

A patient's diary:

episode 3 — only my nerves

20 FEBRUARY

I had rather a trying time at work today, what with a machine seizing up, one of the girls being difficult and old Ferguson more or less implying that the whole thing was my fault. I didn't say anything I might regret, but I could feel the throbbing start up in my neck and a definite twinge in the right lobe of my liver. Fortunately, I had taken the precaution of booking an appointment to see Dr Brenda in the late afternoon — only for a check-up really and to renew some prescriptions for Hilda and myself. Not that we are great believers in medicines and tablets — I'd cheerfully throw the whole lot in the bin, if only it were possible. But I've got to have something to help me sleep, and for giddiness, and my bowels have always needed fine tuning. And of course it's only sensible to keep some betnovate on hand in case my skin flares up unexpectedly. As for Hilda, she needs her diclofenac and her osteoporosis tablets once a week and she's been on numerous vitamin supplements for her nervous system for years. I suspect a certain dependency has crept in there, her mother was just the same, but I'm not going to say anything.

As I made my way to the surgery I was beginning to feel calmer. It's so much nicer to feel that I'm going with an appointment ready booked, so there will be no undignified arguments with Mrs Flagg or any of the junior dragons. In fact, I arrived half an hour early, but that didn't bother me. There are generally one or two patients I know there, so we can have a little chat and exchange health tips. And of course it is interesting to hear about other people's symptoms, which, thanks to my experience, I can often diagnose before they even see the doctor. It's true you can get some rather peculiar characters there, mental cases I shouldn't wonder, who can be a bit of a nuisance. And on a bad day you can get lots of children pawing you with their sticky fingers or howling the

place down. But on a Thursday afternoon, there's usually quite a civilised little gathering and one can have a bit of intelligent conversation. It's also interesting to watch all the comings and goings. From my usual seat in the corner I can see all the consulting room doors and the reception desk. There's always something going on. The doctors wander in and out of their rooms, the girls go in with cups of coffee and sometimes there's even a bit of drama if an emergency arrives or one of the doctors is in a bit of a temper.

The thing they really hate is having to go out and do a visit in the middle of surgery. I once saw Dr Teacher and Dr Grimes have a really heated argument about who was on duty while that little Dawn (the new receptionist, she doesn't look more than a schoolgirl) stood anxiously looking from one to the other. I think they sent the registrar in the end, but it was quite exciting while it lasted. The thing is, they are supposed to have a rota for daytime emergency visits, but a patient may express a wish for a particular doctor who really understands him or her whether he or she is on call that day or not. That's what continuity of care is all about. A really caring doctor will drop everything and go at once if one of his own patients needs him. You would think they would be glad of a little drive in the car as a change from being cooped up in the surgery all day, wouldn't you? Of course it means that their surgery patients have to wait till they get back, but I never mind that if someone is in greater need than I am. And some of the less seriously ill people ('the worried well', as I call them) just drift away if they see the doctor striding out of the door with his bag. Anyway, this particular Thursday, nothing unusual disturbed the flow. Dr Grimes was keeping to time and Dr Brenda was running three quarters of an hour late as usual. It's because she's a woman and more caring, and so we patients don't mind a bit. There are only the two of them on a Thursday

because it's Dr Teacher's half day and the registrar goes to her study session at the hospital. One gradually pieces information together and learns how the system works. Just before 6 pm, old Arthur popped out of his room to go to the loo (I imagine his prostate is giving him trouble at the moment). When he saw me he did a sort of double take — he obviously remembered his inadequate consultation with me 2 weeks ago.

'Are you waiting to see me?' he said gruffly. 'I don't think your name is on my list.' 'It's all right, Dr Grimes,' I said, 'I have an appointment for Dr Phillips at 5.30, only she's running a little late.' He grunted with relief and passed on his way. Then Dr Phillips opened her door, spotted me in the corner and said I could come in. So I went in and told her all about the trouble at work and the subsequent disturbance of my circulation, resulting in overloading of the portal circulation with giddiness, liver congestion and leg weakness. It seemed to me (I told her) that there must be some sort of allergy affecting my vascular system, possibly the result of exposure to genetically modified strains that have crept into our food chain. The delicate architecture must show some distortions and the easiest way to visualise them would be to send me up to the New Hospital where I know for a fact they are using a positron emission scanner. To my surprise, she became quite irritable and said it would be a waste of time because my symptoms were clearly all due to 'nervous stress' which doesn't show up on scanners. I was quite taken aback. Dr Phillips, I said, I am the last person to tell you how to do your job, but I think I can tell the difference between nervous tension and a malfunctioning liver circulation. The trouble is, they all have this tendency to put things down to your nerves when they haven't got a ready answer. I'm well aware that the mind and body are all connected because I've read about it in magazines

Notices: just say no!

and on the internet. But when a vital organ like the liver is giving you signals, you just know. It's like when a car is missing on one cylinder and it's juddering; well you can't put that down to nerves, can you? I used the motoring metaphor in my reply to Dr Brenda hoping to cheer her up but her face remained stony. The fact is, she did not look well herself. I think it must be one of her 'times of the month' because she's not usually one to fly off the handle like that. I was reading about premenstrual tension in *Take Care* (the weekly journal for health-concerned people) and apparently it can turn the sweetest-natured women into dangerous harpies for 1 week out of every month. I considered passing on some of their suggestions for complementary therapy, but decided it was not the most tactful moment. So I just asked for my usual prescriptions and said I hoped she would have a nice restful evening as I thought she was looking a bit tired. She gave me a wan smile, so I think she knew I understood. I wonder what Dr Teacher thinks about the potential of this new scanner. He usually likes to keep up to date with scientific developments ...

We are grateful to John Salinsky for these extracts from Norman Gland's diary.

If, as William Osler wrote, a human being can be defined as a 'medicine-taking animal', then surely a health service professional can be defined as 'somebody who likes putting up notices'. The profusion of waiting room notices in surgeries and outpatient clinics is commonly justified by the conviction that these provide useful information to our patients. In fact, such notices are at best condescending, and at worst, express a worrying degree of fear and loathing of patients.

In my surgery we recently succumbed to staff pressure to put up notices banning the use of mobile phones (my suggestion that we should use posters publicising the well-known facts that they cause male infertility and brain tumours was vetoed). It soon became clear that the notices were completely ineffective. People ill-mannered enough to talk loudly into their mobiles in the waiting room — even in the consulting room — continued to do so. The only effect of the notices was to cause mild irritation to the vast majority of patients who have always politely switched off their phones.

The mobile phone notice experiment confirmed my prejudice about that most familiar of waiting room posters — the one proclaiming 'zero tolerance' of violent or abusive conduct. Although these posters inevitably have zero effect on anybody inclined towards aggression, they are offensive towards the other 99.9% of our patients who would never resort to such conduct. The popularity of 'zero tolerance' notices with health service bureaucrats reflects bad faith. On the one hand they affect a concern for staff welfare and on the other a concern for consumer satisfaction. But posters threatening legal action against offenders provide illusory protection for staff while expressing a contemptuous attitude towards patients. Of course, it is easier to put up pompous notices than to reduce delays and provide proper training for receptionists.

Every week a pile of posters and leaflets arrives for another campaign to raise awareness of some obscure syndrome or to promote some worthy cause or virtuous health-enhancing behaviour. In my surgery, these go straight in the bin, a grievous waste of resources and contribution to climate

change. The common presumption of all this propaganda is that patients in the waiting room are a 'captive audience' susceptible to being hectorated, patronised or merely educated into enlightened behaviours and healthy choices. But people waiting to see a doctor or a nurse are often ill, sometimes distressed, always entitled to sit and wait without being the objects of instruction and manipulation.

Many years ago, when I worked briefly as a locum I began the day in a surgery deep in the inner city and ended it in suburbia. At the morning surgery in a left-wing health centre, the waiting room was adorned with posters exhorting patients to join protests against the cuts and demonstrations in solidarity with the people of some Third World country, as well as notices about the evils of cigarettes and alcohol. In the evening clinic, patients waited in comfortable wicker chairs faced with a tank of tropical fish and a few tasteful reproductions of old masters — without a notice of any sort in sight. Although I had some political sympathy with the morning doctors, I couldn't see why their patients were not entitled to the sort of restful and respectful environment enjoyed by middle-class patients.

I wonder if this difference still exists. Radical doctors who once sought to mobilise their proletarian patients are now more inclined to regard them as perpetrators of racism or domestic violence and now use posters either to educate them or to threaten them with retribution. Conservative doctors seem equally inclined to regard their patients as potential aggressors — or litigators. The proliferation of notices in all surgeries reflects the deterioration of relations between doctors and patients.

My modest proposal: abandon the waiting room notice board. In my surgery, we have long refused to display 'zero tolerance' posters (and incidents of aggressive behaviour are as rare as they have ever been). I have tried — with some success — to persuade my colleagues to replace all the remaining notices with art works — or with blue-tack resistant paintwork. I am confident that this will improve the environment aesthetically, and it may also help to improve relations between patients and practice staff.