that of working with a great artist and being privy to her thinking about a masterpiece that she had played so many times, getting to know her ideas about tempi and phrasing, and gradually learning how the orchestra had to blend with and support her. Then it was over to the Blackheath Halls next day for the final rehearsal and concert, by which time the orchestra was a rock-solid unit with every section united in its discipline. And, as we played music which had been part of our lives for so long, there were those of us almost in tears of gratitude at being part of something so wonderful for, over a period of 2.5 days, we had managed to mould over 90 people into an amateur orchestra to rank with the finest. The concert was a sell-out success, with the audience ecstatic at the blazing brass finale of the Brahms. We left them with an encore, the genial tubthumpery of Elgar's *Pomp and Circumstance No. 4*, and came off exhilarated and exhausted, to sit over a drink as we relived what we had just achieved. The EDO, now a fact of musical life, has played in London and Bucharest; we play in London again this November, (in the Royal Academy of Music) and, next year, we may be going to Budapest. Join us, and watch our website; [www.edo.uk.net](http://www.edo.uk.net).

Michael Lasserson

## Diary

### 7 September

'It ain't what you do — it's the way that you do it'

Miskin Manor Hotel, Cardiff

Contact: Sali Davis

E-mail: Sali Davis

Tel: 029 20504604

### 20 September

Clinical Update: multiple sclerosis

Princes Gate, London

Contact: Claire Wilkins

E-mail: [cwilkins@rcgp.org.uk](mailto:cwilkins@rcgp.org.uk)

Tel: 020 7344 3124

### 23 September

MRCGP Exam preparation course

Weetwood Hall Conference Centre & Hotel, Leeds

Contact: Amanda Lakin

E-mail: [yorkshire@rcgp.org.uk](mailto:yorkshire@rcgp.org.uk)

Tel: 0113 343 4182

### 27 September

Appraiser skills in primary care — module 1

The Lancashire Hub, Preston

Contact: Amanda Penney

E-mail: [apenney@rcgp.org.uk](mailto:apenney@rcgp.org.uk)

Tel: 01925 662351

### 27 September

RCGP Thames Valley Annual Symposium

and Annual Dinner

The Oxford Centre, 333 Banbury Road, Oxford

Contact: Sue Daniel

E-mail: [tvalley@rcgp.org.uk](mailto:tvalley@rcgp.org.uk)

Tel: 01628 674014

### 27 September

Introduction to the MRCGP

Holiday Inn, Runcorn

Contact: Anna Reid

E-mail: [mersey@rcgp.org.uk](mailto:mersey@rcgp.org.uk)

Tel: 0151 708 0865

### 28 September

Vale of Trent open meeting

Postgraduate Centre, Nottingham City Hospital

Contact: Janet Baily

E-mail: [janet.baily@nottingham.ac.uk](mailto:janet.baily@nottingham.ac.uk)

Tel: 0115 8466 902

## Neville Goodman

### BEING THERE AND DOING IT

First, something that needs no further comment. A government report has concluded that those areas of the NHS that were given targets have improved, but areas not given targets have not. Conclusion? We need more targets. The intellectual incisiveness of this impeccable logic leaves me unable to write any more on the subject.

So I'll turn to training. Surgical senior registrars were sometimes in post for 10 years. This made them very experienced, especially when one in two and one in three rotas were the norm. They did the emergency surgery; consultant surgeons were not often seen at night. Ten years in a senior training post was too long. Consultant surgeons are now seen more often at night, and for many it is in their contracts. Making sure that the sickest patients are dealt with by those with most experience sounds a good idea, but actually it's not necessary. What matters is that the sickest patients are dealt with by those with enough experience, and that someone with more experience can be called on if needed.

I think we need to be worried. Consultant surgeons are doing more emergency surgery because their trainees do not have the experience. It worries me that often there is not even a surgical trainee assisting. Letters to the formal and informal medical press document the precipitate fall in the number of procedures undertaken by trainees. They are not doing as much, and they are not getting the variety. Sub-specialist trainees may do enough of their specialist operations, but patients aren't admitted with specialist diseases; they are admitted with acute abdomens, and there need to be enough generalist surgeons around.

This is a problem for all the practical specialties, and probably for all of medicine. The recent clamour for strict syllabuses and competence-based training is all very well, but there is an indefinable something that comes from experience: Michael Eraut termed it 'tacit knowledge'. It's knowledge that you don't know you've got, so it's not easy to pass it on, other than by being there and doing it.

Firemen, a patient told me, are no longer allowed to set fire to derelict buildings and then go in to put them out. Health and Safety won't allow it. So the only experience they have of big fires — which are rare — is when they are called to one in an emergency. They then lack the subconscious reflexes that warn them a wall could collapse.

Everything has a balance: will it be restored in medical training before it is too late?