Radio Ombudsman episode 32: Suraj Kukadia Dr Sooj on making health advice go viral and battling misinformation

Dr Sooj is a GP and social media superstar, creating viral content about a range of health related issues.

In our latest episode, Dr Sooj speaks to Ombudsman Rob Behrens about tackling health misinformation online and how he uses social media to inform, educate and entertain.

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Rob Behrens: This is Rob Behrens welcoming you to another edition of Radio Ombudsman from Manchester, where the skies have opened and it's raining in that warm hearted fashion we know so well. Now on Radio Ombudsman, we've had a lot of different people. We've had ombudsman leaders, we've had distinguished lawyers, judges, campaigners, complainants, regulators, but we've never had a social influencer before who's also a doctor.

And that's why I'm particularly delighted to welcome today Doctor Suraj Kukadia, known to his followers as Doctor Sooj. You're very welcome, Suraj. Thank you very much for coming.

Suraj Kukadia: Thank you for having me.

Rob Behrens: You studied medicine I think at Imperial College in London you graduated cum-laude in surgery, I think that's right. You work in orthopaedics, you're interested in aches and pains relating to the posture amongst other things, and you founded something called Sports Medica in 2016 after you graduated.

So you're a doctor by day and an entrepreneur and social media influencer by night, and you use your platform on YouTube, TikTok, TedTalks and LinkedIn to debunk myths and share credible information to thousands of your followers so that they can attend to their health. That's very interesting. We want to know about it.

But we always start off by asking our guests if they could tell us something about their background, like where did you grow up? What values did you inherit from your parents?

Suraj Kukadia: So you've given me an unbelievable introduction. I don't even think I would give myself an introduction that good. So I qualified as a doctor back in 2015 and then worked in Cambridge for a little while and then moved back down towards Hertfordshire.

I just have always been interested in aches and pains. I've always had multiple injuries when I've played sports. I just tried to rehabilitate myself a lot of the time. There is some good information out there, there's bad information out there, but that's essentially what led to the founding of Sports Medica. I was trying to utilise the skills that I've had and developed through my time in medical school and through my time as a doctor to try and help other people.

Then through the different placements and rotations that I've been through as a doctor, I've developed other interests in other parts of medicine and then when I started creating content, I found that there just aren't that many credible voices giving out good health information online.

There are tons of like values that I've inherited from my parents, I think. Probably honesty is a big one. One of the ones that I got from my dad was don't spend money on pointless things. Always think, do I need something? Do I want it? Why do I need it? And then make an informed decision about whether or not something will actually improve your quality of life, or if it's just something you just want for the sake of it, because it will maybe impress other people.

Rob Behrens: I think you went to Merchant Taylor School, but when did you decide you wanted to become a doctor?

Suraj Kukadia: It feels like a med school interview now! Probably quite different to the real reason. I think I looked up to my sister so much and she was a couple of years ahead of me and she went down the medical route and I was generally pretty good at science and maths – most doctors are. I just wanted to be able to combine all of those things together with a focus on problem solving.

One thing I love about medicine is that every day is different. I never really believe people when they would say that to me when I was younger, but everyday actually is different. It's just filled with so many different interactions with different human beings that it's hard to get bored when you're at work.

Rob Behrens: In your early career, you have lived through perhaps the greatest crises of the National Health Service in terms of COVID, particularly staff shortages and industrial action.

What's it been like?

Suraj Kukadia: It's been interesting. In terms of COVID, I was quite lucky. At this time I wasn't in training, so I was working in a small Community Hospital during the first big wave of the pandemic.

But my other half was working at Northwick Park in the Infectious Diseases Unit, so she was seeing everything first-hand. I was getting all of these stories about how terrifying that virus was and still can be.

But in our little Community Hospital we didn't have much information filtering down, so the information that the ward staff were getting was from me, from my friends who were working on COVID wards. That's how we were trying to prepare ourselves so that our patients were protected and we were protected.

I think there was a lot of issues through COVID. I think some of the guidance was created based on how much PPE there was available rather than what should be the gold standards.

And I mean everyone has seen those pictures and stories of people wrapping themselves up in bin bags. There just weren't enough aprons and the aprons themselves were these little pinnies that were not really protecting much to be honest. And so that was scary at the time because it was so unknown.

From that year, in 2020 from August to December, as we were learning more about it I was then working in general practice. But then my first full experience of COVID was when we had the second wave over that Christmas where I was working in A&E for four months. That was really different because everything was so focused on COVID that people weren't really coming to hospital as much for other things.

It's really interesting to see how that's now switched back completely. Where I was working recently there was a 12 hour wait, which during COVID there wasn't really long waits because people that were coming in were really unwell rather than coming in for small injuries - people weren't really doing sports during COVID - and just things that generally don't need to be seen by an A&E doctor.

Rob Behrens: So did you notice through COVID and afterwards that users of the health service had a different view of clinicians from what it what was like beforehand?

Suraj Kukadia: I think so. And I mean, I think because of all the stories that were coming out internationally about how severe the virus was and the videos that were coming out of what it was like within hospitals, there was this renewed appreciation for the NHS. Since then, because the waiting lists have just risen and risen and risen, it’s now not unheard of to be waiting more than two years for a routine appointment.

In some trusts, from what I've heard, the two week wait cancer referral pathway has now become an urgent cancer referral pathway because people aren't being seen within two weeks.

Because people have survived COVID and not everyone was affected by it. So I was very lucky. No-one in my friends or family passed away or was really unwell with COVID, despite having treated lots of people with it.

But now the pandemic is in the past. People aren't getting the health care that they need and the health care that they deserve. So I think now there's a lot of animosity towards doctors and health care professionals and particular GP's, to be honest.

Rob Behrens: That's what I was wondering about. Have you noticed that people have got angry as a result of the way they have to wait or the treatment they do or don't receive? And how do you cope with them?

Suraj Kukadia: Yeah, people do get frustrated. We see it a lot in general practice because they come to us asking us to expedite their appointments. Unless there's been a significant change or deterioration in their condition, we can't just ask for them to essentially jump the queue ahead of other patients who will be just as debilitated or just as much in pain as they are.

So it makes things quite difficult. And how do I handle it? You just have to explain that it’s not us, it’s the powers that be. If they want us to write a letter, we can write the letter, but it doesn’t usually make a difference.

I think they tend to call the appointments line and the appointment line say, “Oh get a note from your doctor”. Everyone just says get a note from your doctor which puts so much burden on the NHS and GP’s without that note actually meaning anything.

Rob Behrens: OK, so most people would be happy and content at having a medical career like the one that you describe, but you’ve gone beyond that and you’ve become someone with a large following on social media on the back of videos that you make on your channel, which explain health issues.

You said a little bit about that at the beginning. You didn’t say how you got your name. Could you tell us that, first of all, Doctor Sooj?

Suraj Kukadia: It’s just a nickname. It started from a family holiday because I was at one of those kids clubs for activities with my sister and

the bloke that was running it couldn't pronounce my name so he just started calling me Sooj and it's just stuck.

My sister started calling me it and then through uni… So my name has always been abbreviated from Suraj to Suj, and then the next progression of that was go from Suj to Sooj and then that stuck at uni. There are lots of other variations of it.

But I just went for Doctor Sooj. It's short, compact, it's easy to spell, easy to say.

Rob Behrens: Memorable. That's good. So why did you think that a channel was needed?

Suraj Kukadia: There's so much health misinformation, particularly online. Did you know that false medical information is more than 70% more likely to be retweeted on Twitter, now known as X? Compared with accurate health information, misinformation is sexy.

It's just – it's you can eat this one thing in every day and you'll be disease free. And it's just, it's easy.

Whereas actual medical information is boring, people think that they know it all. They want something new. They want something different and that leads to the rise of lots of wellness influencers - who conveniently all sell their own supplements, which are unregulated - who then just spout all sorts of nonsense online.

The only way to tackle things like that is the social media platforms need to take a bigger role in removing videos with misinformation on them. But the thing that we can do actively is to encourage more credible voices, to put content online in an engaging way.

Rob Behrens: That's good and I understand. I mean lots of people would say what you've said, but they wouldn't actually do it, but you did it. So I mean, how did you get started?

Suraj Kukadia: My first video - so we spoke about the aches and pains being something that I've always been interested in. My first video is me rolling around on the floor, doing some stretches and also stretches that you can do at your desk. So many people have sedentary jobs, I have a sedentary job.

When I was in hospital that was different because I would be running around the wards, but now in 'GP land' I get up to get a patient but I'm not really moving that much. In some surgeries where I work, I just have to press a button and it

flashes up in the waiting room and the patient will come in so I can go for three hours without really moving.

And so I thought about these stretches and exercises. People will be having little aches and pains in the lower back - it's one of the biggest reasons that people call off work or call in sick to work is back pain.

So if you can try and treat the problem before it even presents as a condition then you can improve productivity, you can reduce the burden on the NHS.

And then I just thought, well, let me talk about something that I've found really interesting. I think my first set of videos that I did was a 10-part short video series on vitamin D because it's so important. So many people come in asking for a vitamin D blood test and there isn't really much point in doing the blood test, most people will be deficient in it and the guidance says that you should be taking vitamin D supplements over the winter months regardless. And if you're ethnic like I am, you should just be taking vitamin D everyday anyway. So I did that.

One of those videos did really well and got about 350,000 views overnight.

Rob Behrens: 350,000 views. Wow.

Suraj Kukadia: Yeah, that was good. And that got me my first 1,000 followers and I thought, OK, well, there is actually something to this and then that encouraged me to start posting more regularly. And then I was posting a lot. I was doing 4 videos a day every day.

When the videos started doing well, I'd start posting about 7 videos a day for a week. And this is all on top of working full time.

What really helped was that it was also a time when I was revising for exams, so if I thought there was something interesting when I was revising for this exam, I would make a video on it and then just post the videos and that helps me remember it.

Rob Behrens: Did any of your peers say ‘what are you up to Suraj, this is a bit odd?’

Suraj Kukadia: It's really interesting. I didn't tell anyone. I told like one or two people, but I didn't want people to know. I was a bit embarrassed. That's why I started posting on TikTok first because people generally of my age we don't really use TikTok, they use Instagram instead.

So I was posting on TikTok only and I thought well, when I get to 10,000 followers that's when I'll start posting on Instagram and YouTube and I'll start telling other people. And I got to 10,000 followers and I thought well, it still feels a bit weird putting myself out there like this.

So then I said, well, let me wait till I get to 20,000. Then I got to 20,000. This is all still within the first seven months or something. And then I still didn't really want to tell people.

And then the only time I decided to was when I was very lucky. I got invited to a YouTube health summit based off my success on TikTok and everyone wanted to know what my YouTube handle was and my Instagram handle.

I didn't have either of those things, so that prompted me to create a YouTube account, create an Instagram account, and then start cross-posting videos from TikTok on to those other platforms. But by the time people that I know started seeing my videos, I already had a small to moderate sized following.

So then people are just like, oh, it's really cool that you do that. Whereas if I if they had started seeing them when I didn't have a following, they'd just say he's a bit weird. Why is he putting out these videos?

Rob Behrens: Clearly, it's extremely popular, particularly with young people. Could you explain why it's so important to make what you say accessible to younger people?

Suraj Kukadia: So I think one of the main reasons is that people are consuming content differently now to how they were consuming it 20 or 30 or even ten years ago.

I think the era of the NHS pamphlet is over. I don't think in the last four or five years I've ever handed one out. I don't think when we used to hand them out to people they actually read them. Now, I will send the patient a text with a link and that link will be something either from the NHS website about the condition that I diagnosed them with or the one I want to talk to them about, or I send them a YouTube video from a credible health source.

In recent years the NHS has made a massive push to make their content more accessible. So they now create videos based off the most commonly searched questions on their website and they do really, really well. I partner with the NHS on quite a lot of the short videos that they post.

I think that when we've grown up with technology and laptops and computers and phones in the way that people of my generation have, I think just being able to Google anything at any point and have such a huge amount of information at your fingertips means that by creating these videos that might just pop up on someone's TikTok feeds and might educate them.

The algorithm understands people – it can create this profile of a person based off their search habits and things that they're watching, and then they can extrapolate that based on the people that they've been interacting with to create this digital profile. They know the things that you will want to know even before you do.

It's the reason why when you talk about something with a friend and then suddenly start seeing ads for it on Facebook or Instagram, people then think their phone is listening to them. But really, it's that your phone knows everything that you searched for. They know everyone that you interact with and everything that they've searched for and then they can target adverts towards you. I think it's the same with the social media platforms.

Rob Behrens: It's very interesting. I'm reminded how behind the times the Ombudsman community is with the kinds of approaches that you're using. So it's not just the national Ombudsman, but Ombudsmen across Europe struggle to get young people to make complaints to them.

I think partly because the assumption is that it's up to the people to come and make the complaint rather than what we're slowly realising - we have to go out and reach out to people in a way that is accessible to them.

We're also very slow in adapting artificial intelligence to thinking about how to demystify what we do and give people the options that you've already got there.

So that might be a way forward in trying to get hold of young people who wouldn't otherwise come to us.

Suraj Kukadia: What type of complaints would you be looking for?

Rob Behrens: Well, just yesterday or the day before yesterday, I've been on a roadshow to the South West to talk to people who wouldn't normally come to my office. We had a follow-up session with seven or eight young people who would never easily make a complaint, but they were very interested in talking to me about their experience on a one-to-one basis without necessarily putting it into a complaint form.

They just wanted to describe their torments, their disillusionment, the struggles they've been through, and how patronised and discriminated they'd been.

And this wasn't a representative sample, but it was chastening to listen to them. And unless we go out and find these people, they're not going to come to us very easily.

This was about how the police behaved towards them. It was about how the National Health Service treats them. It's a lack of joined up approaches in public administration. All the things that they have to contend with – how their local authority behaves. But we need, as regulators and ombuds, to join up and think carefully how we reach out to these people because they won't come to us under current circumstances. So thank you for giving us the idea.

Suraj Kukadia: I think one problem is that people may just not know the Ombudsman exists. I had no idea what an Ombudsman was until I was about 26 or 27, and then that was because I read about it in the news.

I had never had any reason to have ever interacted with Ombudsmen and I think that in terms of young people, they're less likely to have serious illness than people who are older and therefore fewer things are likely to go wrong with their care.

I can't really comment on the discrimination. That's not something I've seen or experienced. But I think just because of the demographic of people that are more likely to access the NHS and access health care and being in need of healthcare, that will probably skew your patient population.

Rob Behrens: I'm sure that's true. The young person we interviewed was actually a clinician in the NHS, which makes it even more interesting from that point of view.

Has there been one issue that you've been surprised how big it's become? I saw on your website some comments about an A-list actress and her advocacy of jade stone eggs. I can't imagine who you're thinking about, but is there anything in particular that you were surprised how viral that became?

Suraj Kukadia: I posted a video on Christmas Day indirectly about my friend who doesn't have the ability to burp and it's quite gross. So when he feels that he needs to burp, he has to put two fingers down his throat to trigger the gag reflex so that he can let that bloat and that gas out.

And we have never known what caused it. And then I just did some research and I thought, well, if it affects him it must affect someone else. That video from Christmas Day is on about 2.5 million views now.

And the comments are filled with people saying, “I thought it was just me, I knew it wasn't all in my head!” and just tagging all of their friends saying, “I told you that this is a thing!”

Rob Behrens: That's amazing. That's great. It's liberating. Do you have experience as a doctor of knowing that a complaint which has been received when you've been around has had an impact on the service subsequently delivered by the clinicians or the trust or the GP service?

Suraj Kukadia: Yeah, it definitely does. Because we're quite isolated in general practice, particularly for me as a locum doctor, so I work in multiple surgeries. One way that I learn is that I'm part of these Facebook group communities of GP's where they reflect on experiences, whether they're good or bad.

Sometimes someone posts saying, “What are these gems that you've learned over the years?” That's one way that we can do it.

One that I can reflect on that has happened recently is that I heard about a child where the clinician was concerned that they might have diabetes but there wasn't a fingerprint blood sugar monitor available within the practice.

So instead they put them for a blood test and the nearest blood test they could get was in a week to check their blood sugar. And within that week, that child became worse, went to hospital, was diagnosed with diabetes. Then off the back of that whole thing happening, at that surgery an email went out saying this is where we keep our stash of blood sugar monitors, we now keep them in every single room. Since I've learned about that case, I got my own one and I keep it in my doctor's bag so that I am now more readily able to check the blood of a child or even an adult's blood sugar if I'm worried about it.

If there's a two-year-old that's not been eating and drinking, has had diarrhoea and vomiting for a few days, they're looking a bit lethargic, I can just check their blood sugar and make sure that they don't need to go to hospital and we can still just treat them in the community, so that's improved my care.

Rob Behrens: That's great, thank you. I want to go on, but I've got two final questions for you. 2,000,000 responses to a video is just amazing. My sense from a lot of interactions with the NHS is

that the culture is very defensive in the NHS, despite the wonderful people who work in it.

There is a defensiveness which sometimes prevents communication with patients as well as with other clinicians. Have you got any ideas for how that could be improved in terms of listening and reaching out to people in the NHS itself?

Suraj Kukadia: I think the defensiveness comes from the culture of blaming rather than trying to learn from things that have gone wrong. So they do root cause analysis when there's been a problem, and often they try and pin it down onto one person rather than understanding the structural problems that have led to this situation arising.

There were so many pressures within the health service itself, and one thing that they've started doing at one of my local hospitals within the obstetrics and gynaecology departments that were receiving so many complaints because mothers weren't being kept in the loop about the different stages of their labour and when things were going wrong. Suddenly an emergency alarm gets pulled.
Everyone rushes in. You're just in this mad frenzy trying to save the baby's life, save the mum's life and she doesn't really know what's happening.

And then suddenly she might be taken for an emergency C-section. So now what they've implemented after that, which has made their complaints go down massively, is that the following day a consultant or a senior registrar has to have a conversation with the mother and the family. They call it the duty of candour speech, which is you go through exactly what happened line by line, in the notes, explain it to the mum, so she's aware of what's going on, and therefore all of her questions, issues, everything can be addressed. Then she feels more empowered about her own health care, she's been involved, and then is less likely to make a complaint.

I think the way that had been dealt with by the hospital was quite good because it encouraged this conversation to be had with the patients.

But if people are being blamed and then off the back of being blamed, you can go to a medical tribunal, you can go to the GMC, you can go to court and end up in prison after trying to save someone's life and something just goes wrong.

It's terrifying that your whole life could be over when all you've wanted to do your whole life is just to help other

people, and either because they don't like who you are, they don't like the way you interact with them, maybe you made a mistake. Suddenly, the rest of your life could just be over.

Rob Behrens: That's very important, particularly as the government is looking at duty of candour to see how it can be more effectively used, not just in the health service but more widely. So, thank you for that. So finally then, there are lots of young people who work for my office, there are lots of people who are in university wanting to be clinicians, nurses, doctors because they've looked at your videos.

What advice would you give to them about taking their career forward? What have you learned from that?

Suraj Kukadia: What have I learned from making the content? I've learned that it's made me a better doctor. I love it when I've made a video on something… I've never been recognised by a patient, which I think is a good thing.

But what I love is that, well, I've made a video about something and then just by chance, a few weeks later, a patient comes in with that exact condition. And so because of the way I've written my scripts, that I've recorded my videos, I know exactly what to say to them to explain the condition succinctly and to go through potential treatment, treatment plans, causes, problems, everything. That's what's really helped me improve my clinical skills. It's not, but it should be counted as CPD for me, I think.

But I mean, I find it rewarding just trying to empower the public about their own health because there's so many things which I think are like second nature or bread and butter. If I work two or three sessions in a day, let's say I do 8 hours of general practice. I'll see 50 to 60 patients. But I can have a video which will reach four million people and sometimes then articles get written on my videos, which then will reach even more people.

I've had one, which was why you shouldn't put cotton buds in your ears and then that was featured in the Daily Mail.

And there have been other videos I've done where they've been in The Sun or The Express or The Mirror. It's all about just trying to improve people's knowledge about healthcare and about their own bodies.

Rob Behrens: Well, I think it shows to me that you don't have to be conventional in order to develop your career because you're

recreating the rules in doing what you're doing and it's been an inspiration to talk to you.

So on behalf of everybody, thank you so much for being with us. And this is Rob Behrens signing off. Looking forward to seeing you soon. Take care.