

Chapter 1

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First up was the interview – or in NHS speak: ‘Suitability Test’.

I put on a dark suit, a pair of polished black Doc Martens and pinned a Remembrance Day poppy to my lapel. It was the smartest I’d looked in years.

At the hospital reception I was asked: ‘Whose father are you?’

‘Nobody’s!’ I harrumphed, and explained I was one of the nursing candidates.

‘Oh, sorry, sir,’ said the blond supervisor, peering at me through trendy, blue-rimmed glasses. ‘We don’t get many applicants looking like you.’

‘George Clooney types?’ I suggested, though Wayne Rooney was probably more accurate.

‘You wish, sir! I mean middle-aged men wearing a suit and tie.’

In the ‘Selection Day’ room there were fourteen other candidates. It was a large, light room, midway up a tower block. The only feature, other than desks and chairs, was a shelf of blood pressure machines that resembled an army of midget aliens.

The other candidates were all young women between the ages of eighteen and twenty-five. I was the only man and the eldest by comfortably a decade, although at times that morning it felt more

like several geological eras. Many of the girls wore tracksuits or denim. Four or five were zombied out, listening to iPods. The only sounds were the *slop, slop* of chewed gum and some distant church bells.

I was sitting next to a teenager who, unlike most of the others, was immaculately dressed in a blue top decorated with seahorses. Her pretty, freckled face was pale as a candle and pinched with nerves.

‘Don’t worry,’ I said, trying to relax her. ‘It’s only a basic Maths and English test.’

‘God, I’m so nervous,’ she replied, biting her lip. ‘All I ever wanted is to be a children’s nurse. Ever since I was little.’

Elsa told me about her volunteer work in hospitals over the school holidays, looking after her ailing grandfather and gaining a First Aid certificate. She’d also written a project on Edith Cavell, the heroic wartime nurse shot by the Nazis after helping allied soldiers escape from Belgium.

I felt like a fraud by comparison. All I’d done in preparation was watch the boxed set of *Grey’s Anatomy*, perhaps the least authentic hospital show ever aired on television. ‘*Nurse! Nurse! It’s Dr Implausible here, we’ve got a dozen earthquake victims, a wounded deer and a woman who thinks she’s Abraham Lincoln. Oh, and I’ll see you in the locker room after you’re done, you saucy minx.*’

My own experience had been far from medical. I’d spent years odd-jobbing: working on farms, in bars and restaurants, teaching English to the Chinese. I didn’t have one member of my immediate family – past or present – who had worked in medicine and I’d never even seen a dead body – except on *Grey’s Anatomy*. ‘What the hell am I doing here?’ I thought to myself, not for the first time that morning.

‘God, I’m just so nervous,’ Elsa repeated. She was becoming increasingly uptight, tapping her foot against her desk.

‘Don’t panic,’ I said. ‘You’ll be fine.’

A side door swung open and in shot a small, bearded man

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with a rucksack the size of a straw bale. He strutted to the front of the class and cavalierly discarded his load.

‘Good morning,’ he said, scanning us all. ‘My name is Mr Temple.’ He smiled menacingly. ‘I’m here to tell you that you are mine for the next three years. All mine!’ Elsa nodded enthusiastically. ‘Turn off those iPods!’

A couple of the girls begrudgingly ripped out their earplugs.

‘Now listen carefully,’ Mr Temple continued, while prowling between desks. ‘You might have friends who are studying something nice and soft. Something like history, or art, or media. Pah! They get most of the summer off and a long break at Easter and Christmas.’ At this point he raised his voice. ‘But *you*, you won’t. You get about five weeks. The rest of the time you are in the wards or studying. In other words – you are mine! All mine! Am I clear?’

Elsa nodded even more enthusiastically. I prayed she never got kidnapped by a cult as she would be brainwashed in no time.

‘Maybe you like playing sport at weekends,’ added Mr Temple, ‘perhaps singing in a choir, salsa dancing or, God help us, shopping. Well, that’s fine. But nursing will come first. OK? If it doesn’t, then feel free to leave now. The door is there.’ He stabbed a finger in its direction. ‘So go now. *Go!*’ Elsa looked miserably at the door, her eyes wide as saucers. I was making a Herculean effort not to laugh. If Mr Temple said, ‘You are mine. All mine!’ one more time, I felt sure I would.

‘Did you know the NHS is the largest employer in Europe?’ barked Mr Temple. ‘And the third largest employer in the world. Did you know? Did *you?*’ Elsa shook her head. I joined her this time. I decided I probably shouldn’t get kidnapped by a cult either. ‘You are in a privileged position, every one of you. It costs over £11,000 a year to train a nurse, so don’t come expecting an easy ride. Every year there are high dropout rates.’

Mr Temple banged his fist on a desk. Elsa flinched. ‘Nursing is not all about helping nice little children. Oh, no! It’s a hard

job – you will have to deal with blood, tears, abuse, horrible parents, fear and death. So if it's not for you, get out now. Right now. Go on, *out!*' The man really was a charmer. I sensed Elsa was about to pass out – she'd been expecting a Maths test, for heaven's sake.

'But, trust me, all of you,' Mr Temple softened his voice. 'If you make it, you will have one of the most rewarding jobs in the world. I really mean that.' He smiled, a genuinely warm smile this time. 'And I hope you will all make it.'

Blimey, he had turned into the Nurse Whisperer. Elsa was now beaming with a wattage that verged on celestial.

'Right! First the English test, then Maths,' snapped Mr Temple, ruining the moment. I'd have to get used to this Good Nurse, Bad Nurse routine.

The English test was fine but, having not even looked at an equation for twenty years, I struggled with the Maths. Elsa had clearly breezed through both, and seemed relaxed for the first time that morning.

'Right, next we're going to have a debate,' said Mr Temple, pulling out a handful of cardboard signs from his rucksack. He explained that on each of the signs was a question. For example: Are celebrities bad for our health? Are nurses too posh to wash?

Mr Temple told us to pull our chairs into a circle facing each other. We were then each handed a cardboard sign. Mine read: Should alcohol be banned? And Elsa's: Is the media too powerful? Elsa looked nervous again.

The idea was that each of us should speak for five minutes on our subject, but that others could join in, too. First up was a very assured West Indian girl talking about celebrities. All was going fine until near the end when she started talking about George Best.

'So, tell me,' interrupted Mr Temple abruptly, 'should George Best have been allowed another liver?'

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‘No,’ I said. This was something I felt strongly about. ‘He was given one liver, then carried on boozing. Why should he have another?’

‘Because he was a football legend,’ argued a brunette with a hint of an Irish accent. ‘And what are you going to do, just let him die?’

‘He was a washed-out playboy,’ I said. ‘So many people deserved a liver more than he did. Sure, he was a genius once, but he’d had his chance.’

‘You’re supposed to be a nurse, supposed to care,’ fumed the brunette, not unreasonably. ‘There were personal reasons for his drinking.’

‘I didn’t want him to die, I liked him,’ I stressed. ‘But there aren’t many livers available. I think someone else should have had it, that’s all.’

Oh no, this wasn’t going well at all. I’d wanted to passionately express my views, but had come across like a tabloid pundit.

The rest of the talks went smoothly enough. I interjected here and there, trying to sound a bit more touchy-feely, and a bit less like George Best’s assassin. During my talk: Should alcohol be banned? I stressed that it shouldn’t – partly because prohibition had been a disaster in 1920s America and partly because it was a denial of our human rights, but mostly because I liked a pint now and then. I was challenged by a feisty, bespectacled girl who raged about alcohol being the ‘devil’s juice’. This made me feel a bit less hard line.

But I was worried about Elsa. She hadn’t said a word. Her topic hadn’t come up yet. When it did, she looked close to tears. She read out in a quavering voice: ‘Is the media too powerful?’ then dried up completely. Several of us tried to help her out, but she was stiff with nerves, utterly mute. Her head slumped down and her eyes welled up. She didn’t say another word and before long the final talk had been presented and we were free to go.

I accompanied Elsa to the bus stop. She burst into tears as soon as we left the building.

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'I didn't say anything,' she said, her breath smoky in the cold air. 'They'll never select me. I've failed. I'll never be a nurse.'

'Don't worry,' I tried to reassure her. 'It probably doesn't matter. Some of us said far too much. You did well in the written tests. You'll be fine.'

'No, I'm out,' said Elsa, rummaging in her handbag for a tissue. 'I'm sure of it.'

Sadly, she was probably right. And yet, out of all of us, I sensed she was the most naturally caring, and certainly wasn't too posh to wash. It seemed so unfair that a nineteen-year-old's ability to nurse was being judged on whether she could tell us: Is the media too powerful? Something even Jeremy Paxman might struggle with.

But maybe Elsa was just too nice. I had read about nurses having to endure 'the tyranny of niceness'. About how they are supposed to be constantly full of smiles and good will towards everyone at all times. Elsa had this ability in abundance. And yet, early in my course I realised nurses also had to be resilient. They had to stand up for themselves, whether in front of patients and their families, or fellow health professionals. At times they would witness tragic incidents, verbal abuse, and long hours. They needed to be strong. Yet wasn't there room for gentle nurses such as Elsa, and tougher ones such as Mr Temple?

For all Mr Temple's belligerence, I soon realised it had been for a reason. He was right to tell us it was going to be hard, and that we wouldn't have much time for other things. He was even right to stress: 'You are mine. All mine.' And he was right to tell us it could be the most rewarding job in the world, too.

'I'll see you at the hospital,' I told Elsa, who had now dried her tears. She smiled, a fragile but dignified smile, and walked on to her bus. I never saw her or any of the others again. Oh, except Mr Temple, of course.

To celebrate being accepted as a trainee nurse I joined Jake and Bill, two of my oldest friends, at our local, The Rising Sun. Jake,

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a teacher of English as a foreign language, was dressed in a blue poncho.

‘What’s this, Jakey-Boy?’ said Bill, shaking dry his umbrella. ‘Casual Friday?’

‘You know every day’s casual with me, Bill,’ replied Jake. ‘But I’ve got a Mexican in my class this week, so I’m making him feel at home.’

‘Feel at home!’ said Bill. ‘You look like Clint Eastwood in drag.’

In contrast to Jake’s outré dress sense, Bill was wearing a beige suit, the sort of garment diplomats wear in films. He worked all hours in the human resources department of a construction company to support his ever-expanding family.

‘Take a look at this, Jimmy,’ said Bill, slapping down a newspaper. *MRSA – SHOULD WE BLAME NURSES?* blazed the headline.

‘I’d be worried if you were my nurse, Jimmy,’ said Jake. ‘Your personal hygiene was never very good when we shared a house together.’

‘That was then, this is now, Jake. I even floss my teeth sometimes these days.’

Bill pointed triumphantly at another article further into the paper. *VIOLENT ATTACKS ON NURSING SOARING.*

‘Are you really sure you want to do this, amigo?’ said Jake, slapping me on the back. ‘Let’s face it, you’re hardly Mother Teresa are you? All this sudden worthiness sounds like a midlife crisis to me.’

‘Don’t worry,’ I said. ‘I’m ready. I’ve read the articles, too.’ And I had, every one of them: *NO JOBS FOR NEW NURSES; NURSING IN THE UK – NO THANKS; and NURSES ANGRY WITH THE GOVERNMENT.* The list was endless.

‘I just don’t get it,’ said Jake. ‘All those negative headlines but didn’t Tony Blair just boast it’s the best year ever for the NHS?’

‘What bollocks!’ said Bill, crunching on a pork scratching. In his other hand he cradled a pint of Guinness. Without the recent smoking ban, he’d have had a Marlboro in his mouth, too.

‘It’s not all bad,’ I said. ‘Nurses’ starting salaries have almost doubled over the last decade.’

‘Nurses should get paid well,’ said Bill. ‘I read that the NHS now costs us almost 100 billion pounds a year. One hundred billion pounds!’ Bill slapped his paunch in protest. ‘That’s a sum so bloody huge even Cristiano Ronaldo wouldn’t turn up his nose at it.’

I stressed that the NHS statistics weren’t all rotten. Patient deaths from cancer and heart disease were both down, and the average life expectancy in the UK was now nearly a whopping eighty years old.

‘Oh, great,’ said Jake. ‘So the fact Bruce Forsyth is still dancing and David Attenborough still hugging gorillas is all down to the NHS.’

‘Don’t be so cynical,’ I said. ‘The NHS has its faults, sure. But it gives free health care to the country. We should be grateful. It’s a national treasure!’

‘Was a national treasure,’ said Jake, with as much gravitas as a man in a blue poncho could muster. ‘It now spends all its billions on managers.’

‘But it needs managers,’ said Bill. ‘Just not as many. And only medically savvy ones who don’t charge through the nose.’

‘Like you do, Bill,’ I said. ‘And if you keep troughing pork fat like that you’ll need the NHS before you hit forty.’

‘Ooooh, matron, give me a break.’ Bill winked at me. ‘I make no excuses. I’m a fat businessman – get over it.’

‘Florence, here,’ Jake said, pointing at me, ‘is right, Bill. You need to take more care of yourself. You’re plump as a goose.’ Being a stick-thin, rock-climbing, tofu muncher, Jake had every right to criticise Bill – but he could sound horribly smug.

‘I know I’m a nurse in waiting,’ I stressed. ‘But could we cut down on the “oooh matron” and Florence jibes.’

So far people had reacted very differently towards my decision to be a nurse. My family and female friends – with the exception

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of Jess, my girlfriend – tended to bathe me in angelic glory and proudly announce: ‘Jimmy’s training to be a nurse you know, isn’t that *lovely/noble/scary as hell.*’ (The last comment was from Jess.) Many of my male friends, however, teased me relentlessly. They jested about bedpans, sensible shoes and Ann Summers suspenders. Their image of nurses seemed to veer wildly from saintly Florence Nightingale types to pouty temptresses such as Abby in *ER*.

To be fair, by starting my nurse training in my thirties, I was smashing the three golden rules of hospital soaps – namely that nurses should be one: female; two: young; and three: gorgeous. Yet one in ten nurses is now male, compared to only a handful during the birth of the NHS more than sixty years ago. In fact, there are now more male nurses than ever before with numbers steadily on the up.

Sadly, this encouraging statistic failed to stop the likes of Jake and Bill milking all the stereotypes. And by last orders that evening they were at it again.

‘Hey, Bill, listen up!’ Jake cupped his hand to his ear. ‘It’s Jimmy’s song on the duke box.’ In the background I could hear Robbie Williams breaking into the opening lines of ‘Angels’. At the chorus they both serenaded me with a horribly off-key duet.

‘And through it all, *he* offers me protection, a lot of love and affection, whether I’m right or wrong . . .’

‘Please, guys, we’re going to get kicked out,’ I pleaded. ‘You sound like Keith Richards drowning . . .’

‘DuhDuhDuhDuhDuuuu . . . DuhDuhDuhDuhDuhnaaa-naaaaaah . . .’

‘Enough, you plonkers!’

‘Lighten up, Jimmy,’ said Jake, as he drained his pint. ‘Worse things happen at sea. At least we didn’t sing “Sisters Are Doing It For Themselves”.’

On the first day of nursing school I arrived in good time at the assembly hall. Watching my fellow students, many of them

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shouldering backpacks – their faces part anxiety, part hope – I was reminded of refugees arriving in a new land.

Our group – about 150 in all – was a complex cultural stew. Voices from Africa, the West Indies, Canada, France, Eastern Europe and South America, not to mention Hackney and Huddersfield, swirled around, creating a babel that sounded as strange and rich as a flock of tropical birds.

We varied greatly in age, too. It was safe to say a few students had just left school – one girl even wore pigtails with red bows as if she'd just skipped out of *Grange Hill* – while at the other end of the scale were a few silver surfers, well into their forties and even fifties.

We really were the most incredible jumble. To my right sat Tola, a chatty Jamaican mother of three, with a Walnut Whip hairdo held in place by a lacquer so strong not even a tornado would ruffle it. And to my left was a sturdy, middle-aged man called Kiko, bald as a billiard ball, who had spent time in the Senegalese army. In front of us sat an elegant Muslim girl in a black headdress next to an exuberant Scot called Laura, a former aerobics teacher with a nose stud. Nursing clearly acted as a crucible to all ages, races, faiths – and hairdos.

Tola and Laura were both studying to be adult nurses. Adult nurses made up the lion's share of the assembly, and were mostly young women in their twenties. Kiko, however, was studying mental health – a branch of nursing that radically boosted the number of men and older students in the profession. It seemed children's nurses were the smallest group; in fact I had yet to meet one.

The assembly hall was huge, cold and dusty. There were no desks to write on, so we poised our notebooks on our laps, like journalists at a press conference.

Before the class started, a pigeon that had been roosting on the hall's roof beams began flapping around above us. A man in blue overalls appeared with a window pole. He tried chivvying

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the startled creature, but it only flew to a fresh perch, causing lots of cheering and whooping from the class.

‘Quiet!’ snapped a familiar voice.

And then, with the authority of Moses parting the Red Sea, Mr Temple walked in. The hall immediately hushed. Even the pigeon stopped cooing. What was it about this man, other than that he looked a bit like a Bond villain (the one with the white cat, I think, rather than the one with three nipples or the killer top hat)? Accompanying Mr Temple was a splendidly upright lady with a neat, black bob and the warmest of smiles. Tola told me she recognised her. She was known as Super Nurse, writer of many text books on nursing and something of a legend.

‘Good morning, everyone,’ said Super Nurse, beaming. ‘Welcome to the Grand Hall.’

‘Otherwise known as the Not So Grand Hall,’ mumbled Mr Temple.

‘It’s a joy to see so many of you keen to become nurses,’ said Super Nurse. ‘The best profession there is.’ Mr Temple rolled his eyes at this point. It was clear these two were going to be a great double act. Super Nurse as Tigger, Mr Temple as a much angrier version of Eeyore.

Super Nurse then proceeded to give us a half-hour barn-stormer of a speech. If this had been a party political conference, she would have won several standing ovations. Like Mr Temple, she did not shy from the profession’s tougher aspects. She even confessed that she had very nearly given up in her final year of nurse training, tired and disillusioned after too many night shifts and battling with her overdraft.

Heavens above, I thought, if this human dynamo nearly threw in the towel, what hope have the rest of us? But Super Nurse dwelt on the positive, too – the soul-charging satisfaction of doing a job that improved people’s lives every day.

‘Whenever times are tough,’ advised Super Nurse, with evangelical zeal, ‘think of the good you are doing. Unlike some jobs,

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nursing is never trivial. You are helping the sick, the vulnerable. Is there a more rewarding job than this? I don't think so. Thank you and good luck.'

Super Nurse received a huge cheer and left us all on a high, basking in her positive aura. Mr Temple then took to the stage. Here we go, I thought, from the sublime to the sanctimonious. But, this time there wasn't to be a single 'You are mine!' It was all low-key practical stuff, with Mr Temple explaining the events of the day such as picking up uniforms and distributing timetables. Then, just as we were about to leave, he couldn't resist one final pep talk.

'You are the standard bearers of the new generation!' shouted Mr Temple. 'So don't let yourselves down. But more importantly – don't let me down!' He softened his tone. 'Many of you here will not make it through the next three years. You will fall by the wayside. You simply will not survive.' Good God, what was this? The eve of Agincourt?

'But remember, if you're struggling,' Mr Temple gestured to us all, 'and, trust me, you will struggle, remember we are here to support you. Every! Single! Step! Of! The! Way!' Another cheer erupted, almost as good as the one for Super Nurse.

'Now shut up and collect your uniforms,' snapped Mr Temple. 'And someone get that bloody pigeon out of here.'

Later, I met some of my fellow children's nurses. According to a list given to us by Mr Temple there were a dozen of us, all women except for me and a man called Chips, an Irish photographer.

Chips was the first of the group I came across. I bumped into him at the uniform fitting as I tried on my blue trousers and white tunic. I also had a badge that proudly proclaimed: JIMMY FRAZIER – STUDENT NURSE.

'Hey, it's Gordon Ramsay's little brother,' said Chips, pointing at me. To be fair the male nurse's uniform – especially the white-buttoned tunic – did make me look a bit like a chef.

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Chips sported a pork-pie hat and heavy, black-framed glasses. He was about my age, perhaps a bit older. He told me that his photography work – everything from weddings to war zones – was drying up and he wanted something more stable. One of his nieces had needed heart surgery recently and the high standard of care she had received at an NHS hospital had inspired him to become a children's nurse.

During lunch break, Chips and I perused the text books at the college shop. Here we met two more of our group – Jana, a bright, rangy-limbed Bermudan girl who used to work in IT and Vicky, a boisterous Essex teenager, fresh out of school. Jana was elegantly dressed in black with a spangly, Boho necklace while Vicky sported crucifix earrings, ripped jeans and a face full of mischief. They were both ranting about the cost of books.

'How am I supposed to buy paperbacks worth twenty quid?' Vicky said, running her finger along the book spines. 'I can barely afford to pay my rent.'

'Same here,' agreed Jana. 'Even my room in the nursing hall is over sixty quid a week.'

I realised how lucky I was to be living in my own flat and without an overdraft. Chips was in a similar position to me, but for many students – especially the younger ones – money was a huge concern. Their annual bursary – around £7,000 – was their lifeline.

But Vicky and Jana had the edge on us oldies when it came to technology. Chips and I wouldn't have known a Power Point presentation if it hit us full-beam in the face. And neither of us had studied subjects such as biology, maths and essay writing since our teens. For this reason I badly needed a basic biology book and was eyeing up one called *The Body – A Duffer's Guide*.

'All I remember about biology from school days,' I said, pulling out the book, 'is that a man's body is 90 per cent water.'

‘A man’s body is only about 60 per cent water, actually,’ Jana corrected me. ‘And a woman’s body 5 per cent less. Women have more body fat than men, though.’

‘Where do men store their extra water, then?’ asked Vicky.

‘Probably their brains,’ said Jana.

Apart from a basic biology primer, I also wanted a more personal book on nursing. Not a text book, but a blow-by-blow account of what it is like to be a nurse today, of life on the wards. Incredibly, there didn’t seem to be one. There were stretcherloads of books by other health professionals – surgeons, doctors, paramedics – and several couchloads by therapists, with titles such as *Oedipus Revisited* and *How to Make Somebody Fall in Love with You in 10 Minutes: or Less!* – but not one contemporary nursing book.

Considering there are more nurses than any other health professionals in the NHS, and the NHS employs over a million staff, this was an arresting fact. The only nursing memoirs on show were Florence Nightingale’s dispatches from the Crimea. Groundbreaking, sure – but over 150 years old.

‘Of course there are no nursing memoirs,’ Vicky told me, decisively. ‘Nurses are far too busy to ponce about writing books.’

She had a point. The nurses I met always seemed active, practical people. They wanted to crack on and care for the sick, frail, mentally ill, and when not dashing about doing this they liked to gossip and eat biscuits. Finding their inner muse was understandably low on their priority list.

Eventually, I bought a basic biology book and a discounted copy of *The Motorcycle Diaries* by Che Guevara, which I found in the history section – Mr Temple would not have approved. I told Chips that as Che Guevara had trained to be a doctor in his early life, this was my excuse for buying his diary.

‘Rubbish,’ said Jana, reading the front cover, which showed Che on his Norton 500. ‘You bought it so that if the nursing doesn’t work out, you can become a revolutionary.’

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‘Well, the hours are probably better,’ mused Vicky. ‘Wages, too. And you get to grow the coolest beard in history.’

In sharp contrast to Che Guevara’s beard, that afternoon we confronted the two least cool beards in history. These belonged to a pair of St John Ambulance workers – Rob and Robbie – our manual handling teachers.

It was hard to tell Rob and Robbie apart. Both had equal amounts of jungly, grey-flecked facial hair and matching blue jumpers with elbow patches. They resembled Arctic explorers who’d just returned from the Pole, although judging by the size of their paunches they had tucked into too many walrus suppers en route. In fact, Rob and Robbie were so hard to tell apart that Vicky decided we should simply call them The Beards.

The Beards’ class was the first to bring our group together.

Other than Chips, Jana, Vicky and myself there were two very polite, slightly anxious Muslim girls enshrouded in black (Hadia and Shima); a Zimbabwean mother of four with a booming laugh (Sheena); a serene Ghanaian woman, who had a degree in marketing (Coco); a Somali girl with an equatorial girth disguised by beautiful, swirling robes (Ola), and a tiny, smiley girl from Cameroon who was reading a Mills and Boon romance (Mayla).

The Beards were veteran teachers blessed with a confident, easy banter. They had their ‘How to Lift’ lesson down to a tee.

Robbie (or maybe Rob) was first up. We have 206 bones in our body, he told us while primping his side-burns, and of these, our spinal vertebrae are the most crucial for lifting.

‘And did you know,’ said Rob (or Robbie), ‘nursing is perhaps the most dangerous profession of all for knacker your back?’

Vicky quickly raised her hand: ‘What about weightlifters?’

‘Or sheep shearers?’ I said.

‘Or builders?’ suggested Sheena.

Rob looked at us, unfazed, and said that nurses historically

had more back injuries than builders. He said he'd never tried sheep shearing or weightlifting himself – 'I leave all the heavy lifting to the missus' – but he imagined both professions required strong backs to start with. He stressed that nurses had to lift patients of all shapes and sizes – even children's nurses, such as us, would have to deal with some hefty teenagers.

Nowadays though, Robbie assured us, nurses didn't really need to lift at all – thanks to hoists, which we would be taught how to use later.

'In fact,' Robbie said, 'the only movement you need on the wards now is this . . .' He slightly bent his knees, parted his legs and gently rocked back and forth. 'And that's it,' he said. 'No need to tense muscles, no need to twist your back. Just like a reed in the breeze.'

At this stage all hell broke loose. Some of the students had recently worked on wards as volunteers or health care assistants and insisted they had done lots of manual hefting.

'Listen up!' said Rob, raising his hands. 'If any of you are asked to lift a patient manually you needn't do it. Simple as that. Just call me and I'll speak to the ward manager. I'll write my number on the board.'

I was impressed by this gesture and could see it was genuine but I also knew there was a huge difference between what Rob was teaching in the class, and the reality of the wards.

Clearly if a patient fell to the floor in a hospital and no hoist was available we couldn't simply leave them. If we refused to help – 'Sorry, Matron, there's no way I'm lifting *anyone*, Rob said so, OK!' – surely we would be laughed out of town. It would be like an army cadet refusing to do an assault course. 'Sorry, Sarge, in school we were told not to climb ropes unless we really had to. I'm texting my health and safety adviser.'

But Rob did have a very good point. 'You only get one spine so be careful,' he said, a biscuit vanishing into the wilderness of his beard. 'Damage it and your career is over.'

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As we finished the lesson early Robbie asked us all to briefly give our reasons for wanting to become a nurse. Chips mentioned his visits to see his niece in hospital while Jana had been inspired by her doctor father. Others had helped care for family members – a parent with dementia, a sister with autism – and some had been won over by volunteer work. Hadia, with winning clarity, simply told us: ‘I was born to nurse.’

Fortunately, the class finished before it was my turn. I knew I would have trouble explaining my reasons for nursing as eloquently as my colleagues. In truth, I was still working them out.

Chapter 2

GROWING PAINS

My first taste of working in a hospital was as a schoolboy. At the time this sparked in me an overwhelming urge – never, ever, to become a nurse.

One summer holiday I had volunteered to help out at a hospital near to my sister's flat in south London. This all sounds very noble. It wasn't. During term time I'd been caught drinking a flagon of snakebite with some mates on the school playing fields. The volunteer work was simply punishment for my indiscreet boozing.

I approached the hospital with the idea of doing some gardening or other such physical labour. As a boy in my mid-teens, with no interest in medicine, I didn't want to go anywhere near a patient. And so, sod's law, I was immediately posted to what was called in those politically incorrect days a geriatric ward.

I still remember it now. The complicated smells of bleach, cabbage, floor polish and old people. I remember the patients lining the ward walls, facing each other, many of them hunched in wheelchairs. I remember their pale, weary faces, almost translucent in the morning sun. I remember groans of pain, and occasional bursts of laughter; pop music forever playing softly in the background. And I remember the nurses. They whirled

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around the ward dressing wounds, dishing out pills, washing limbs, changing sheets, smiling, dancing. A posse of fairy-tale dervishes in blue.

At first I struggled badly. Of course I'd been to hospitals before – a fractured tibia, a smashed collar bone, the usual youthful prangs – but only ever to A & E. Never somewhere like this. A place where people needed help with absolutely everything. Everything! Waking, washing, feeding, moving, even breathing.

My own grandparents – barring a grandfather who had died when I was tiny – were all hale and hearty back then. But here, among these exhausted souls, I felt as if I'd landed on another planet. I hated it. All around was the whiff of decay, the shadow of death.

The nurses broke me in gently. On the first day I took several patients out for walks in the garden. It was a quadrangle of green, studded with statues and fountains. Doves cooed in the yew trees. I talked to the patients as I steered them around, but only a few answered.

On one such walk, an ancient fellow, frail as something newly hatched, began wailing – 'Ayyyahhh'. I ushered him back to the ward in terror.

The nurses just laughed. 'Mr Jenkins always makes a bit of noise,' they said. 'Don't worry, he's fine. Keep him moving.'

At lunchtime I helped feed the patients. I would spoon mouthfuls of mush into wrinkled, quivering mouths and wipe any drool from cheeks and chins. Some of the diners would smile and thank me, some would remain quiet, and others would fall fast asleep. The nurses chattered away, ever jovial, telling patients about their day or what they'd seen on telly. I found their animation impressive but rather pointless; surely not even a starburst of fireworks would lighten up that sorry place.

On my first afternoon I helped dress the leg ulcer of a patient named Mr Riley – most patients were called by their surname then. Mr Riley was suffering from advanced Parkinson's disease.

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His limbs shook and flinched and his head nodded all over the place. Mrs Riley was also in the room; a stout, benign-faced woman, hovering over her husband.

All I had to do was help keep Mr Riley still while the nurse, a sunny, fiftyish African woman named Shula, swabbed the ulcer. I still remember the moment Shula pulled off Mr Riley's bandage. The wound yawned up at us, pale and damp, with a crust of blackened blood. The bandage was hard to pull off, as if feeding on his skin. The stench was excruciating, and I struggled not to retch.

Shula dabbed away, singing softly to Mr Riley, as he moaned. I kept hold of his legs and watched as Shula applied a sheaf of gauze with graceful, well-practised moves. When she was done, Shula dropped the soiled swabs on to a tray, and ripped off her surgical gloves. She asked me to stay and keep Mr Riley company, as his wife was about to leave.

I sat by Mr Riley's bed. He soon fell asleep. After a while the old man's breathing stopped for so long I feared him dead, but then he gasped wildly, as if he'd had a sudden epiphany. His rheumy eyes focused on me, full of wonder and panic.

'Mary?' he asked, his grip tightening on my hand. 'I want Mary.' I assured Mr Riley his wife would be in tomorrow. I'd been told she visited daily. 'But you're not my wife. I want Mary. Mary! MARY!'

Mr Riley lunged towards me, half slipping off the bed on to his bad leg. He was wired to a drip and I was worried his tubes might rip out. I supported him as best I could. The pain from his ulcer must have been appalling but he seemed oblivious. 'MARY! MARY!' By this stage I was holding on to Mr Riley's wrists. They felt tight as hawsers. As he struggled he began to weep.

'It's OK, Mr Riley,' I pleaded, utterly out of my depth. 'Please, Mr Riley, it's really OK, please don't cry. Your wife will visit soon.' Nothing would placate him. I shouted for Shula.

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Within seconds Shula ripped back the cubicle curtain, and helped me prop Mr Riley back on the bed. He was moaning his wife's name repeatedly like a desperate mantra. The noise was awful: something not of this world. Shula stood over him, relaxed as ever, and stroked his forehead, whispering to Mr Riley as if he were a child. She upped his morphine and soon he was quiet and, before long, asleep.

'Poor man,' I said, washing my hands in a basin by the bed. 'He really misses his wife.'

'Oh, he's one of the lucky ones,' whispered Shula, watching Mr Riley's uneven breathing. 'At least he has a wife to visit him. That lady there,' she gestured to a powdery old woman in the next bed, 'her son lives just down the road but he can't face seeing her. Wants to remember her before she was all weak and muddled up.' Shula shook her head. 'Others have no one at all to visit. Lonely as wolves they are. You'll see things here, darling, that will break your heart.'

I asked Shula how she could do this every day. She laughed and playfully punched my arm. 'Oh, Jimmy,' she said. 'How much you have to learn. Your problem is how you are looking at them.' She made a gesture towards Mr Riley. 'You ain't seeing the human being, just the body. Some of these old folks here had lives you wouldn't believe.' She pointed to the opposite side of the ward. 'Now, Gillian, over there, she's swum the English Channel. Check out the photo by her bed sometime. She's a treasure.'

She went on to tell me about Mr Grantham, who wore a head bandage and had fought in the Great War and Mr Simms who once played the violin in some big-time orchestra but was now addled with dementia. Then there was snow-haired, silent Miss Parsons, an ex-missionary, who had a scrapbook of photos of herself as a carefree adventuress in the jungles of Indonesia.

Shula moved towards me, lowering her voice even more. 'And don't forget Mr Riley here, he's a dark horse, you know.'

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Mrs Riley is his fourth wife.’ She nudged my arm and shrieked with laughter. ‘Bet you wouldn’t have guessed that, hey, Jimmy!’

In those early days, as a schoolboy on the wards, I just couldn’t hack it, seeing so many patients so utterly alone. Of course, there were those with doting families, who visited regularly and left sweets and flowers and photos of grandchildren. But other patients never had so much as a Get Well card grace their bedside, let alone a bunch of grapes.

I was from a huge, chaotic family, full of the usual feuds, comedy and love. There were loads of us – we bred like kangaroos – and that somehow made me feel safe. Yet there, in that fit-to-burst ward, were dozens of aged souls, bedbound and scared, left with nobody. Through my teenage eyes, yet to confront loneliness, let alone death, it seemed the worst thing in the world.

‘Hardly anyone writes to old people,’ Shula told me one morning. ‘Let alone crazy, old people.’ And she was right.

It was the nurses who kept me going. They were a tight, intimate and upbeat bunch. They gave each other raucous nicknames – Charlotte the Harlot, Juicy Lucy, Betty Boo – and, over lunch, would gossip away with cheerful indiscretion: ‘My hubby couldn’t get it up last night, needs to eat more bananas,’ or ‘I was at it all weekend, now I’m walking round like a bloody cowboy.’ They could be bitchy and cruel, but when one of them was in trouble everyone would rally. While I was there, one of the sisters, a quiet, no-nonsense woman called Beverly, lost her husband to cancer. Almost all the nurses attended the funeral and wrote the most sensitive messages on her card. It was as if their nursing – so hard to explain to others – gave them membership to a special club that, when the chips were down, naturally bonded them.

And they were great with the patients. They would confront reeking wounds and soiled linen with a smile, while I could

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only grimace. They would chat to the speechless and laugh with the loveless as if it was some sort of honour: the easiest of jobs. I was envious. I just didn't have that knack. The day Shula had told me I had failed to see Mr Riley's humanity, only his body, I had been stung. But she was right. I had only seen a broken husk of a man, with a festering ulcer, who was close to death. She saw a much-loved husband and father, who'd worked all his life and now simply needed a bit of care, which she was happy to provide.

In time, I got to understand a little better. Things hit me. Like the kindness of one family, grandchildren and all, who turned up every Sunday to talk to their 'nan', even though she had been comatose for weeks, or the doggedness of a be-suited man who brought his stricken father a newspaper first thing every morning, despite his old man's loss of sight and mind. Or I'd notice Mrs Riley's love for her palsied husband, or the simple, good-heartedness of the nurses, so patient with even the most hellish and curmudgeonly souls.

I had a particular soft spot for Gillian. She was the only patient who insisted on being called by her first name, a bit unusual back then. Gillian was very sick. She had emphysema, and often needed oxygen to ease her wheezy, phlegm-clogged chest. But she was full of life, with a lucid mind and brilliant blue eyes.

'Come for a chat, young man,' she'd say, as I walked past her bed. 'Come and make my day.' She was a terrible flirt and it was hard to resist. Her stories were always worth a listen, if occasionally broken up with dreadful hawking noises to clear her throat.

On Gillian's bedside table was a sepia photo of her about to plunge into the sea. The photo showed off her evident athleticism back in the 1920s, even in her dowdy swimwear.

'That was just before my big swim,' explained Gillian, seeing me eye the photo. 'I was still in my twenties. Oh, what a time.' She smiled sadly. 'The nurses claim I swam the Channel. I didn't, actually. Got three miles from Calais and the tide was all

wrong.’ She shook her head. ‘Never did try again. But, oh, what a memory.’ She winked at me. ‘I was always a bit of a wild one, you know. I fell in love with an American swimmer, who was obsessed with cold water. We used to swim at all times of the year. Brighton in December. Brrr.’ She shivered at the thought. ‘But, oh, what a kick to the system. You should try it, Jimmy.’

Gillian stressed the many benefits of plunging into freezing water. She told me it lowered the blood pressure, reduced cholesterol and boosted the immune system. ‘And, young man, after you’ve thawed out,’ she moved closer to me, her face all lit up, ‘it makes you terribly randy.’ I’m sure I blushed, receiving libido advice from this hot-wired octogenarian. ‘So take an icy plunge, Jimmy, then see your girlfriend. Hah!!’

Gillian was visited by no one. She told me she’d lived life on her terms. She’d been close to marrying once, but decided against it. She’d travelled a bit, scraped a living from secretarial work, and kept swimming until last year. She had no regrets about being so sick and alone. She’d smoked too much, which had destroyed her lungs, but she saw this as a consequence rather than a punishment. Like so many of her generation, she accepted her lot. She felt she’d lived a good and lucky life.

On my final day at the hospital the nurses organised a little farewell party. Shula baked a cake, with an icing sculpture of me in a nurse’s uniform, which caused much hilarity. I was grateful to all of them: that ward had taught me more about human nature than any number of years at school. And perhaps for the first time in my young life, I felt truly proud. But when Shula asked me if I might ever work in a hospital again, I told her: ‘No way!’

That final afternoon Gillian had a particularly bad wheezing fit. She was fed oxygen through a mask for a while and rallied slightly. Later, I found her propped up on a sea of pillows, her hair a rook’s nest of silver. Her breathing was weak, governed by its own jittery rhythms, and she looked depressed.

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It was difficult for me to know how to say goodbye. I sat by her for a while and held her hand. She was completely washed out, all energy sated, and I felt horrible leaving her like that. On a whim I picked up the photo of Gillian in her swimming heyday and held it up to her face. It took a while for her to focus, and then, there it was, just briefly, a smile pricked her lips, and her blue eyes shone. Something deep down inside, a spark of former glory, rushed over her like a moment of grace.

With her hand Gillian gestured for me to move closer. ‘Come back,’ she whispered, smiled, and then closed her eyes. I went back three weeks later, but Gillian was already dead. That night I had a cold bath in her honour. Incredibly, twenty years later I was heading back to the wards – this time in uniform.

After my first day at nursing school and the induction by the Beards, I met up with Jake for our monthly game of snooker.

‘We all had to confess today why we became nurses,’ I told Jake, as we chalked our cues. I explained how the rest of the class – Chips, Vicky, Jana and co – had all provided poignant and compelling reasons.

‘Oh yeah,’ he replied. ‘And what’s your reason, Jimmy?’

‘You remember that summer we went to Mexico?’

‘What about it? That was years ago,’ Jake said, potting two balls with one shot.

‘Well, I think it’s what made me want to nurse.’

One distant summer, Jake and I had volunteered to work with street children in Mexico. There had been a group of six of us – all Brits. We arrived in the swirling heart of Mexico City pale, eager and starry eyed. The first day we had taken the street kids – some as a young as eight years old – to Mexico’s version of Alton Towers: a special annual treat for them. Each of us was given four children to look after. We mucked around on

helter-skelters, ghost trains, water slides, and then all met up for a final roll call. To my horror, I realised one of my charges, Alberto, a lad of only ten, was gone.

‘Oh, not Alberto again,’ said Diego, one of the charity’s Mexican staff. ‘Don’t worry about him, hombre. He always runs off right at the end.’

‘But where did he go?’ I asked. ‘He’s only ten. We’ve got to find him!’

‘He’ll be fine, we’ll probably catch up with him later in the week.’

‘But he’s only ten!’ I repeated. I thought back to myself at that age. I had been terrified of sleeping in the dark, let alone sleeping on the street.

‘They are street kids, Jimmy,’ said Diego, calmly rubbing his moustache. ‘The clue is in the name. The street is Alberto’s home, he’s more streetwise than both of us put together. It’s sad he’s living rough, but that’s how it is.’

I still insisted on us conducting a quick search, which as Diego expected, proved fruitless.

‘You need to wise up, Jimmy,’ said Diego, after we’d trawled the area. ‘This is a whole new world for you.’

And it was. Many of the children at the charity’s shelter had suffered physical and sexual abuse, several were HIV positive, others were addicted to drugs, booze or sniffing glue, paint or petrol. The charity’s staff maintained links with the families when they could, but many of the children were utterly on their own. What really astonished me was the pull of the street, especially when street kids were viewed by many in the city as thieves and hoodlums, little better than vermin. Even though the charity had compassionate staff and decent facilities – dorms, classrooms, a health clinic, a basketball pitch – many of the children still preferred to sleep rough. The street gave them a sense of solidarity, of pride. It was a place where they were free – a place they could call home.

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At the end of the month all six volunteers had been inspired by the plight of the children, and, with the naivety of youth, swore we would be back. Of course, none of us kept our promise, except one: a dynamic Scottish girl called Kay. She not only returned to Mexico, but stayed, working as a translator and trying to do her bit for street kids. Whenever I got email updates from her, it always got me thinking.

‘I still think about Mexico, too,’ admitted Jake, as he continued to shoot balls into pockets. ‘But it wouldn’t make me want to become a nurse.’

‘It’s not the only reason,’ I said. ‘But it was one of the best months of my life. And so were the weeks I volunteered at that hospital as a teenager.’

‘I thought you hated that?’

‘So did I!’ I laughed. ‘But when I look back, those two months stand out. I was actually helping people. All my other jobs were just mucking about to earn money. Now I’m older I want to do something useful again.’

‘You do realise, Jimmy,’ said Jake, finally missing a shot, ‘that Bill and I don’t have perfect jobs either. I often think I’m just treading water.’ He shrugged. ‘Teaching foreigners English is hardly rocket science. I’m not even challenging myself by teaching kids – just adults, all eager to learn.’

‘But you’re a great teacher,’ I insisted. ‘And Bill enjoys his work, or at least his salary. And his main concern has always been providing for his family.’

My own eight-year-old daughter, nicknamed Poppin, had moved overseas recently. I had split with her mother some time ago. She had always been Poppin’s centre of gravity, her home star. I had simply been a meteor with visitation rights, whizzing into her life and out again, a whirl of irresponsible love. My ex was now happily remarried and my daughter was in a grounded and secure environment. This comforted me, but her absence hurt like hell at times.

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Before Poppin left I had been seeing her weekly but now she was miles away across the Atlantic. I still wrote and spoke to her regularly but only saw her once a year. Her departure no doubt acted as a further catalyst for my move into nursing.

‘Mate, it’s obvious, all your midlife crises have come at once,’ said Jake, setting up the balls for a fresh game. ‘That’s why you’re nursing.’

‘And don’t try to defend me.’ Jake grinned. ‘I’m a dedicated teacher now, but I wasn’t at the beginning. I just used it as a way to meet girls.’

‘There’s something magnificent about your shallowness, Jake.’

To be fair, Jake, even back at school, had always been a wow with the girls. I could never understand this because he used to have the most diabolically uncool taste in music. While the rest of us were air-guitaring to the Clash and the Ramones, he hummed along to Andrew Lloyd Webber. What teenage girl in her right mind would want her precious first kiss accompanied to ‘Magical Mr Mistoffelees’? Well, lots of them. Jake made no effort to be hip, and as a consequence had queues of hormonal damsels swooning at his moccasined feet. While I, his oh-so-trendy best mate would stew in monkish frustration listening to Elvis Costello wail about thwarted love, revolution and spots.

Jake had continued to land on his feet throughout life. He was now a respected teacher and engaged to one of his ex-students, a lovely Spanish lawyer called Anna, to whom he was devoted.

‘So what does Jess think about your nursing?’ Jake asked. ‘You don’t want to lose her, Jimmy. She’s far too good for you.’

Ah, yes, Jess, my effervescent girlfriend, who was indeed far too good for me. Jess and I had got together a while before I began the degree. She was supportive of my nursing but fearful that the long hours would reduce my stamina. She could happily party until the early hours – she was a few years younger than me – while I, it soon became clear, was ready to crash long before midnight with a mug of cocoa and a medical text book.

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Jess was also a fan of extreme sports. She was training for the Marathon des Sables, a punishing week-long race across the Sahara Desert, during which she would carry all her own kit in mercury-busting heat. To train for this appalling ordeal I would accompany her on fifty-mile yomps and vigorous cycle rides at the weekends. She would come back from these fired up and ready for more, while I would be frazzled and half dead.

I never really understood Jess's work. She was some sort of IT whizz, and was often away travelling. It amused me that she worked in a profession dominated by men, and I was now in one surrounded by women. I teased her for being a fat-cat bonus chaser, while she wrote me off as a technophobic old geezer. In many ways it was a great relationship and Jess was a lovely and loving presence in my life. But at times it was hard keeping up with her near-Olympian levels of energy. A question mark hovered over our future together.

'Hang on to Jess, mate, she's a sweetheart,' Jake reinforced. He scraped fresh chalk on his cue and surveyed the baize. 'Is she cool with the nursing?'

'She's fine with it so far,' I replied.

'To be honest, mate,' Jake said, 'when I first heard you wanted to nurse I thought you were a complete pussy.' He smashed the cue ball down the table. 'But, hey, I suppose what you're doing takes balls, too.'

'Thanks, Jake,' I said, as I pondered on the biological impossibility of his statement. 'That makes me feel much better.'