

A patient's diary:

episode 6 — a birthday health check

23 MAY

Today is my 55th birthday. Half way through my 6th decade. I wonder how much longer I shall survive with all the health problems that seem to be gnawing away at my vital organs. As I sipped my morning tea, I felt rather downcast. However, Hilda was determined to make today a celebration for me. Instead of my usual cereal I had porridge with cream and brown sugar followed by bacon and eggs with mushrooms and fried potatoes. All that cholesterol is quite unsuitable for me of course, but I didn't want to disappoint her by refusing it and I must say it tasted good. Then there were cards from Hilda and from Sheila and Gordon, with a picture of me drawn specially by little Dennis; and even one from my brother Desmond. And of course one from the girls at work, an enormous rather cheeky card which they had all signed. But the birthday treat I was looking forward to most of all was my 55th birthday health check at the surgery.

I received my invitation last week and it was signed by Dr Brenda Phillips herself! I wonder if she actually noticed from the computer, the last time I saw her, that I was approaching a significant milestone on life's journey and that it was time for a really thorough appraisal of my health. It would be typical of her professional dedication to personal care to think of something like that. However, when I showed the invitation to Hilda she said, 'Oh yes, they are sending them out to everyone over 50 every five years. They get points for every check they do and that's why they are all earning a hundred-thousand. It was in the paper.' Well, she may be right, I thought, but I felt sure that

The practice has planned a birthday treat for Norman: but it's not quite what he expected.

Dr Brenda was thinking of me when she signed the card.

Down at the old surgery there was a little queue at reception as usual and the phones were going incessantly. Unusually, Mrs Flagg was nowhere to be seen and the two new young receptionists, Dawn and Sumita, were dealing with the mob. They are both very pleasant and they lack the abrasive manner of the old timers like Mrs F who always looks at me as if I am something the cat dragged in, in spite of her longstanding friendship with Hilda. So when I reached the front of the line I was greeted by Sumita who said, 'Mr Gland! How are you today? Have you come for your birthday check up? I hope everything goes well and you have a really fantastic day'.

So I thanked her of course and made a little joke about being old enough to be her grandfather which made her giggle. Then, to my surprise she said, 'Your birthday check up will be with nurse Katie, third door on the right and she's ready for you now'. 'I beg your pardon', I said, 'but my appointment is with Dr Phillips. Here, look, it's on my invitation: "I look forward to seeing you, with best wishes, Dr B Phillips MB ChB DRCOG MRCP". Then Sumita tried to tell me that all the invitations were signed by the doctors but the actual checks were being done by the nurse. I was so disappointed at not being checked personally by Dr Brenda that I became quite heated with indignation. How could a mere nurse have the skills and expertise to detect all the subtle abnormalities in my heart and lungs, not to mention the liver? I was outraged and I must have looked a bit out of control because I could see Sumita's eyes widening in alarm.

'Please, Mr Gland', she said, 'don't get upset. I know it's not what you expected but Katie is really very expert. She is what we call a nurse practitioner. She is practically a doctor, and she can give you

much more time than the doctors do.' Well I'd heard of nurse-practitioners of course, but I still wanted to see Dr Brenda and when it turned out she wasn't even in the building I was even more enraged. Quite unlike me really, but even the mildest man can be driven to the end of his tether. Then a voice said, 'Are we having a little problem here? Perhaps I can help?'. It was the practice manager, Elena, doing a bit of trouble-shooting. Sumita explained about the 'misunderstanding' and I voiced my lack of faith in nurse practitioners. 'Mr Gland, my friend', said Elena soothingly, 'why don't we sit down in my office and have a little chat and see if we can sort things out for you, yes?'. Elena comes from somewhere in South America, I think it's Colombia, but she speaks good English with a rather attractive accent. I calmed down a bit and allowed myself to be led away like an angry bull. In the office I expressed my disappointment once more, if a bit less forcefully. Elena listened patiently and then started telling me about nurse Katie and how she had lots of training and even an MA degree in some sort of health science. The birthday health checks were new and yes they had been ordered by the government, but she would very much like my opinion as a knowledgeable patient as to how it was working. So the upshot was that I agreed to go through with it.

Nurse Katie Roberts turned out to be quite impressive. She is a tall young woman with long dark hair and a charming smile. She asked me about my family and my work and I found myself telling her all about the latest annoying things going on at Potters Plastics. She checked my height and weight and measured my blood pressure which turned out to be only slightly raised at 142/84. She took some blood from my arm (very expertly, I must admit. I hardly felt a thing).

We had an interesting chat about

cholesterol and triglycerides about which she seemed much better informed than any of the doctors. I mentioned that my last cholesterol (which I'd had to insist on being done) was 5.2 with a ratio of 5.5 between total cholesterol and HDL. 'Wasn't that a bit high?', I asked, and did she think I should be on a statin like my boss, old Ferguson? Nurse Katie said that it all depended on my risk factors, and that my risk of a heart attack in the next 10 years was only 3%. She worked this out on her computer screen and showed me the result. Three per cent seemed a bit high to me.

The fact is I told her, I'd really rather not run any risks at all. Safety first has always been my watchword. So perhaps I would take the statin. But she said that wasn't the view of the NICE guidelines and why didn't we see what we could do first with a non-pharmacological strategy? So we did diet and lifestyle; we discussed alternative medicines, yoga, and acupuncture. Very intelligent woman. By the time we had finished we were on Katie and Norman terms, as if I had known her for years. She suggested I come to see her again in 4 weeks for a blood pressure and cholesterol review. 'Unless,' she added, 'you would rather see one of the doctors for that'. 'No, Katie', I said, 'I have every confidence in your professional abilities and the pace of life seems much less frantic here than with the doctors. I shall come back to you.'

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

Neville Goodman

TERMINAL LANGUAGE CONSTIPATION

We sometimes refer to the collective effort of medical science as the 'medical literature'. Whatever else it is, little of what is written in medical journals is literature. One may ask, 'Why should medical journals have any pretension to artistic merit? They exist to transmit information, not to enrich the soul.' True, but anyone who writes, if they want people to read their writing and absorb their information, will fare better if they have a feel for language. It is this obvious lack of a feel for language that so upsets me when I read the journals.

Doctors commonly write a form of English they would never dream of using in any other circumstance: ponderous, wordy, taking delight in avoiding any everyday word if there is a polysyllabic or less familiar alternative. Where else but in medical journals do we read *obviate* instead of *prevent*, or *adumbrate* instead of *outline*? What makes *armamentarium* better than *treatments*? Why prefer *demonstrate* to *show*? Who is impressed by this stuff?

If there is one feature that stands out as almost pathognomonic of this diseased language, it is concatenated nouns: strings of modifiers (although not always nouns) giving little clue to what is modifying what. I do have a vested interest,¹ but can you doubt the need for a feel for language in the person who wrote about 'a non-invasive and ionising radiation free arteriovenous fistulae surveillance study'? This appeared (and I thank the researcher who allowed me to quote it) in a draft information leaflet for patients taking part in a research project. It is almost as if all little words were somehow tainted and better left out. It is the little words that clarify.

Who would want to go on a course that included a lecture about 'Resource releasing operational planning concepts'? On second thoughts, perhaps little words wouldn't help generate interest in that one; the nursing lecture about 'Discourses of care in the occupational resistance strategies of nursing' wasn't very appealing either.

Of course, doctors are not alone in their abuse of English, but doctors are supposed to be well educated. We read books; we go to the opera. It just needs a little care, a little thought, a little use of the virtual ear to feel for what is right.

The virtual ear could have prevented the notice in the public lavatories of Bristol airport advising what to do 'In the event of a terminal evacuation ...'

REFERENCE

1. Goodman NW, Edwards MB. *Medical writing: a prescription for clarity*. 3rd edn. Cambridge: Cambridge University Press, 2006.