A patient's diary:
episode 4 — a delicate situation

20 MARCH

I had intended to use today's appointment with Dr Teacher to discuss the positron emission scanner and its possible application to my liver problem. However, when the alarm clock rang I woke up and became aware of an entirely new pain in an unexpected place. A very delicate place. In fact, not to beat about the bush, it was in the left testicle. I haven't had this sort of pain before and I realised it could be serious, but I am not one to panic. So I sipped my morning tea and considered the situation calmly. I remembered reading in a textbook of surgery that I obtained once from the public library that tumours of the testicle come in two kinds, the light and the heavy — and one or the other is malignant. I wondered which it was, and thought, the heavy one, most likely. The first thing I noticed when I stood in front of the mirror was that the left (painful one) was already hanging lower — could this be because of its greater weight? I tried to check this scientifically but Hilda unfortunately chose that moment to come in and say, 'Norman what on earth are you doing with my kitchen scales?' Well, I didn't want to alarm her at that stage, so I passed the incident off with a little joke. She gave me some very funny looks over the breakfast table but did not refer to it again.

In the end I excused myself and made my way painfully to the surgery to keep my appointment. Fortunately, it wasn't very crowded and the appointments were only running about 15 minutes behind schedule, which is good for a Tuesday. So I sat down and waited patiently until I could place the problem in Dr Teacher's capable hands. When my turn came, however, I was rather disconcerted to find that he had his young lady registrar sitting in with him. I was about to suggest that it might be better for her to discreetly withdraw for this particular consultation when Dr Teacher said: 'I'm afraid I have to go now, Mr Gland. Another of those confounded meetings, you know? But Dr Greengage here will look after you. I'm sure she will sort out your problem, whatever it is, and you may have every confidence in her. Carry on, Sally.'

Before I could open my mouth to protest, he was gone, leaving me alone with young Dr Greengage who was asking me very kindly what the trouble was. 'Well, look here, Doctor.' I said, 'I know you have been rather put on the spot by Dr Teacher, but I think it really might be better if you asked Dr Grimes to take over. You see, it's what you might call a gentleman's complaint, and I wouldn't wish to cause you any embarrassment.' Dr Greengage insisted that she wouldn't be embarrassed and was quite happy to carry on. So I told her about the testicle — and she still wasn't embarrassed. They really train these girls to cope with anything nowadays. She even asked me some rather pointed questions about my personal life and mentioned some things that I wouldn't have expected a well brought-up girl to have even heard of, let alone discuss openly without so much as a blush. In fact, I was a bit hurt that she found it necessary to ask such things of a man who, let's face it, could have been her father, but she said it was all part of the routine fact gathering and I mustn't be offended.

After that, she said she wanted to examine me. I had to take off everything except my socks. I tried to keep my pants on to spare her feelings but she said, how could she possibly reach a proper diagnosis if she was unable to examine the part in question? Would it help if Mrs Flagg came in as a chaperone? That wouldn't be necessary, I said. I took them off and just lay back on the couch with my eyes shut, trying to keep my thoughts on other matters until she had finished. She assured me that there was no sign of a tumour, for which I was grateful, but said that she would arrange an ultrasound scan of the affected part just to make quite sure. I said maybe it was a strain of some sort, perhaps brought on by my exercises. But Dr Greengage had other ideas. It seemed to her, she said, tapping a pencil against her chin, that the pain might be a physical expression of some deep-seated anxiety, possibly of a sexual nature? And would I like to talk about it?

Well I couldn't think what to say, really. I just thanked her for her trouble and said perhaps I should be on my way as she must have lots of other patients to see, what with Dr Teacher suddenly disappearing and everything. Then she started saying, Mr Gland, it's no good running away from these things and it was much better to express my feelings about my sexual life instead of keeping it all bottled up. Would I like to bring my wife along so we could all talk about it together? By this stage I was getting a bit alarmed. There was really no need to get poor Hilda involved in that sort of discussion, which I'm sure she'd hate. Besides, as I told Dr Sally (since we were being open and frank) I really didn't think there was anything amiss in that department. It's true we don't indulge quite so often as we did in our salad days, but on those occasions, such as her birthday, when Hilda is 'In The Mood', I am nearly always able to oblige and have never purchased anything on the internet of that kind which I would regard as meddling with nature. Young Dr Greengage seemed even more interested and I think she would have wanted to pursue the conversation further. But I could see that the time had come for me to draw things to a close. I appreciate that these young doctors are trained

Norman has a pain in a very private place. It's not cancer, thank goodness. But why is young Dr Greengage so concerned about his sex life?

nowadays to go into these things in great psychological depth. And for some poor souls, I dare say it is all too necessary, but not in my case. Besides, the pain had practically gone and I suggested that all it needed now was a day's rest with the aid of a private certificate. We agreed to put 'muscular strain' as the diagnosis and I advised her that she was entitled to charge me a fee of £10. She said perhaps I should give the money to the receptionist, but I said no, my dear, you tuck it into your purse and buy yourself some chocolate or whatever for a little treat. And I do appreciate your concern. Then I was out of there like a shot from a gun. It was good to feel the cool fresh air on my face as I hit the street.

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

Mike Fitzpatrick

Drugs — facing facts

After a 2-year review of the drugs problem in the UK, a prestigious commission established by the Royal Society for the Arts (RSA) has come up with a 'radical rethink' aiming to influence the impending major government review of the National Drugs Strategy.[1] Unfortunately, the only radical measure it proposes is a determination to coerce all GPs into 'treating' drug addicts with heroin and methadone. As a measure of its commitment to this proposal, the RSA report declares twice in its five-page executive summary that GPs should not be allowed 'to opt out of providing drugs treatment'.

In other respects the radicalism of the *Facing Facts* report is reflected in its insistence that the Misuse of Drugs Act 1971 should be repealed — and replaced by a new Misuse of Substances Act. This sort of dogmatic insistence on non-judgmental and politically-correct terminology is a characteristic feature of the world of drugs policy — together with a childish delight in familiarity with the argot of the drug culture. Apart from forcing GPs to resolve the drug user's eternal problem of ensuring a ready supply of quality product, the RSA report's familiar response to the universally recognised failure of current drug policy is more of the same.

'Drugs education' — a concept scarcely less mind-numbing than heroin addiction — has failed. The answer — never mind that 'there has been too little evaluation for anyone to be certain what works', we need more of the same, with the heart-sinking rider that it 'should be focused more on primary schools'. Why not teach children something interesting and inspiring, that could give them the idea that culture and society have more to offer than drug-induced oblivion — though perhaps their teachers and their political leaders now doubt this.

The 'treatment' of opiate dependency with methadone — the mainstay of medical management of heroin addicts for decades — has been associated with a spectacular expansion of heroin use (and a large number of deaths from methadone overdoses). The answer — more, but 'better and more consistent' methadone prescribing, and — the ultimate badge of radicalism in drugs policy — 'heroin prescribing wherever appropriate'. It is difficult to think of a measure more likely to increase both the scale of heroin abuse and the mortality and morbidity associated with it.

The RSA report proclaims as the essence of its innovative approach its emphasis on 'harm minimisation' as the central theme of drugs policy. Of course, 'harm minimisation', the mainstay of official drugs 'guidelines' since at least 1991, has been another spectacular failure.[2] As Theodore Dalrymple observes, in his genuinely radical critique of drugs policy, depriving self-indulgent actions of their worst consequences is likely to encourage them to spread.[3] He is also alert to the wider implications: 'if consequences are removed from enough actions, then the very concept of human agency evaporates, life itself becomes meaningless, and is thenceforth a vacuum in which people oscillate between boredom and oblivion'.

The concept of harm minimisation assumes that the authorities take over responsibility for the consequences of individuals' behaviour. It is, as Dalrymple observes, 'inherently infantilising'.

The dogma promoted by the RSA report, that drug addiction is a chronic disease, is both absurd and irresponsible. Turning the drug user into a blameless patient also turns them into 'something less than a fully responsible person, an automaton effectively without choices, intentions are even weaknesses'. Drug addiction, as Dalrymple unfashionably insists, is 'a moral or spiritual condition that will never yield to medical treatment'. The medicalisation of drug abuse is a combination of 'moral cowardice, displacement activity and employment opportunity'.

I would heartily endorse Dalrymple's radical first step towards tackling the drugs problem: close down all clinics claiming to treat drug addicts. Addicts would then have to face the truth: 'they are as responsible for their actions as anyone else'. This measure might help to set them free — and it might also help to release doctors from the corrosive deceptions underlying current drug policies.

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