

# Anything but Easy

SUSIE TATE

## Chapter 1

*Are you even a bloody doctor?*

**Kira**

“Kira, you maniac!” Mark grunted, finally dropping the remote after I elbowed him in the stomach. My face split into a wide grin as I scrambled away, remote in hand.

“Man up, Marky Mark,” I said, pressing some buttons to change over to BBC HD. “You know I gotta get my news on in high-def these days. And you were about to turn over to *Say Yes to the Dress*, you big queen.”

“I’m a queen and proud Ki-Ki. And since when don’t you like *Yes to the Dress*?”

“I think we could all do with a bit of current affairs, don’t you, Mark?” I used my best haughty tone as I flung my arm out to the rest of the genitourinary department coffee room. Apart from me and Mark, there was only a locum GU consultant who was trying his best to ignore us, and Sandra, a staff nurse so used to me that she barely even looked up from her tuna salad. “Some of us *care* about the world at large.”

I paused the telly and took a deep breath in. Mark held up both his hands and shook his head.

“Kira, don’t you dare si—”

I leapt off the sofa, got right in Mark’s face and went into my version of *Fight the Power* by Public Enemy, complete with my pop and lock rap moves.

I was cut off by him dragging me up from a slut drop and clamping his hand over my mouth. Just as I was getting into it, the fun sponge. Sandra’s shoulders were shaking with laughter.

“No. Rapping.” Mark looked at me sternly. “You are a small white English girl with hippy tendencies, *not* an African-American freedom fighter from the ghettos of New York.”

“We can all fight the powers that be, Mark.” I grabbed the remote and started up the News again. “But it starts with us being *well informed*.”

The headlines came to an end and I sat back with a dreamy sigh as *He* filled the screen. Mark rolled his eyes.

“Well informed, my arse. You’re obsessed . . . with a fucking *Tory*.”

I shushed him, my gaze intent on the glorious sight in front of me as I leaned forward over my knees to get a better look.

“Yeah,” I breathed. “Yeah, you *dirty* little politician, you. Wear that suit, you naughty man. Own it. Work it.”

You'd be forgiven for thinking I was watching a Magic Mike routine rather than the current Minister of State for Business, Energy and Clean Growth walk out of Number 10 Downing street and get into a waiting car. He was tall, taller even than the close protection officers that flanked him, and he filled that immaculate suit out nicely. His hair was dark but his eyes were light blue and piercing. Every time he looked into the camera during a speech, he gave me shivers up my spine.

"I love the way he ignores the press. He's always got this stern, serious thing going on." I flopped back with a loud groan as the image of Barclay Lucas was replaced by Fiona Bruce. I fanned myself for a minute. "Holy cockwombs. I'm so turned on I'm not sure I can cope with my clinic this afternoon."

"This obsession is getting weird, Ki Ki," Mark said. "I mean he's hot, but honestly. A *politician*?"

"But I love his commanding presence. The way he doesn't take any crap. He's just like taking global warming and giving it a good spanking. He cares about stuff. And, well, he's got a nice arse. I think. Under the suits. At least, I imagine it's nice."

I would agree with Mark that Barclay Lucas was not the most logical subject of a Kira Crush – there was a gaping chasm between him and my normal type (think dreadlocks, eyelids half-mast after smoking too much weed, questionable personal hygiene). But the thing about Barclay was that even if his party did support cuts to legal aid, housing benefit and didn't fully support unions, the times I'd heard him speak on *Question Time* or in the Houses of Parliament (yes I might be a bit of a flake, but that doesn't mean I don't like to get my politics on of an evening) he had this *fire* in his eyes, this passion for change. Despite being a Tory, he still seemed to be bent on improving social inequality. And he was the driving force behind the Energy Revolution, which he believed would benefit the most disadvantaged in society *and* the environment. After nuclear fusion producing clean energy for the national grid became a real possibility two years ago, some politicians had been dragging their feet. Barclay was certainly not. And the way he spoke about it – the intense focus and absolute clarity of his words – it was impossible not to believe him. It was impossible *not* to believe that yes, Barclay Lucas could save this country. In fact, forget the country: Barclay Lucas could save the world.

"Well, he's gone now so can you please . . ." Mark made another lunge for the remote, but when he was within reaching distance I smirked, leaned forward and licked his face. He had this weird thing about germs. He wouldn't eat a pasty after it had fallen onto the canteen floor, not even when it was within the five-second rule – fussy, wasteful weirdo.

"Ugh!" he said, recoiling in horror. "You are *so* gross. I do not want girl cooties, thank you very much."

"Plenty of peeps would pay good money to have me lick their faces," I told him, before catching the locum consultant looking over at us in horror and giving him a cheeky one-eyebrow raise. He abruptly abandoned his cheese sandwich and made a dash for the nearest exit.

"Try not to scare off the locums, Kira," Sandra said in a patient tone, shaking her head. "You know it's hard enough to get them in the first place and he's one of the good ones."

"He's a pussy is what he is," I muttered under my breath, snatching up the uneaten half of the cheese sandwich he'd left and shoving it in my mouth. "Come on, losers. Those willies and foofs out there aren't going to save themselves."

"Actually Kira, you're not doing the walk-in today," she said. "Prof's had to go to some type of emergency meeting. You're covering his HIV clinic."

I smiled. It wasn't that I minded the bread-and-butter genitourinary medicine stuff, but once in a while it was good to actually get stuck into some difficult cases, and Prof's clinics were full of those.

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I sighed and sat back in my chair to look at the gaunt, scruffy, but surprisingly still handsome, man in front of me. Surprisingly because the skin of his face was red and flaky with seborrhoeic dermatitis, his cheeks were hollow and he wore a sullen, pissed-off expression. Why had I thought that tackling tricky cases would be a nice change of pace? This guy was just depressing. When I'd seen that his second name was Lucas, I'd felt like it was a cosmic sign of how well my day was going to go. I was *very* into cosmic signs. For me, daydreaming about a guy called Lucas and then seeing that same name on a set of notes in front of me was a good one. I was now realising that my theory had some holes.

"Mr Lucas . . . Henry," I said, noticing a flinch at the use of his first name, but still no attempt at actual eye contact. "Since your hospital admission with PCP you've been on antiretrovirals for a good few months."

Henry had had a dry cough for long time which he had ignored until it became difficult for him to breathe. He was admitted to hospital a year ago and his chest x-ray showed diffuse shadowing, suggesting Pneumocystis Carinii Pneumonia, or PCP – a marker of the immunosuppression associated with AIDS. An HIV test was requested in his first set of blood tests and the result had been positive. The pneumonia was treated with antibiotics and he was discharged with antiretroviral medication, but he'd missed two follow-ups in clinic since then. The one time he had actually attended, Prof had described him as having a 'flat affect', meaning he'd appeared emotionless. Prof had been concerned, but his attempts to contact Henry after his subsequent missed appointments had been unsuccessful.

"Your CD4 counts and viral load aren't improving. I . . . there doesn't really seem to be a reason why they're not getting any better. We'd expect at this stage for there to be a drastic change in the numbers."

Henry shrugged and scuffed his feet on the floor. His hair looked greasy and he had a good few days of beard growth on his face – not in the nice, trimmed and trendy beard way, more like the homeless person way.

I cleared my throat and tried again. "Do you . . . Henry, do you actually *take* the meds?"

I waited and watched as he shrugged his thin shoulders, before giving a short nod: not altogether convincing.

"I mean, if you were *taking* the antiretrovirals your CD4 count should be almost undetectable and I just –"

"You done?" he cut in, scraping his chair back and pushing up as if to leave.

"Uh, I –"

"Because this was supposed to be *Professor* Patel's clinic." He flashed me a brief unimpressed look. "Not sure I'm up for a lecture from one of his minions, to be honest."

I took a deep breath in through my nose and let it out again slowly. It wouldn't do to punch one of the HIV patients in the face.

"For fuck's sake," I muttered under my breath.

"What did you say?" he asked, eyes wide and no longer looking down at his feet.

"I said . . ." I paused to reflect on the consequences of expressing my real opinion. All too often I'd landed in hot water for just that. But nothing was getting through to this guy. Prof had been trying to contact him for weeks and he'd only gone downhill. I decided to take a chance. "I said, for *fuck's sake*."

Henry's mouth dropped open. At least I had his attention. "You can't speak to patients like that! Who the hell do you think you are?"

“Er, well the swearing police haven’t exactly broken down the door so, I’m gonna take a guess and say yes, yes I can. Or rather yes, if the patient in question is a misogynistic dickhead.”

“*Excuse me?*”

“Listen, I am *trying* to help you here. Do you think I sit around in clinic waiting to talk lying wankpuffins into taking their life-saving medication that the NHS is providing for them for shits and giggles? Do you have any idea what someone in Sub-Saharan Africa would do to get their hands on these meds? Well? Do you?”

I had full eye contact from Henry now.

“You-you called me a *wankpuffin* . . .” he spluttered, looking a mixture of shocked and bizarrely ever so slightly respectful. “What does that even mean?”

“I’m sure that in other areas of your life, Henry, you’re a perfectly reasonable human being,” I told him. “But as far as this clinic goes and this treatment, you *are* being a wankpuffin. Now, do you want to tell me why you’re not taking the medication?”

“You can’t speak to me like that.” His tone was angry now and he was leaning forwards in his chair towards me. “Are you even a bloody doctor? You don’t *look* like a doctor.”

That, I thought, was a fair comment. I was wearing a pair of loose sarong trousers I’d bought at the Full Moon Party in Thailand, and a gypsy top complete with tiny mini mirrors around the hem. My earrings were long and contained the odd feather. I also had flip-flops on.

“Henry, I assure you I am a qualified doctor. I–”

“So what are you? First year or something?”

“I’m a registrar.”

He looked genuinely shocked and swiped his hand through the air in dismissal. “No way. No way in hell.”

“When I was applying for training, I would not have got away with wearing this. Not much they can do about it now though. As you can see, we’re not exactly overstuffed. The first thing I did after the interview for my training scheme was give away all my stud earrings. So, now that we’ve established my credentials, let’s get back to the task at hand. Why aren’t you taking your meds? No bullshit this time.”

“Ugh!” Henry flung his hands up and slouched back in the chair. “What’s the fucking point? They won’t *cure* me, will they? There’s no goddamn cure for this bloody disease.”

I shifted forward in my chair and waited until I had full eye contact with Henry before I spoke.

“You are probably always going to be HIV positive, yes. But that doesn’t mean you have to die from it. The medications now can control it so that it becomes just another chronic disease, like diabetes.”

“Don’t you get it?” he exploded, suddenly jumping out of the chair and pacing up and down the room. “I don’t *want* to live. Who wants a life where they can’t do anything meaningful? I used to be the *big man* – did you know that?” He laughed, but there was no real humour there. “At least I thought I was. Living the high life, fast women, fast cars. I *thought* I was the dog’s bollocks, and then . . . bam! All of that goes away.” I watched as the angry energy drained out of him and he sunk back into his chair. After a minute of silence he spoke again, but his voice was much quieter than before. “The worst thing is . . .” He swallowed and cleared his throat before carrying on in a husky, low voice. “The worst thing is that I brought it on myself. I’m not one of those innocent people who picked up HIV ‘through no fault of their own’, I shot it into my arm along with the drugs I was taking at the time . . . for a laugh. Because I was bloody *bored*.” He looked back down at the floor and heaved a sigh as his shoulder slumped in defeat. “I deserve to die,” he whispered to his feet.

I closed my eyes slowly and felt my chest tighten. When I opened them, I saw a tear tracking down one of his hollow cheeks.

“You don’t deserve to die, Henry,” I said, softly now, but all I got was a sniff in response. “Do you think that just because you lived large and had a good time you deserved to contract a disease and die from it? Nobody *deserves* to contract HIV. It’s not like you were injecting heroine into small children’s eyeballs and the needle slipped. You were using it as a recreational drug for yourself. You made a poor choice. That doesn’t mean you deserve to die.”

“I should go,” he muttered, his hands going to the arms of his chair as if to push up to standing again.

I acted on instinct and my hand shot out to cover his thin forearm. “And who says you can’t have a meaningful life? Lots of people with HIV live very full lives.”

Henry shrugged, but did settle back into the chair. “You know what I mean,” he whispered.

“Ah,” I said. “Intercourse!”

Henry blinked once before staring at me. “You are *not* normal.”

I waved a hand dismissively in front of myself. “Of course I’m not, but that’s beside the point. You want some punani, yes? I mean, I’m guessing you’re not gay. My gaydar is better than a Grindr app at an Elton John concert, and you, my friend, are straight. Also, I hate to generalize but gay men tend to cope *way* better with a diagnosis of HIV and are always super organized about their meds – something I suspect you are very much not.”

Henry rolled his eyes but I caught his lips twitching. I was getting somewhere.

“I’m hardly in a fit bloody state to go looking for ‘punani’, as you so eloquently put it. I thought you were a sexual health doctor. Shouldn’t you be referring to genitals in the correct way?”

“Oh, I’m so sorry,” I said, leaning forward and propping my chin on my hand on the desk. “I’ll start again: You would like to seek out some receptive vaginas for sexual intercourse. Am I right?” He sighed, but the lip twitch was back again. “We-e-e-ll,” I drew out the word. “If you want to get into a ‘fit state’, you have to start taking your medication.”

The lip twitch faded rapidly and a scowl took its place. “What the fuck would the point be of that?” he asked. “Who is going to want to have sex with a bloke who’s HIV positive?”

I sat back in my chair and softened my expression. “I don’t know, Henry,” I said. “Maybe someone who finds him attractive, likes his (admittedly at the moment less than sparkling, but I assume circumstances have contributed to that) personality – maybe even falls in love with him. That’s who.”

Henry huffed and looked down at his feet again. “Nobody, however much they *love* me, is going to risk their health to have a relationship with me. And nor should they.”

“Henry, antiretroviral therapy can reduce a person’s viral load to the point where it is so low that it cannot be detected by measurements in the lab. You must have been told this when you were first diagnosed? If you have an undetectable viral load in your blood for at least six months, you *cannot* transmit HIV through sex. Undetectable equals Untransmittable. We call it U=U. I’m not saying you wouldn’t continue to wear condoms in those circumstances but—”

“Wh–what?” His eyes had snapped up to mine and I saw something flash through them, something that looked a little like hope.

“If you take your meds as prescribed (just one tablet a day), not only will your health improve, but you can start thinking about punani again. *And*, do you think they’re not working on a cure right now? HIV treatment has come so far in such a short space of time. Do you think in ten years time it won’t have progressed even further? You can’t just give up.

The researchers working on it aren't giving up, so there's no reason for you to pussy out up the stairway to heaven just because you might have to have a few awkward convos with potential lady friends before you do the dirty with them."

Henry started rubbing the back of his neck as his head dropped forward and he let out a puff of air.

"You've got to *try*, Henry," I whispered. "Shit happens, life isn't perfect. But you can't just give up."

His hand dropped from his neck and he sat up straighter in his chair. He squared his jaw and his eyes lit with a new determination. Yes, I thought, this guy could definitely be hot if his skin improved, he gained a fair few kilos, and he changed his attitude.

"Okay," he said, his tone stronger than before. "Take me through the med schedule again."

# Chapter 2

*Anything but easy*

**Kira**

“Dr Murphy?” Nigel Derwent, the hospital director, was looking at me with a pained expression. The last time I’d really spoken to him was at my ARCP (Annual Review of Competence and Progression) a year ago. The suit I’d worn to that was a world away from the purple leggings and paisley tunic I was wearing now. “Great, just great,” he muttered to himself, and I suppressed an eye roll as he started looking up and down the corridor as if to try and find another, more suitably dressed, Dr Murphy.

“Sir!” I clipped out, before clicking my heels together and lifting my hand to my forehead in a full-on salute. Sometimes my brain short-circuited a little around authority figures and I lost touch with what was respectful and normal, and what was just plain odd. Nigel looked unimpressed. “Er, hi. You, um, wanted to see me?” I said, lowering my arm and biting my lip. “It’s just I’m in the middle of a ward round. The junior doc I left to finish off doesn’t know his arse from his elbow, so I might need to –”

“Right, right,” he said, and he swallowed as his hand moved to his neck to attempt to loosen his collar. “I, I . . .” he trailed off and gave my outfit another pained look. “We have a *special* visitor. It’s a rather . . . sensitive matter, so before you go in I’m going to have to ask for your discretion.”

“Oooh discretion.” I smiled, as excitement leaked into my voice. “You don’t have to worry about me. I’m the *soul* of discretion. Like a blind badger with laryngitis – you can trust me.”

He blinked. Twice.

“Just . . . just please, *try* to be professional, alright?”

“Yes, sir!” This time for some reason I gave a double salute, which ended up as sort of jazz hands manoeuvre. Nigel closed his eyes and pinched the bridge of his nose for a second.

“Okay,” he said eventually. “Follow me.”

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“Dr Murphy?”

I knew my mouth was hanging open, but I didn’t seem to have the power in my jaw muscles to close it. I was lost for words. Not a common occurrence for me. In fact, I could not recall *ever* being lost for words before, even in childhood.

I stared at the strong, tanned hand that was extended in my direction. His shirt had cufflinks, *cufflinks*. The only time any of the men in my life ever wore cufflinks was to weddings, and only then if they could find them: often they settled for safety pins. Nigel cleared his throat and I gave a small start. My hand jerked forward, but instead of just taking his, I smacked it . . . hard. Horrified, I withdrew my hand and took a small step back. He blinked at me and slowly lowered his arm, without changing his expression – as if small women smacking him happened on a regular basis. I felt heat flood my cheeks and realised I was blushing. I never, *never* blushed. I was a sexual health doctor for badger’s sake: nothing *ever* embarrassed me. Embarrassment just wasn’t a Kira thing. But standing here in front of this man, I was paralysed with it.

Barclay Lucas.

In the flesh.

Standing in Nigel Derwent’s office and regarding me with a baffled expression.

He looked even better than he did on the telly. His tie was ever so slightly loosened. His thick, dark hair was more ruffled than normal and he had stubble darkening his jaw line.

The only thing that remained immaculate was his pocket square. And he was tall. Really tall. Damn it, I *needed* to close my bloody mouth.

“Kira?” Nigel prompted through clenched teeth and finally, finally I managed to snap my mouth closed.

“Er, sorry,” I said into the silence, “about the hand slapping.” I gestured between my hand and his. “That was weird.”

Barclay gave me a measured look, ran his fingers through his hair and then turned his attention to Nigel. “*This* is the Dr Murphy in question? There isn’t another, *different* Dr Murphy?” His crisp, posh, public school accent was unbelievably intimidating at close range.

Nigel shrugged. “She’s the only Dr Murphy in the hospital. Believe me, if I could find another one, I would.”

I scowled at Nigel and crossed my arms over my chest.

Barclay sighed and propped a hip up against Nigel’s huge desk. “Dr Murphy, please, take a seat,” he offered, sweeping his hand out to the two crappy, plastic NHS standard-issue chairs beside me.

“Yes, yes,” Nigel said, bustling to the other side of his desk to his own leather oversized chair. “Let’s all sit down and discuss this . . . situation.”

Barclay, however, made no move from his position next to the desk. He had crossed his arms over his broad chest and was staring at me like I was a bug under the microscope. My eyes flicked from Barclay to Nigel and I raised my eyebrows but did not sit down.

“You treated my brother,” Barclay told me.

I frowned. “Your brother?”

“Yes, my brother. Henry.”

“Henry?” I said under my breath and then my mouth dropped open again. “Holy sh—Shetland Iles! Henry *Lucas*. Henry is your brother?”

I felt the heat fade from my cheeks as they drained of all colour. Was he here to complain? I thought Henry had got over the whole *me telling him he’s a wankpuffin, a pussy and a misogynistic dickhead thing*. It had happened over a month ago, and last week when I’d seen him in the waiting room, he’d lifted his chin and given me a very small smile of acknowledgement. His skin had been clear and he was looking way less skeletal now. Prof said his viral load had dropped dramatically. Had the little shit gone whining to his brother because I’d sworn at him? If so, he was more of a pussy than I’d thought.

“Listen, I’m sorry if he found my methods a bit . . . heavy on the profanity and light on the, er . . . respect. But, before I started dropping f-bombs . . .” Nigel made a choked sound from behind his desk which I ignored “. . . he wasn’t listening to a word I was saying. And I didn’t—”

“Dr Murphy,” Barclay said, cutting me off. “You saved my brother’s life.” Barclay didn’t say this in an emotional way, merely as if he was stating a fact.

My eyes went wide with surprise. Not a complaint then.

“Before you saw him in clinic, he had *never* taken his antiretroviral medication. After he nearly died of pneumonia, he cut my parents off completely and barely speaks to me. Nothing we said, nor any of the private consultants I paid thousands for, or even Professor Patel could convince him to start treatment. But he sees you for ten minutes and he’s . . .” Barclay paused and looked away for a moment as he swallowed. When he spoke again, his voice had a rough edge to it. “He has hope. You gave him hope. So, Dr Murphy I don’t give a damn what sort of profanity you used when you spoke to him. In my mind you’re a miracle worker.”

“Oh,” I said as I took a long blink. “Um, well. That’s . . . good to know.”

“He says he’s not seeing you in the clinic anymore,” Barclay continued.

“Well, he’s under Prof’s care and I don’t usually run the HIV clinics. I just step in to help Prof every so often. I’m mostly on the wards or in the sexual health clinic.”

“I want Henry to see *you* in clinic,” he said, his tone firm. I narrowed my eyes – I’d never been terribly good at taking instructions from authority figures, no matter how handsome they were.

“Well, yes, I’m sure that can be arranged,” Nigel put in. “We’ll easily sort things out so that Dr Murphy will–”

“Mr Derwent,” I said, all business now and, with the way Nigel’s eyebrows went up, I could tell I’d surprised him. “With respect, you don’t know how my department functions. We’re short-staffed in the sexual health clinic *and* on the wards. Neither of those are areas that Prof is going to be able to help with. I do *not* run the HIV clinics and–”

“I’ll pay you,” Barclay cut me off, again. My temper flared.

“I get *paid* by the hospital,” I told him.

“I’ll pay you to see him privately, outside of your hospital hours.”

“I don’t do private work. I do enough hours here. Way over what I’m contracted.” I gave Nigel a pointed look and he shifted in his chair. GU medicine was chronically understaffed.

“Then I’ll pay the hospital for a replacement to cover you. Two replacements. And I’ll pay *you* to see my brother.”

“Privately?”

“Privately.”

I shook my head. “I don’t do private work.”

“Are you being deliberately obtuse?” Barclay clipped, and I realised that it wasn’t just my temper that was flaring.

“No, I am not being,” I paused and lowered my voice to a poor imitation of his posh one, “‘deliberately obtuse’. I’m just telling you: I don’t do private work *ever*. I work for the NHS *exclusively*.”

“That’s not true,” he shot back. “You’ve worked for Médecins sans Frontières. You worked for them last year.”

I beat back the shock that he knew so much about me, and levelled him with my best withering look. “That is hardly private work, Mr Lucas.”

“It’s not exactly NHS work either.”

I rolled my eyes. “Just because I worked for a humanitarian organisation, who only covered my living expenses by the way, does not mean I am for hire.”

“I’ll pay you five hundred pounds per appointment with Henry. Plus, travel expenses to the house. He . . . he won’t agree to extra visits to the hospital.”

“Mr Lucas, I don’t think you under–”

“A thousand. A thousand per appointment.”

“I don’t do private work,” I gritted out.

“Why not? What the hell is wrong with private work?”

“I just don’t do it. I don’t need the hassle of setting up the extra indemnity cover. And it’s . . . it’s against my principles, okay?”

“It’s against your principles to earn perfectly good money?”

“No, Mr Lucas. It’s against my principles to earn money outside the NHS, looking after rich people who can use *their* money to jump the waiting lists. I know that might be tricky for someone of your political persuasion to understand, but it’s not why I went into medicine. Anyway, Henry *should* stay under Prof’s care. He is a leading light in HIV, he lectures all over the world. And Henry *has* to come into the clinic. That’s where the blood tests are taken, that’s where we have all the equipment.”

“I know Professor Patel’s credentials,” Barclay said through gritted teeth. “Why the hell do you think I had Henry go to his clinic in the first place? I’m not saying he should stop coming into the hospital clinics. This would be *extra* input for him.”

“Right, well . . .”

“He *needs* you,” he said, that rough quality back in his voice and an almost desperate expression crossing his face. “My little brother needs you, Dr Murphy. We almost lost him.” And then his blue eyes connected with mine and he swallowed, before saying the one word that I knew could break my resolve. “Please.”

I sighed and looked down at my feet before meeting his eyes again. “Okay.”

“Okay?” He’d pushed up from the desk now, his arms were uncrossed and the corners of his mouth had tipped up in a barely-there smile. I took in a sharp breath and ended up choking on my own saliva. Seriously, the man was so attractive it was almost unreal.

“Y–yes,” I managed to get out through my coughing.

“Are you quite alright?” Barclay asked.

“Fine, fine,” I spluttered, feeling a couple of tears streaming down my now likely red cheeks and feeling like an idiot. I scrubbed them away, glad that I’d forgotten mascara that morning and cleared my throat. “I’ll see Henry, but *not* as his doctor.”

Barclay’s eyebrows drew together and he re-crossed his arms. “What do you mean ‘not as his doctor’? How else would you help him?”

“Look, he needs to carry on seeing Prof at the hospital. And I don’t take money for private work. If you really think that him seeing me would help, then I’ll go to him. But no payment. No nothing. Not private work. As a *friend*.”

“You’ll go and see him . . . for free?” He looked truly confused now.

“Listen, you say he needs to stay motivated. You say he found what I told him helpful. Well, I don’t have to do that in a medical capacity. I can do that as a friend.”

“Well, I’d really rather formalise the agreement.”

I suppressed another eye roll at his stuffy tone. “Well, *I’m* not exactly a formal gal and I’m not going to take over his care from Prof. So, it’s my way or no way.”

“You’re very . . . unusual,” he said, staring down at me with a bemused expression.

“Yes, yes, I am.” I stood up a little straighter and gave him a wide smile. The light buzzing that had been going off intermittently from his pocket grew more insistent, and he finally withdrew his phone, giving the screen an angry glance.

“Right, I’m sorry but I’ve got to go. If I can have your mobile number then I’ll text you the details.”

“Oh sure,” I said, rattling it off and trying not to get too excited that *Barclay Lucas* had my phone number. He made a move to leave after he’d typed it into his phone and I leapt up from the chair to block his way, sticking my hand out for him to shake. “I guess this means we’re friends too now,” I said through another wide smile.

“As long as you’re going to see Henry then . . .” he trailed off and shook my hand, looking less than impressed at the prospect of a friendship with me in the offing. His hand was warm and dry and his grip was firm. I stared down at the veins running along the back of it and the light dusting of hair over its surface as if it was the most fascinating sight I’d seen that year.

I, Kira Murphy, was holding hands with Barclay Lucas.

He eventually pulled back, but my hand had decided that it was quite happy where it was for the moment and so clung on, only letting go when he gave his a sharp tug and I nearly fell into his broad chest.

“Righty ho!” I said as he skirted around me, giving Nigel a cursory, parting head nod.

“Oh, er . . . about my phone,” I called out. Barclay had just reached the door and had his hand on the knob – he looked wistfully at his potential exit for a moment before turning back to me.

“Yes?” he asked with forced politeness.

“Well, the cheeky badger’s not *that* great at text messages.”

“It can’t receive text messages?”

“It *can*, it’s just they don’t really display as any language I would be able to recognise. Started to do it a few weeks ago. I got excited for a bit ’cause I thought I might be receiving intelligence from the Russians, but the guy at Carphone Warehouse seemed to think it’s just ’cause it’s a Nokia from 1998.”

“You have a phone from 1998?”

“It can take calls though. So you could ring me. Except I don’t *really* take it anywhere, and I only check it once every couple of days and, er . . . sometimes I forget.”

One of Barclay’s hands went up to the back of his neck and he stared down at his shoes. “Do you have an email address?”

“Hmm, no,” I admitted, making an eek face at Nigel who looked on the verge of a heart attack.

“Dr Murphy, you *do* have an NHS email,” Nigel put in, shooting me a furious look.

“Oh, yes. See, I don’t really check that either so . . .”

“You’re an NHS doctor,” Barclay told me. Something I already knew. “Surely an NHS doctor has to be contactable in an emergency?”

“I do my on-calls on site and I have a work phone and a pager for them. My personal mobile doesn’t factor.”

“Christ, so what are we left with? Smoke signals?” He let out a deeply frustrated sigh. “Right, okay, my PA will ring you on your phone *and* she’ll contact Mr Derwent.”

“Yes, yes that’s fine,” stammered Nigel, who had been going more and more red in the face throughout my exchange with Barclay. He scrambled up from his chair and made his way around the desk. “Of course, I can get hold of Dr Murphy.”

“Sorted then,” I said. “Get your minion to give me the deets of Henry’s gaffe, and a time he wants me to come over, and we’ll work it out. Easy.”

“Dr Murphy,” Barclay said as he turned away from the door and towards me again. “Do you know what I do for a living?”

“Er, yes. I kind of do,” I murmured.

“Then you must realise that a lot of my time is spent in meetings, negotiating with people, yes?” I nodded. “So, believe me, I have a good frame of reference and a vast amount of experience to draw on when I say that this,” he pointed back and forth between us, “was anything but easy.”

