



**What medicine can learn from Savile Row  
Professor Roger Kneebone with Joshua Byrne**

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This lecture examines the concept of bespoke as a metaphor for clinical practice. It forms part of a series of lectures exploring the *performance* of medicine and surgery (as distinct from their scientific content). It takes the form of an initial presentation followed by a conversation with Joshua Byrne, a bespoke tailor who trained in Savile Row, a street in central London which has been associated with tailoring for centuries.

I first met Joshua over ten years ago, introduced by a mutual friend. By that time, he was established as one of London's leading tailors. I soon discovered that his approach to his work is unorthodox to say the least. When Joshua invited me to his workshop, I expected us to find similarities in our work with needles and thread. The first part of my clinical career had been as a trauma surgeon, and I had spent years learning to close skin wounds, join tiny blood vessels and fashion anastomoses between segments of bowel. I had become proficient in using suture materials and curved needles. Joshua too was an expert in working with needle and thread. I imagined that Joshua and I would find common ground in our technical skills. And, to an extent, we did.

To my surprise, though, these superficial similarities provided a clue to much deeper areas of correspondence between Joshua's world and mine. By the time we met, I had changed the direction of my career and spent almost twenty years as a general practitioner (GP) in southwest England before becoming an academic at a large university (Imperial College London). When Joshua explained the nature of his work, I saw closer parallels with my work as a GP than as a surgeon.

For Joshua, each individual he works with presents a unique challenge and opportunity. Though the garments he creates - suits and jackets of exquisite workmanship and design - are what his customers focus on, each garment is also an expression of a relationship of care, based on integrity and trust. The quality of the product must be outstanding, of course - but it's Joshua's focus on the individuality of each customer that characterises his work. That's where the parallel with clinical care is most evident.

To explain this, I must give some background about the world of tailoring. Before I met Joshua, I had only the vaguest notion of what 'bespoke' meant. To many people the term is synonymous with high quality - and often high cost - but its details are blurry. But to Joshua its meaning is precise. In tailoring there are three categories of men's' suits and jackets.

1. *Off the peg* garments have already been created. As a customer you go to a shop, look at what is there, select a style and cloth and choose the size that fits you best. Provided the garment is of acceptable quality, that is where the shop's responsibility ends.
2. *Made-to-measure* describes a process where a garment which has already been designed is made up in your size. You know it will fit you perfectly, but you have no say in its design or construction.

3. *Bespoke*, in Joshua's sense, is completely different. Here there is no pre-existing pattern. The starting point is the customer. Each garment is designed and created from scratch, then refined and developed through a series of fittings. The essence of bespoke is to start by establishing what the customer wants, even (perhaps especially) when they themselves are unclear about what that might be. This human process lies at the heart of the experience. Bespoke describes an experience - a human interaction - as much as a final product.

Joshua's pathway to becoming a bespoke tailor is unusual too. When we first met, he described his training. He explained that he fell into tailoring by accident. At the time he was at university, studying agriculture and economics. A career in tailoring had never crossed his mind. By chance, however, he saw a film which included a brief incidental scene with a tailor. In a moment of insight, he realised that that was what he wanted to do. He left university and started the first of two grueling apprenticeships, each lasting several years.

First, he trained as an apprentice jacket-maker - a 'making tailor'. For centuries there has been division of labour within tailoring. Making (or sewing) tailors are the builders of the tailoring world. They create the garments, bringing extraordinary levels of dexterity and skill to the complex processes of making and finishing. Typically, they will train for five years or more before being entrusted to make a complete jacket. Yet making tailors never see a customer. That is the province of the cutting tailor.

If making tailors are the builders of the tailoring world, cutting tailors are its architects. Some of their work involves actual cutting - they mark and cut the cloth each customer has chosen, so that it can be made into a jacket or a suit. Yet this physical cutting is only a small part of what they do. Cutting tailors work directly with each customer, developing the design of the garment and overseeing a series of 'fittings'. It's through these fittings that the jacket or suit reaches its final form. Between fittings the garment is completely dismantled ('ripped down'), then returned to the making tailor for adjustments to be made and the garment to be reassembled for the next fitting. This process is repeated until no more changes are needed. Much of this work involves direct interaction with each customer. A cutting tailor must therefore develop high levels of interpersonal skill and the ability to work with a wide variety of people. This requires close noticing, sensitivity and skill. In each case the tailor has to balance what each customer wants to look like with what it is possible to achieve. Managing expectations is a crucial part of the job.

After his first apprenticeship as a making tailor, Joshua spent four more years learning to be cutting tailor - a highly unusual path, especially nowadays. This dual apprenticeship has given him invaluable insights into the whole process. Joshua was fortunate in learning from a cutting tailor who insisted that he start with the basics and master the principles of design. This proved a golden opportunity. Cutting tailors seldom develop the skills of designing a garment from first principles. Most work from a 'block', a design which has been handed down from those they learned from. These blocks (represented symbolically as a tailor's pattern on brown paper) are modified for each customer to ensure that the garment is as near to a perfect fit as can be achieved. But the block itself has already been created, and few tailors have the skills or confidence to go back to square one and develop a completely new design. Joshua, however, became able to design a suit or jacket from first principles on each occasion. In the course of his training he also acquired a deep knowledge of textiles, and of how they behave and develop through use. He combined these different kinds of knowledge in designing garments that could be modified as each customer's shape changed over the years. Such clothes are intended to last a lifetime.

Alongside this profound understanding of cloth and technique runs a sympathy and sensitivity to people. For Joshua, bespoke starts with establishing what each customer wants. This may be difficult for them to articulate. Some people have a clear picture in their mind - a suit of a particular

cut, cloth of a particular colour, jacket of a particular design. But often someone will have a vaguer sense - perhaps that they want to 'look elegant' or have something versatile that 'makes them feel more confident'. Translating this into a garment's design can be a challenge.

It was here that I began to see parallels between tailoring and medicine. As a GP, some patients would come to me with a clearly defined problem. They might have a rash or an obvious infection. Once I had established a diagnosis, the treatment would follow. I could fit them into a classification system I had learned at medical school and beyond, bringing into play my canonical knowledge of how this disease or that problem should be treated. But much of the time things were not so clear cut. Often a patient would have a sense that things 'weren't quite right', that they didn't have as much energy as before or that things were somehow out of kilter - and often their complaints did not fit neatly into textbook categories. My task was to help identify what the problem was, so that we could work together to find the best approach.

Sometimes the problem would turn out to be a chronic disease, requiring years of continuing care. Conditions such as asthma, diabetes or arthritis, for example, need treatment to be continually adjusted and modified, responding to the changing nature of each person's body and fitting around their life. Finding the best approach for an individual patient made me think of Joshua's fittings, that process of continual adjustment and review that responds to each person's uniqueness. At other times the problem might be more to do with life circumstances than a specific clinical diagnosis.

Though the details of our work are very different, the essence for both Joshua and I was to establish a relationship of care, based on trust and integrity. That would allow us to work with our customer or patient to find the best solution to their problem. In a sense the suit or the treatment were secondary, subordinate to this relationship - important to get right, of course, but nevertheless dependent on that connection of care and the trust which underpins it. From this perspective, each jacket, suit or medical treatment is an episode within the relationship. In some cases, there might only be one encounter, in others there might be many. But in either case it is the relationship which is prime.

This relationship of trust becomes especially important if problems arise - if a garment does not turn out to be what a customer expected, or if a course of treatment does not resolve a patient's symptoms. Then it is important to explore alternative solutions, to acknowledge that there may be no single correct answer to a problem, and to recognise the need to modify one's expectations.

My conversations with Joshua showed me that professions outside medicine can provide strong parallels to the clinical world. For years I had focused on acquiring scientific and medical knowledge, gaining clinical skills, passing exams and demonstrating progress to experts in my field. As a medical student I spent most of my time in hospital practice, with its expectation that patients can be fitted into a diagnostic system that provides clear guidance about treatment and intervention. As a hospital doctor I continued with that approach. But when I became a GP I realised that much of my work had blurred edges. Many patients did not fit neatly into the categories I had learned at medical school. As I have outlined above, my role was not only to solve a patient's problem but to help them identify what that problem was.

Joshua too has to identify what each suit or jacket needs to do. Over his career he has developed deep knowledge of his field and its many facets, though much of this knowledge remains hidden. He is a connoisseur of textiles, has a comprehensive knowledge of styles and the history of fashion, and is expert in the practical aspects of tailoring himself. Yet most of the time he keeps this knowledge out of view, only bringing it into play when needed. His focus is on establishing a rapport and a relationship of trust with each customer. He does this by eliminating distractions and giving his undivided attention to whomever he is with.

This resonated with the approach I tried to develop as a doctor. As a GP I too tried to listen attentively, to build a picture of my patient and to gather information without jumping to conclusions. Of course, that was not always possible, and events would often get the way. But I realised from working with Joshua that the idea of bespoke *as performance* has strong resonances in the world of clinical medicine. There, too, performance is crucial - though clinicians may not think of their work as performance, framing it as the application of scientific knowledge to make each sick person better. To me, however, these ways of thinking are complementary.

When I was training as a GP in the 1980s, the work of Roger Neighbour influenced me greatly. Neighbour had recently published *The Inner Consultation*, a ground-breaking book that showed how the *process* of the consultation could be studied and improved in its own right, separate from scientific and medical knowledge. This is not to minimise the importance of factual knowledge and skill. All doctors need to have a deep understanding of biomedical science, of diagnosis and therapeutics, and the practical skills of clinical examination and procedures as well as surgical intervention where relevant. It's the same with tailors. They must have wide-ranging knowledge and skills which they can draw upon as required. Yet though this knowledge and skill is necessary, it may not on its own be sufficient.

One of Neighbour's inspirations was to identify waypoints in a consultation and give them names. This provided a 'road map' for gauging progress and ensuring that key elements are not overlooked. His book proposes five such markers in an encounter between a clinician and a patient:

- *Connecting* (establishing a rapport, especially if clinician and patient have not yet met).
- *Summarising* (checking that there has been a shared understanding of the nature of the problem).
- *Handing over* (agreeing a way forward and ensuring that the patient had agency over the next steps).
- *Safety-netting* (ensuring that contingency plans are in place in case this initial framing of the problem turns out to be inaccurate or circumstances change).
- *Housekeeping* (attending to the clinician's internal state and ensuring they are as well-prepared as possible for the next patient).

These steps came back to me years later, when I encountered Joshua and found out more about his practice and the processes of bespoke. His description of his interactions with customers sounded oddly familiar. I realised that there are powerful correspondences between our areas of work and our approach to our patients or customers, even though medicine and tailoring appear to be worlds apart. Joshua too identifies stages within his professional encounters as they evolve and is aware of waypoints in the process of creating a bespoke garment.

In any expert domain it is tempting to believe that everything that must be learned can be learned from more experienced colleagues in the same area of practice. Yet my collaboration with Joshua, developing over the years, has provided me with a framework for thinking about the clinical consultation as performance - a framework which takes content knowledge and component skill for granted and focuses instead on the human interaction which underpins every successful encounter.

This lecture explores these ideas partly through exposition (presenting aspects of clinical practice which can be thought of as performance) and partly through conversation (exploring unexpected similarities through dialogue with Joshua as an expert from a different field). The lecture will draw on these two elements of performance to identify similarities, pinpoint differences and consider how

the notion of *bespoke* can act as an analytical lens for the processes of clinical care.

### Further reading

Neighbour, R. (1987). *The Inner Consultation*. Dordrecht: Kluwer Academic Publishers.

Rees-Lee, J., & Kneebone, R. (2014). Cutting for a career; a discussion of the domains of surgical competence using expert bespoke tailoring as a metaphor for surgical practice. *Advances in Health Sciences Education*, 20(1). <https://doi.org/10.1007/s10459-014-9521-9>

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Kneebone R, (2020) *Expert: Understanding the Path to Mastery*, Penguin Viking, London  
Countercurrent podcast with Joshua Byrne <https://rogerkneebone.libsyn.com/joshua-byrne-in-conversation-with-roger-kneebone>

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