

## Julia Hyland and Dr June Jones

**Interviewer:** Lucy Vernall (Project Director, Ideas Lab)

**Guest:** Julia Hyland, Wellcome Trust funded medical effects make-up artist and Outreach Officer for the History of Medicine Unit, and Dr June Jones, Senior Lecturer in Biomedical Ethics

**Recorded:** 23/11/2011

**Broadcast:** 12/12/2011

**Additional info:** The accompanying photos for this podcast can be found on [Ideas Lab's Flickr](http://www.flickr.com/photos/61648734@N06/sets/72157628248100201/show/) (<http://www.flickr.com/photos/61648734@N06/sets/72157628248100201/show/>).

**Intro VO:** *Welcome to the Ideas Lab Predictor Podcast from the University of Birmingham. In each edition we hear from an expert in a different field, who gives us insider information on key trends, upcoming events, and what they think the near future holds.*

**Lucy:** Hello and welcome to the final Ideas Lab Predictor Podcast of 2011 and it's a bit of a different one, we're on location with the Outreach Officer for the [History of Medicine Unit](http://www.birmingham.ac.uk/research/activity/mds/centres/histmed/index.aspx) (<http://www.birmingham.ac.uk/research/activity/mds/centres/histmed/index.aspx>) at Birmingham University, [Julia Hyland](http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/hyland-julia.aspx) (<http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/hyland-julia.aspx>). And Julia is also a medical effects make-up artist. So she's sitting next to me doing her medical effects as we speak and Julia, do you want to tell us what it is you're doing to this lady's arm?

Julia: I've just started doing ringworm on my model here. This is the second ringworm I've done for the day. I shall be doing three on three separate skin tones. The products are all the same and we're trying to ascertain whether skin conditions look different on different skin tones. So far we've done [psoriasis](http://www.nhs.uk/conditions/psoriasis/pages/introduction.aspx) (<http://www.nhs.uk/conditions/psoriasis/pages/introduction.aspx>) on three separate models, we've done [Kaposi's sarcoma](http://www.nhs.uk/conditions/kaposi-sarcoma/Pages/Introduction.aspx) (<http://www.nhs.uk/conditions/kaposi-sarcoma/Pages/Introduction.aspx>) on three models and now I'm completing [ringworm](http://www.nhs.uk/conditions/ringworm/Pages/Introduction.aspx) (<http://www.nhs.uk/conditions/ringworm/Pages/Introduction.aspx>) and the findings are quite revealing really in that, especially with the Kaposi's sarcoma, the conditions look completely different.

**Lucy:** The noise we can hear in the background is a room full of students who've been your willing victims for today. They're all here as models to have medical make-up applied to them. So just talk us through how you're applying this ringworm.

Julia: These are pre-made dermatological conditions which I've made at home.

**Lucy:** And they're a kind of silicone skin that you put over the top?

Julia: Yeah. They're made in moulds and then they can be stuck onto any person. So they're all the same, and so we can find out whether these represent differently on different skin tones.

**Lucy:** And then you've got make-up, different coloured make-up, you can put over the top.

Julia: Yeah and then make-up over them as well. So stick them on with specialist glues and specialist products and Sophie here has offered to have ringworm, which I've just finished, so how does that feel?

Sophie: It feels very strange. It looks like it should hurt but obviously there's no pain in my arm.

**Lucy:** So we've just nipped out of the room because it's very noisy in there to sit down with [Dr June Jones](http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/jones-june.aspx) (<http://www.birmingham.ac.uk/staff/profiles/haps/PrimaryCareClinicalSciences/jones-june.aspx>) who is Senior Lecturer in [Biomedical Ethics](http://www.birmingham.ac.uk/students/courses/postgraduate/research/med/biomedical-ethics.aspx) (<http://www.birmingham.ac.uk/students/courses/postgraduate/research/med/biomedical-ethics.aspx>). June, explain a little bit more about what's been going on.

June: We're looking at a project in dermatology on non-white skin because a third of our population in the West Midlands is non-white, so Julia and I are doing a project to try and see what the differences are of how dermatological conditions present on white and non-white skin.

**Lucy:** Because the point is they look very different. A condition that looks one way on white skin can look completely different on dark skin and that makes it really hard for GPs to diagnose.

June: Absolutely. We've just been applying Kaposi's sarcoma. Julia's been using exactly the same products but we've done it on white skin, slightly darker skin and then very dark skin and they look totally different.

**Lucy:** So if I'm a GP and somebody with very dark skin comes into my clinic and I'm not sure what I'm looking at, what resources are there to help me get the right diagnosis for this person?

June: Well there are two sets of image banks that you could search as a GP. The problem that we've found is that one of the image banks has only got 4% of its images on non-white skin and the other image bank's only got 1% of its images on non-white skin. So you could diagnose a patient with white skin relatively easy. If you've got a patient with dark skin then the image banks aren't going to help.

**Lucy:** And these are international image banks so there's no help from outside the UK either.

June: No, absolutely. Both of these image banks are international so there's no help.

**Lucy:** So what's the upshot of that? What's happening if GPs don't have the information they need to help them diagnose people properly?

June: Well we know from the research data in America around melanoma on black skin that it's completely under-diagnosed and under-treated.

**Lucy:** So the risk is that people don't get diagnosed or else the GP thinks 'I've got no idea, I'm just going to refer this person and be on the safe side' and so they take up extra time being referred when maybe they shouldn't be.

June: Yes, so they either are under-diagnosed or they could be inappropriate referrals to a dermatologist if the GPs had more information about what to look for, but they're certainly under-diagnosed and under-treated.

**Lucy:** So what you're doing today is just part of a bigger push to try and get something done in this area.

June: Today is just a practice run for Julia so that when we run the real course next term we'll be able to bring medical students in, apply the make-up for them and then GPs will have an opportunity to look at what those images look like, not just show them a photograph but be able to use real students.

**Lucy: So GPs will be able to have as good a look as possible, as close as possible to the real thing on different coloured skins just to help them diagnose things.**

June: Yes, absolutely because even the images that we produce aren't as good as looking at real skin and be able to turn it to the light and ask for the patient to rotate their arm or move their head, so it's important to use live patients but we're going to use medical students rather than bring real patients in.

**Lucy: It's easy to see how important this is because without adequate training and resources there are going to be millions of people who potentially could be misdiagnosed in this area couldn't there?**

June: Absolutely. And we've got one of the most diverse populations in the West Midlands so it's really important that all the patients in the West Midlands have equitable healthcare and at Birmingham University we're responsible for training doctors for the West Midlands so it's really important that we lead the way here and train our doctors to provide equitable healthcare for all.

**Lucy: I'm just going to grab a quick word with one or two of our models, who I understand are all medical students. What's your name?**

Student: Kaveri.

**Lucy: And what year are you in?**

Kaveri: I'm in the second year.

**Lucy: So what disease have you got today?**

Kaveri: I have psoriasis today.

**Lucy: Have you been surprised by the way the different diseases look on the different coloured skins?**

Kaveri: Yeah, I think like some skins show it up a lot more and it's more drastic because against paler skins you can see it better.

**Lucy: So it looks worse on white people.**

Kaveri: Yeah, I think so!

**Lucy: Yeah, it doesn't look as – because you've got Asian skin so it will look different on your skin. So hopefully going forward in your career in medicine it's something that you'll be able to bear in mind.**

Kaveri: And if they do end up showing GPs what different things look like it will be quite good because, especially in a place like Birmingham because there's so many people of different ethnicities.

[pause]

Student #1: I'm Sisan and I'm a second year medic.

Student #2: I'm Abby and I'm also a second year medic.

Student #3: I'm Mica and I'm also a second year medic

**Lucy: And which diseases have you had today?**

Sisan: Kaposi's sarcoma.

Abby: I had the ringworm.

Mica: Ringworm.

**Lucy: You had the ringworm as well. What have you guys learned from being here today? What do you think's the importance of trying this out has been?**

Abby: Just to see what different diseases look like on different skin tones and to help other people recognise how different diseases might look.

**Lucy: How did your disease look compared with the white person that had the similar ringworm on their arm?**

Abby: I guess it doesn't stand out as much if you don't have white skin. It looks odd obviously but just not as apparent I would say.

**Lucy: And your Kaposi's sarcoma looked quite different, didn't it?**

Sisan: Yeah, it did. It was really dark and I think it probably looked more like a mole than actually a carcinoma so there was obviously quite a big difference.

**Lucy: It would have been a lot harder to spot I imagine.**

Sisan: Yeah, yeah, not many people could probably see that quite clearly, so yeah.

[pause]

Student: My name's Peter Davis and I'm a first year medical student.

**Lucy: And what disease do you have today?!**

Peter: I have a Kaposi's sarcoma on my left temple.

**Lucy: It looks quite nasty.**

Peter: Yeah, I've had a look in the mirror and it doesn't look too nice. It looks quite bloody...

**Lucy: Kind of black and -**

Peter: Yeah.

**Lucy: And what do you think the value has been of you coming along and volunteering today?**

Peter: I think it would be really difficult for a GP to distinguish the difference between certain conditions because I think it just shows the different colours that are brought out of different diseases on the skin so people with different skin colours, it can be a real challenge to distinguish between one disease and another. So I think if there is some way that would make that job easier for GPs then that would be really advantageous because it could prevent a backlog being presented to hospital of unnecessary referrals for the wrong disease I guess.

[pause]

**Lucy: So that's it from the Medical School and from Dr June Jones and Julia Hyland and that's it from us in Ideas Lab for this year. May we wish you a very Happy Christmas!**

**Outro VO:** *This podcast and others in the series are available on the Ideas Lab website: [www.ideaslabuk.com](http://www.ideaslabuk.com) (<http://www.ideaslabuk.com/>). On the website, you can find out how to e-mail us with comments, questions or suggestions for future topics for the podcast. There's also information on the free support Ideas Lab has to offer to TV and radio producers, new media producers and journalists. The interviewer for the Ideas Lab Predictor Podcast was Lucy Vernall, and the producer was Andy Tootell.*

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