

The Royal College of Physicians and Oxford Brookes University Medical Sciences  
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**Dame Cicely Saunders OM DBE FRCP**  
**in interview with Dr Max Blythe, Oxford 14 March 1991**

MB Dame Cicely, I read Shirley du Boulay's biography<sup>1</sup> with increasing attention as I went through. I've never read a biography which had so many exciting relationships, giving in both directions. It's a fascinating biography and I just wonder if we could start with that long parade of relationships that has forged your career and your concerns for people. And I'd like to really go back to the very beginning because I think one of the most influential relationships was the one with your father. I wonder if we should start with father?

CS It usually is a good place to begin. He was a large, ebullient, rather domineering man in some ways, who'd had to fight to get himself into a position in the world where he felt he should be. He was very ambitious for us and for us to have the things that he'd failed to have, like going to university and so on. He took endless trouble when we were young, going down the garden and bowling at us, trying to teach my brother cricket and trying to teach me tennis. But he always expected us to do well and I think those expectations were a bit burdensome sometimes. But I'm very grateful to him because he gave me the feeling that if you are going to do something then you've got to do it very thoroughly and there may be more to it than you think, when you first start out. And he also, having made a great deal of money starting from scratch, was able to say 'Don't worry', even when, at a late age, when I said I was going to do medicine. So I was able to go ahead with him approving.

MB You had a marvellous relationship, sometimes agreeing and sometimes not agreeing.

CS Oh well, we fought like anything, but I think probably in a vivid relationship you always got both sides.

MB On the other side, you didn't have such an exciting relationship with mother.

CS Well, she found life very difficult. She tried very hard, but really didn't know quite how to do it and found it very difficult to make relationships with people at any depth really, which was what finally made the marriage break up, after they'd tried for a very long time.

MB Do you remember as a girl feeling disappointed? Can you actually remember disappointment in mum from an early stage?

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<sup>1</sup> Du Boulay, S. (1984), *Cicely Saunders – The Founder of the Modern Hospice Movement*, London: Hodder and Stoughton.

CS No, I don't know that either I or my two brothers were very insightful. We always had lots of friends and felt it was much easier when there were lots of friends around. We had a big house and gardens and tennis courts and things like that and there was plenty of space to get away, which I think one did.

MB And very early in that life Aunt Daisy comes into the picture. She seems quite an important figure for a long time.

CS Well she was my godmother and she really looked after me for about the first eight months of my life and then she went off to be a school matron, but she was always back in school holidays. And she was a warm stable lovely person, very soft gentle outside and strong inside. She gave me all the right books as a child and I remember her with nothing but admiration and gratitude, you know, right the way through until she died in her eighties.

MB But a critically important early influence.

CS Very important early on. She gave me the warmth that my mother found hard to give.

MB And she was also going to be part of your school life which we could perhaps come to now, but she wasn't part right away. You went to some small schools first.

CS Well, I was sent off to boarding school at the age of ten because I was very unhappy at my day school.

MB Where were you before then?

CS Oh just at a local school. And I didn't get on with other girls very well, and nor did I really right through to the end of my school days. I was not able somehow to relate easily, and so I know what it is like being the unpopular one and not knowing a friend that one could join up with for special occasions. But all the same, I had a very good headmistress and I had a very good housemistress.

MB This was at the first boarding school?

CS No, when I moved on to Roedean at the age of fourteen, which I may say my father moved me to without discussing it with me at all, which I took rather poorly at the time.

MB Where was the first school? Can we just label that before we go on to Roedean?

CS It was just called Southlands at Seaford.

MB But he made the decision you'd go to Roedean.

CS Well he thought I needed extending and he was right. And Roedean I really disliked very much to begin with, but the last eighteen months or so I became a prefect and head of the house and that was all right.

MB Was that heady experience at that time? That was quite fun, that was rewarding after the barren years of school that hadn't been so good?

CS Yes. I mean, I still have never wanted to go back.

MB No. Right

CS I don't particularly feel that that was very formative. I just was a very slow developer, I presume.

MB You were a bit shy I think?

CS Yes. Pretty shy.

MB But it wasn't going to last. And after school, what were the decisions about, moving from Roedean?

CS Well, early on I had wanted to nurse but my parents...I had a bad back and I'd spent a lot of my life having to lie down and have exercises and all the rest of it. So, having tried a year doing just music, I then decided I wanted to go to university, which I eventually did, and went up to Oxford, to what was then Home Students.

MB St. Anne's College.

CS But after I'd done three terms, came the war and I did one more term of wartime and thought 'this is no place for a girl'. And the sister of a friend of mine had suddenly decided to go nursing and I thought well, now I can and I will, and so I did. And for the first time in my life I really fitted; I was popular, I did well, I enjoyed it. I had to lie down a lot on my off duty because of my back, but I really loved nursing.

MB So that was a great move but you had thought of it while at school.

CS Yes although I'd forgotten that, but when I decided, my headmistress in writing the reference to the hospital actually referred to it, which Shirley du Boulay discovered when she went and did a bit of research. I didn't know that.

MB So there it was already in the cupboard somewhere in the background.

CS But it had been very repressed as far as I was concerned, I'd laid it on one side.

MB Can we go through that nursing, those nursing years, early war - an incredible time to train in nursing. You go to St. Thomas's for very good reasons.

CS Yes, but St. Thomas's was already out in the country because it had already been bombed.

MB So it was at Hydestile and various places.

CS Well yes. But before we got to Hydestile we were at a great big mental handicap hospital at Park Prewett. And we lived in a sort of barrack conditions with terrible food and, of course, one day off a week, and when you were on night duty, twelve nights on two nights off.

MB Long shifts as well, but that was home. You felt at home in this world?

CS Oh yes, I loved it. And we've kept in touch. It is fifty years now since we started and about a dozen of my set, which was only twenty in the first place, all met up this last May for a reunion at St. Thomas's. Quite a lot of us have kept in touch in twos and threes, but we do know the set as a whole and what is happening to them, and we had a lovely meeting.

MB Within the last year. So the Nightingale girls of that intake came back.

CS Well there's a Nightingale reunion once a year and a lot of sets do this now. I think, actually, my set started it about fifteen years ago. We started getting together and it got very popular.

MB Of those years in the war and nurse training, are there any particular memories of people who forged that early career in nursing for you, any particular people who you can remember, or was it one general training that seems pretty homogeneous?

CS Oh no, there are people who stand out. There was a surgical ward sister who used to chase me up and down the ward picking up on this and that, and I remember one day when I'd done something rather stupid, like putting something in the steriliser before taking the sterile things out. And I remember her saying to me 'You can be good, you will be good, that's why I chase you.'

MB There was a good answer.

CS And she remained a friend as a lot of them did. And I remember patients, people that were special, the baby that I looked after at night who finally died. And I couldn't bear anybody else to take him up to the mortuary and I carried him up myself. It was hard work because my back was increasingly tiresome and finally I had to stop.

MB Not easy years and some of the emotions of caring were quite powerful.

CS Yes, and also even then the discussion as to how much you discussed with a patient, the seriousness of their illness, which in those days on the whole didn't happen, although one or two people would behave differently from everybody else. No, it was fascinating and I wouldn't have missed it.

MB Well those years had to come to an end.

CS Well I finally realised that no longer could I drag myself off duty. So I saw an orthopaedic surgeon who said 'End of nursing for you'. So I went back to Oxford.

I'd already decided that I wasn't going to be able to continue. I had already written to Oxford to see if they would have me back. So I went back as invalided, as it were, for the last three terms of the war, by which time my younger brother was up in college.

MB This was John?

CS No, my younger brother is Christopher. John was away in the Army. And I worked very hard and did about two years work in a year and got that finished just as the war ended.

MB And came out with a degree that you could take into a new professional arena.

CS Yes. I was able to start becoming a medical social worker, but I then had my back operated on and I was off sick for about six months before I was able to come back properly. Anyway, I finally qualified and started in the summer of 1947 as a medical social worker, or as they called it lady almoner, at St. Thomas's again.

MB Where was the training for that?

CS Well you see I did the academic work at Oxford, doubling with a war degree.

MB But then had to go to an institute in London.

CS Yes, but that most of it was practical work, working as a social work student in different hospitals.

MB And was that a satisfying change? Did you feel an instant rapport with it as you had with nursing?

CS Not the same, but I was glad to get back into hospital and I immediately started working with cancer patients. I chose to go to the Royal Marsden, which was still then the Royal Cancer Hospital, and went as part of my student training. And I remember patients from there. And then when I arrived at Thomas's I was working in the surgical wards, and particularly thinking of patients with cancer, and it was in my very first ward that I met what I've always thought of as the founding patient for St. Christopher's. But before this time, at the end of my Oxford time, I had made a very definite commitment to being a Christian, and at this point really saying 'What can I do to say thank you', and find what I ought to be doing in the way of service. And it seemed logical just to go ahead with what I was doing, but meeting David Tasma and then spending the two months visiting him when he was transferred to another hospital in the early months of 1948. The idea that I would work whole time with people who were dying of cancer, do something about their pain and their symptoms, that developed. And talking together with him, the idea of somewhere emerged, which is why he left me the £500 to be a window in 'your home'.

MB I'm just going to take us back a little bit, Dame Cicely, if I can, just to that period, 1945. You said this commitment to a Christian profile of work, can I just ask, was there a revolutionary moment when that happened? Can I ask about that, because it is obviously a fulcrum point in the life story?

CS Well yes. Well all through my nursing I had been reading: C S Lewis, Archbishop Temple, Dorothy Sayers *The Man Born to be King*.

MB Lewis you met in Oxford?

CS That was a bit later. This was pre-Oxford. Through my nursing I was interested and searching. And then after having met with C S Lewis and been in the Socratic Society and so on, and still continuing to look and think, I just went on holiday with some friends who had a very definite, much more evangelical commitment. And it was very much when I said 'Well, let this be real', you know, as if I'd been turned around and somebody had said 'Don't worry, I've done it. Now relax', as it were. And it felt as if I'd been battling into the wind and I'd suddenly got the wind behind my back. And then of course there was a lot to discover.

MB That must have been an incredible time. The war was over; all kinds of blackness had gone. It must have been an incredible time, 1945.

CS Yes it was and early in 1946 we set up in a crazy flat, six of us, just finished bomb damage repair. And we lived on about £2 a week each for everything, which was possible in those days.

MB This was in London?

CS This was in London, the Paddington area, and that was great fun. And I was always singing a lot. I did a lot of singing all through this time.

MB With a choir in the City?

CS With Thomas's choir and I used to do solos for them and we always had a piano in the flat and we did quite a lot of singing.

MB Right. Now were coming to 1947/48 and David Tasma. We should talk about that relationship in a little more detail, if we could. It was twenty-five meetings. I went through the biography and I heard from the biography very strongly, twenty-five meetings had this incredible effect on your life. This was a very incredible man.

Cs He was a gentle humble person whose grandfather had been a rabbi and he had been brought up in the Warsaw ghetto, but he'd left Poland before the war and resistance time. And he was looking for, not only relief of symptoms, which they did as well as they could in the very busy ward where he was a patient, but he was also trying to search out in a sense who he was. Because here he was at the age of forty, dying, unmarried, nobody, as far as he knew until he met me, who going to mourn him, and feeling as if there wouldn't be a ripple on the pool and that he'd been there. And so his, 'I'll be a window in your home' shows I think a poetic streak. But when I said one day that perhaps I'd read something to him, rather than try and go on saying the Psalms that I knew by heart because he was Jewish, so obviously that was what I'd say to him, he said 'No, I want what is in your mind and in your heart.' And although at the time he meant he only wanted what was real for me, afterwards, thinking about it, I've always thought that he was asking for everything of the mind, of skill and understanding, everything I could learn, as well as the friendship of the

heart. He was asking quite a lot. So in his very quiet way he was quite a definite person. And I was very fond of him indeed. And very sad and empty after he died.

MB Where was he hospitalised?

CS He was in the Archway Hospital at Highgate and I used to go up on the 27 bus.

MB Spend one or two visits...At that time you went every day to see him?

CS Most days.

MB At the end you felt bereft.

CS Well yes. But it was just about a couple of months after that, I went up to Scotland with my father and got up very early one morning and walked along the side of the loch - we were staying in a fishing lodge - and sat down by a river. It was a lovely morning and I just moved out of time, as I think occasionally one does, and was very aware that David was there somewhere, not particularly near, David was not particularly near but he was there and it was all right. And coming back into time and hearing the birds again and the water and all the rest of it, that was the end of the major part of the tunnel. And by that time I was going as a volunteer to one of the homes that had been set up for the dying at the turn of the century and I went on doing that for another three years.

MB This was St. Joseph's.

CS No, that is St. Luke's which was founded as a home for the dying poor by Dr Howard Barrett in 1893, who wrote the most wonderful annual reports, lovely descriptions of his patients, and he's another, as it were, founder. And then in 1951 I decided I would have to go and do this whole time somehow, and I'd go back and nurse somehow, be a night sister or something like that. And the surgeon that I was working for at that point said 'Go and read medicine, it's the doctors who desert the dying, and there's somuch more to be learned about pain. You'll only be frustrated if you don't do it properly, and they won't listen to you.' And of course, he was absolutely right. My father was delighted and said 'Go and read medicine and I'll support you'. With Mr Barrett's help I got into medical school at St. Thomas's and started first MB at the age of thirty-three.

MB Right. I'm just going to try and tease and make sure we get all the facts right between 1946 to 1951 when this change was afoot. You worked as a medical social worker for three years.

CS Well I was a medical social worker and then I took on the job of being secretary and social worker for Mr Barrett. He was a thoracic surgeon at St. Thomas's, a fascinating person, wonderful teacher.

MB Patsy Barrett?

CS Yes Pasty Barrett.

MB Pasty Barrett. Yes I knew there was a nickname associated. An amazing character. So he was the precipitant, as it were, of the change to medicine.

CS He was the person who said 'This is what you ought to do.'

MB That was a good move to make, but it was not an easy to make though because you had no science. That was a hard corner to turn. Can I ask you to tell me a little bit about that entry into medicine?

CS Well at the beginning when I didn't know even how to look up a log, to start physics and chemistry and to cut up a dogfish or skin a rabbit, that was what I really found awful. And with the other four girls in the group, years younger than I was. But then there were one or two of the men who'd done their army service, and so they were that bit older and more mature and I then made great friends with some of them. And that side of my life was quite fun, and I was very busy in the choir and things like that as well. I was busy in the Christian Union, which was a very broad-minded one, not like most to them. So that it was really hard work but I don't mind hard work.

MB Right. So you make the step into medicine.

CS You see when I went back to Oxford after nursing, they found that my brain was working better, and when I went into medicine after being a medical social worker it hadn't atrophied, so I could still bash on.

MB What were the most polarising areas of medicine? Where were your interests captured.

CS Well, I completely knew what I was going to do.

MB So the message from...

CS It was there. I met patients along the way who had advanced disease, who were dying, and it was looking at pain, looking at what was going to happen, reading what I could, which wasn't very much because there wasn't much written in that field at all.

MB But this was the compelling focus.

CS I knew what I was going to do, it was simply a question of getting through medicine and getting there. Although exactly how, I didn't know at that point.

MB Yes, and you got through medicine very well, with honours in surgery and a medal in obstetrics.

CS Well that was only because I was good at taking exams. I'd had enough practice by then.



MB It sounds very effective. What happened at the end? Where was the journey going to go? You've now qualified in medicine, you are a nurse, you are a social worker.

CS I did two house jobs and then my father...

MB The house jobs were?

CS Both at St. Thomas's but branches of St. Thomas's, Waterloo and Hydestile.

MB Right.

CS That was the minimum. And at this point my father ran into somebody he used to play tennis with at Wimbledon. And they were having tea together and he was saying what we were doing what I was interested in, and he said 'Tell her to get in touch with me because I have got a fellowship for working with pain but I can't easily get access to patients and we might find we could put something together. Well, we did.

MB Who was this person?

CS That was - he wasn't a professor at that point but he became a professor - Harold Stewart.

MB Right, who was at St. Mary's.

CS In the Department of Pharmacology at St. Mary's. And he was extremely supportive and I went round to the homes, and it was at this point that I arrived at St. Joseph's and said 'Can I come and work on pain here?' And they said 'We're looking for a doctor but we haven't any money.' So I said 'That's all right, I've got the money.' So I started at St. Joseph's in 1958.

MB Where was St. Joseph's located?

CS In Hackney, in the East End of London.

MB Tell me a bit about St. Joseph's, it sounds an incredible place.

CS Well it was opened in 1905 by the Irish Sisters of Charity and it had gradually built up to a hundred and fifty beds, of which a large number were long stay patients but about forty five were for patients dying of cancer. They had had a lot of patients dying of tuberculosis but of course that had been revolutionised with the drugs and patients had got up off their beds and...

MB The streptomycin era had arrived.

CS That's right, they still remember that very vividly. I was welcomed by the two family doctors who were really only able to call in fairly occasionally. There were no medical notes, there were no drug charts, there were no ward reports. It was tender loving care but virtually untouched by medical advance. And of course, by that time,

I had seen in my volunteer nurse days at St. Luke's that the regular giving of morphine by mouth could revolutionise the control of cancer pain, and adding aspirin or whatever. A lot of things we didn't have in those days. And you see during the 1950s all the psychotropic drugs had come on board. The non-steroidal anti-inflammatory drugs, the synthetic steroids, a whole lot of things had been happening. People had been writing from pain clinics about doing nerve blocks. There had started being some writing on bereavement and loss.

MB The whole world in a way was moving with your ideas and they were in step.

CS And I was picking up on these possibilities which was really very exciting. So I was able to arrive at S. Joseph's and I was first of all just given four patients to look after and I put them on to the regular schedule and I got them to keep a pain diary. It was like waving a wand, you know. So they soon, the Sisters, started saying 'Well, please can you do something for Mr so and so, and by the end of three months I was looking after all the cancer patients. And Professor Stewart came round and said 'I can see what's happening. Don't worry too much about a controlled clinical trial but really as it were monitor what you're doing? So I kept very careful notes, and I had a secretary and we got it all onto punch cards. So I had the basic eleven hundred patients on punch cards and I was able to show that we didn't go increasing the dose, that it went on being effective, that we didn't have drug dependence, and gradually we started looking at other symptoms and bringing in different drugs.

MB That's an incredible practical step forward. You must have felt there was new armour and this was a new way forward.

CS It's very simple.

MB It hadn't been happening, had it?

CS No and it was quite early on in 1960 that I met the second very influential Polish patient who was there for a long time but we got close in the last month of his life.

MB This was?

CS That was Antoni Michniewicz.

MB I'm glad you pronounced that. I was having difficulty with that, thank you.

CS He was a dignified, patrician Pole, an engineer, sixty, who was...

MB Hospitalised in?

CS He was in St. Joseph's. And I remember looking back on his notes afterwards, he was the first patient that I did a full neurological examination when I admitted him because he was that kind of person. And I remember one of the nurses said 'Mr Michniewicz doesn't wait for his shaving water, it's always hot.' So he was that kind of person.

MB So here was an incredible new meeting.

CS Yes, which you know.....Lots of patients were special; I was very involved with them. I was making tape recordings of patients' conversations, trying to work out how they were thinking, what it's like to be so ill and so on. And just one day Antoni suddenly kissed my hand and said 'Thank you doctor, not just for your pills, but for your heart.' And his daughter who was there - he was a widower - said 'My father has really fallen in love with you doctor.' He said, you know, 'Just understand.' And I realised that in fact he was really very special. So for the rest of his life, which was just a month, it was in a ward, a six-bedded bay, you were never alone, but we had a deeper and closer relationship than with David even. And he taught me both what it was like for him and what it was like for me, which I needed to know. And I suppose, although one always says, don't fall in love with patients, but as long as one keeps it at that sort of level. But I think what happened there was to underline that these people are very important. They matter to the last moment of their lives and it isn't bizarre that somebody should suddenly make a very close relationship with them. They're still able, they're still very important and it is an important part of their life.

MB For those few weeks you had an incredibly deep association.

CS Yes.

MB Quite remarkable.

CS But a very spiritual one because he was a very convinced practising Catholic and I was a Christian, a Protestant, and that's the only place we met, you can meet very closely there.

MB And lots of important things were said, as you say, both ways and about the caring process.

CS And knowing how much I would forget, I kept a diary.

MB And another bereavement.

CS Yes, that took a long time to get through, partly because we didn't have any past so I didn't have much in the way of memories. But what I did was to try and fill in what I discovered about Poland. I mean, I knew he'd been deported to Siberia after he was taken prisoner by the Germans. He got back to East Poland because his wife was related to the Lithuanian Ambassador or something. And he was then on the deportation from East Poland to Siberia, then he came out and was in the eighth army and so on. And so I used to go to the public library and get out every book that I could about Poland, and learn Polish history and some of the things that had happened to people like that.

MB And you went to Poland.

CS And then eventually I went to Poland with Sue Ryder on one of her trips, taking some drugs that I'd had for a controlled study that I didn't need anymore, and taking them to the hospitals which she had founded, little homes, and then....

MB And did you fall in love with Poland also?

CS Yes, I mean Poland is special. It's a strange country and it was wonderful being there.

MB It's had an enormous impact on your life, hasn't it?

CS Yes, I don't know why.

MB These people who came from a more easterly area came to help the journey. It's a colossal effect. And so you worked and you learnt about Poland a lot.

CS Yes, and I even got Linguaphone and started to learn Polish but that was a failure. And at this point I saw one of the...The Pole, who is now my husband, I saw his picture through the window of a gallery and stopped and went in and saw the end of a one man show. I found that he was about the same age as Antoni and came from the same city. And not because of that but because I absolutely fell in love with the pictures, I bought one.

MB How did you make contact, you saw a picture in a window?

CS Yes, I was driving and shopping, looking.

MB And what was the picture?

CS It was a blue crucifixion. I mean, it was a blue background, it was a crucifixion.

MB A powerful icon, it really was.

CS Very very strong.

MB So the call was to go in, to investigate.

CS I must go in.

MB How did you make contact with the artist?

CS Well it was the last half-hour of a month's one-man show and I was hawking between two smaller pictures. I couldn't have bought the big one. And the owner of the gallery, because I wanted a picture so badly said 'You can have that one half price.' So I went home and in the next couple of days I went back and collected the picture and I thought, what have I done, I've never bought a picture in my life before. And anyway I then went back to the gallery and said 'I need to write to the artist.' So she gave me his address and I wrote and thanked him for having painted such a picture, and saying that perhaps we'd have one of the larger ones in the chapel when we built St. Christopher's. And so he wrote back and said that was the most important thing that had happened in his artistic career, and that's how we met. So if

you're going to fall in love with an artist, it's quite a good thing to fall in love with his pictures first.

MB It sounds a very good start.

CS But of course he was married; his first wife was still alive in Poland. He'd been a prisoner of war throughout the war and was now over in this country as a political refugee, and his wife wouldn't come out, so his wife and son were there and he never saw her again after 1939. But she didn't die till not that long ago so we've only actually married for eleven years.

MB That was a very difficult situation for the deep love that developed very quickly between you.

CS Well, yes he was an artist and he was free and I was busy. I mean St. Christopher's wouldn't have got up if I hadn't both had the inspiration from David, secondly, had the experience with Antoni and the head of steam that a rather unresolved bereavement gave me, and finally, if I hadn't had the time of not being married and being free, being able to travel over to the States, round the world, and so on and see what other people were doing, which wasn't very much I may say. But [I would] endlessly read whatever had been written. I spent hours in the Royal Society of Medicine Library and gradually [was] bringing together the elements of the modern hospice because it really is the first time that somebody has taken the academic model of putting research and teaching into care for dying people and their families. And so during that time working at St. Joseph's [I] became aware that it was the whole family that one had to be concerned and that one had to communicate with the patient in such a way that they had a degree of control over what was happening to them, where they perhaps could be. We were increasingly able to discharge people home. It was quite a problem sometimes. I was looking at the whole area of symptom control and learning that, but I was realising that home care could be made possible and that symptom control could be done there. So that research and teaching together with care, together with looking at the whole family together with home care, and bereavement follow-up were all built in from those St. Joseph's and reading days. So that when we managed to raise the money and build St. Christopher's those were there. And I had grants from the then Ministry of Health waiting to do a comparison between morphine and heroin, waiting to start home care as a research and development project. The real founders of St. Christopher's are those eleven hundred patients of St. Joseph's.

MB Right. What I wanted to ask about now, just before we start. It's about 1960 that all the pressure was on to create St. Christopher's. I want to go back because I'm trying to find out someone who's not been mentioned. A Mrs G. comes into your life and [she] also had an important effect, and I can't leave Mrs G. out of this story. We can't, can we?

CS No we can't. She got me through being a medical student.

MB Tell me about meeting Mrs G. because we've got to bring her back into the story.

CS Well, after I'd finished first and second MB and been somehow dragged through, I was in chapel in the hospital one evening and the Chaplain announced there was a patient who'd gone blind in one of the wards who wanted somebody to read to her. So I went up and said 'Can I help', and met this Mrs G., who was enchanting.

MB Her name was?

CS Mrs Galton. And we remained Miss Saunders and Mrs G. till the end of our seven-year relationship.

MB But she had some magical effects because people would move to her bedside.

CS She was wonderful. She was the most enchanting person and she remained in St. Thomas's, different branches of St Thomas's, for seven years, which was a triumph of her personality.

MB Incredible isn't it? And you read to Mrs G. over quite a long time.

CS I read to Mrs G., I fed her, I got to know her husband well. She had a little boy, she had a very nice mother who was wonderful and they were always coming and visiting. And a whole lot of us got to know her.

MB And she came up with the name St. Christopher's.

CS Well yes she knew...I used to discuss every detail of what I was hoping to do. This was, remember, pre-St. Joseph's days, although by the time she died I was actually at St. Joseph's.

MB But the ideas were well...

CS But the ideas were coming together. And so one day at the end of 1960 I think it was, she said 'What are you going to call your new place? Are you going to call it after David? And I said 'Well, no I don't think so because he has no connection with medicine of any kind. But I'm going to call it hospice after St. Joseph's.' And she said, 'What does that really mean?' and I said 'Well, it's come to mean stopping place for travellers,' and she said 'Travelling, you'll have to have St. Christopher's.' So we did.

MB Excellent, how did the decision come that the time was right? This was about 1959, I think it was 1959. The decision came - all right all the ideas have had their time, time now to move ahead and to create more than a vision, it has to be real now.

CS Well, I was reading a small book of Bible extracts called 'Daily Light' at the time, every morning and evening, and in June '59 I read and it said something about 'Commit thy way unto the Lord and He shall bring it to pass.' And I felt as if I'd been tapped on the shoulder and been told, 'Now you've got to get on with it,' so I thought the time had come.

MB But how did you go ahead practically, from a message like that.

CS I went off on a private retreat for a weekend and I came back and I wrote out what I thought we ought to do. And that original memorandum which was the need and the scheme, with a fair amount of detail, didn't change all that much over the years. And if you go back and look at it, it's quite like what St. Christopher's is now although we've developed a much more sophisticated and a much greater depth of medical expertise than I'd envisioned at that time. And so I started sending it to just two or three people who I thought would be interested, and they introduced me to somebody else and on and so on. And that's how gradually it all came together.

MB Dame Cicely, can I ask you about that plan, I think it was for a hundred beds. I remember that there were a hundred beds in the mind, that seemed a nice figure. What did you plan, what kind of service and what kind of a centre did you plan? Just the basis view that you set down on that balance sheet.

CS Well, it was going to be for patients with far-advanced cancer and it was going to carry out research into control of their pain because there was practically nothing about the control of chronic and terminal pain that I'd been able to discover. It was going to have some long-stay patients, salute to Mrs G. and Louie who was another long-stay patient at St. Joseph's and who was another of my great supporters. And it was really talking with them that the idea of somewhere that would be between a hospital and home and would have all the skills of a hospital but would have the warmth and welcome and so on of a home, and no parking metres by the bed and that sort of thing. It's going back now, of course, but I think the patients told me what they needed and showed me something of their possible achievement and potential, and that's what it was built round. And after all, I went on listening to patients from then on and it gradually developed and we went on listening to patients from when we opened in 1967. So the developments have always been very patient-centred, family-centred, but it's been out of what somebody has said that, 'Now we must really look at this or what about doing it this way.'

MB And in some area of your writing or some area of the biography I saw the term village, it had become a village, which sounded a rather nice centre to have.

CS Well, the idea of having a wing for elderly residents came in almost at the beginning because I was worried about what would happen with my mother. Our first matron was concerned about her mother. I had watched the elderly nuns being so much part of St. Joseph's and I thought a wing for them would be important. And I certainly thought we ought to have a playgroup for the children of staff so that not only could a nurse say to you 'I'll have to bring my mother here because otherwise I would have to leave work and look after her,' but also the younger staff could leave their children and come and work. So we opened the playgroup, planned from the beginning, within the first year, it was opened early summer '68, so it had both ends of life. We very quickly, the very first summer, started having students coming in as volunteers. We've always had a span of nurses of different ages, though gradually we've had more and more of the young post-graduate or post-basic training nurses. So we do span the ages in the sort of way a village does. And as we've got bigger and more and more committed to a tremendous education programme, it's been an effort to remain a village and not turn into something more impersonal.

MB I know that very early on your decision was as well to have a Christian foundation and a medical foundation rolled into this one great community. Perhaps you'd like to tell me about those two elements of the foundation.

CS Well, that was a battle to try and think how exactly we did that, but the only thing we put in our articles of association as a charity was: there shall be a chapel available for Christian worship. So I think having made space for that, it gave somehow a feeling of space in the rest of the house. And also I think it emphasised, as indeed what we drew up as our aim and basis by 1965, emphasised that everybody coming should make their contribution in their own way, and that the patients should find their peace in their own way. And we started to meet as a group to discuss what we were doing before we even had the land from 1962. And the moment one looked round at the group who were interested we knew we were a community of the unlike. So that by that time if we were going to have Christian foundation it had to be both definite and extremely open. But we were going to have the total commitment to scientific rigour, and there's no reason why those two don't go together because they can.

MB The strength of medical practice there was also just as important and has never been neglected. You might like to tell me about that medical side. Really the pain control side went ahead, this great wing of yours.

CS Well, I'd already done tapes for GP recording service. I'd done a certain amount of writing, a first little booklet *Care of the Dying* came out in 1960 and I think it sold about 15,000. Anyway, it was a minor best seller. And so it was developing on that basis. We didn't start the double blind control study with morphine and heroin until '69. Our first researcher sadly died very young and Robert Twycross came in, I invited in 1970, and he did the basic work and showed what I'd already shown, in a much less rigorous way at St. Joseph's, that tolerance and dependence were not problems, that regular giving solved a lot of problems.

MB Internationally this was to have enormous effect, this kind of finding.

CS Yes, palliative medicine has really finally grown out of it. But there were other people getting interested around. And then in early '68 a really first-class, front line doctor joined, Dame Albertine Winner, and myself. Now Dame Albertine, a neurologist, was a very important person at St. Christopher's and one of the reasons why we started to concentrate on patients with motorneurone disease. She was a brilliant clinician although she'd been in administration for a long time.

MB A very supportive colleague.

CS A very supportive colleague, tremendously kind and a very strong person. She was a very important influence. And then in comes a third, much younger person, first class, front line physician and she has kept on looking at symptoms, teasing out different things with a certain amount of research here and there.

MB And she is?



CS And that's Doctor Mary Baines, who is still with us, and she, as physician to the hospice, has done an enormous amount to keep clinical standards as high as possible.

MB Dame Cicely, that's St. Christopher's in formation but I need to go back one step because there's quite a difficulty of raising the cash to actually have anything to form. Can I just go back to that chequered problem of getting the cash?

CS Money wasn't nearly as important as getting the idea.

MB Yes, that's true.

CS And I felt in a sense I'd got a promise from God that if you get it right, things will happen. And by giving a lecture here, by writing something there, I got an invitation to talk to a trust, talk to a charity. I didn't do a major general public appeal because I don't think people would have known what I was talking about. But I could talk to people like the City Parochial Foundation, the Drapers, the Goldsmiths, the Nuffield Foundation, and they responded.

MB They gave the money.

CS And Albertine Winner in the background, still at the Department of Health, saying to them 'Yes, this is a good thing, this is going to happen.' And she came on a clinical round with me at St. Joseph's and said this is good medicine in the setting. But it was so important that we showed that it just didn't have to be nuns only that did it; it was ordinary people, that also we had to bring in the whole scientific rigour that was needed.

MB And I think early in the development as well, just to catch up with the family story as well, I think your brothers also gave fairly good guidance when you were at that crossroads of starting up.

CS Well, my brother John found the site and my brother Christopher who'd been at Harvard Business School, helped me with setting up. The original pioneer type management, which of course does have somebody who's a bit of an autocrat. Obviously, the management of St. Christopher's has altered now and it's much more consensus management. And having switched from being medical director to being chairman I work in a totally different way now, obviously. And the person who took over from me runs a very good ship in a very different way.

MB What have been the greatest things looking back on twenty nearly thirty years at St Christopher's.

CS Well, twenty-three.

MB Twenty three years, we will get that right before we go on. What have been the most satisfying things for you? Obviously, all of a sudden the fruit of a life's journey began to be there. And in this period you also find marriage with Marian [Bohusz]; this is a very fulfilling period in total. What are the great things to look back on in that period apart from just the generalities?

CS Oh, I think it's been seeing the change on the patients' faces from anxiety, pain, depression, lostness, and the families, and see somehow something happening of their potential was still there, of their own inner values being appreciated and their own search for meaning being enabled.

MB So dying doesn't have to be absolute disaster anymore?

CS Parting is pretty disastrous but it can be made more possible, and can even in itself have a creative part to it. But this is a creative possibility that I think most people have, within themselves. And what we're doing with David's mind and heart, skills and attitude is I think giving them freedom and space and hospitality of the hospice. I think it's been very exciting seeing young people coming in and mature during the time they've worked with us, not young patients but young staff; seeing home care start out in '69 and now twice as many patients at home as we have in, and yet feel what we set out to do in the first place is capable of development. And then seeing that from being 'Oh well, you know, it's all very fine but she's a bit dedicated crank,' into this is a respectable part of medicine.

MB And people going out into all kinds of corners and taking something of the message further.

CS Well, very excitingly, people came over to us. The first three important people all came from North America, one from Canada and two from the United States. And the first home care team, with no back up beds of its own, with a doctor from St. Christopher's to head it up, a group whom I'd been meeting with since '63, and two of them had been on sabbatical with us and they'd started the hospice movement, the modern hospice movement, anyway, in the States. A chaplain who I'd been meeting, again since '63, at a hospital in New York, again on a sabbatical, again a group and setting up the first hospital team. And then finally Dr Mount from Montreal setting up the first within hospital unit, also after a sabbatical. And that's the pattern and those patterns are all the way round the world now. But David who'd thought he hadn't dropped a stone into the pool, he did, and the ripples just go on.

MB His window.

CS Yes.

MB Dame Cicely, when you mentioned earlier on the reunion with Nightingale nurses, just a year or so ago, they must have been quite excited to hear some of this story as well. But one bit of the story that was very exciting to me was that an Order of Merit, I think had been conferred upon you by Her Majesty the Queen just before that event. In view of the Nightingale connection with the Order of Merit I thought it might be nice to discuss. It must have been a great moment.

CS Well, it was. Well it was an unbelievable moment because it is a small group of us who have it any one time, and we were always taught as Nightingales that Florence Nightingale was awarded the Order of Merit, and to find myself going to Buckingham Palace for a private audience with the Queen and being given it and also meeting her with her very perceptive questions about hospice.

MB That's she's deeply interested in.

CS Yes. But I think she's deeply interested in everyone of her citizens.

MB Dame Cicely, we've covered a lot of ground. Did we miss anything?

CS Well, we didn't say enough about my husband he's just special.

MB Is there anything more?

CS No. What I knew about St. Christopher's, another thing I knew was the importance of visual. And the whole place is made of windows; the architect picked up that idea. But what patients were going to look at, what was going to be in the chapel, what was going to be up the stairs and so on, I didn't know until I'd seen Marian's pictures. And we filled the hospice with his pictures, which absolutely glow and give a tremendous feel to it. And then finally, his wife having died, we were able to marry and all the emptiness is filled. And I have three step-daughters, well sorry a step-son and a step-daughter and three step-granddaughters, but it's Marian himself who is an incredibly creative person, still painting at the age of ninety and very exciting to be with.

MB Wonderful. And so St. Christopher's is full of strong pictures and strong hearts.

CS Yes and a few minds.

MB That sounds a good point at which we could conclude the interview with me saying thank you very much for such an interesting introduction to the work you've carried out. Dame Cicely, thank you.