

A patient's diary:

episode 7 — the liver specialist

25 JUNE

I'm afraid that my liver trouble really isn't any better in spite of my efforts to get some proper treatment from the doctors. I have explained my symptoms to them many times but they don't seem to recognise an unbalanced liver when it is staring them in the face. They just tell me it's 'irritable bowel' or 'nervous tension' and dish out the same old useless prescriptions. I think part of the trouble is that they get professionally isolated in that surgery and they have lost touch with all the exciting advances going on in places like the New Hospital. I do my best to help keep them up to date. I always let them know if I've found an interesting medical website and I quite often print off relevant pages for their convenience. But are they grateful? Are they interested? Not a bit. They just smile vaguely and say things like 'oh yes there's a lot of stuff out there but it's not always very reliable, you know.' Well of course I know that. But I think I have learned to be discriminating and not be taken in by any of the false claims made by advertisers. Dr Brenda says she hasn't much time for the internet because of looking after her husband and the children, but she does relax in the evenings and watch television. So I always make a point of signposting any interesting medical programmes that are coming up for her.

This week my appointment was with Dr Teacher. I could see he was having a stressful day by his tone of voice as he called me in. Full of a sort of weary resignation with a steely edge to it, if you know what I mean. I decided to make things easier for both of us. 'I won't keep you long today, Dr Teacher,' I said. 'This

will be a "quickie". All I want is a letter to go and see the Consultant Hepatologist at the New Hospital.' Contrary to my expectation, this helpful suggestion did not go down well with Dr Teacher. He seemed to be looking for difficulties. First of all the Choose and Book system was 'down' at present. Secondly, they had been told by the PCT to cut down on 'unnecessary' referrals. Everything has to go to a 'Referral Centre' which he felt sure would reject me as inappropriate because there was really no evidence that my liver that was at fault (here we go again, I thought) and anyway there would probably be a 6-month wait to see anybody at all at the New Hospital, given the precarious financial state of the Trust etc, etc. Well I certainly wasn't going to wait 6 months. 'Can't you ring them up and tell them it's urgent?' I asked. 'I've already waited about 5 months and some of my bile ducts must be in shreds by now, springing leaks everywhere.' Dr Teacher's face took on that hunted look he has when the facts are placed squarely before him. Then inspiration dawned. 'One moment', he said, 'I'll have a word with Dr Greengage'.

'Ah Sally,' he said, when she answered the phone, 'sorry to disturb you, but is there anyone at the New Hospital who's particularly interested in livers? Yes, it is Mr Gland. How did you guess? There is? Really, how interesting! Thank you so much, Sally.'

Dr Sally used to work at the New Hospital as part of her training, so she knows quite a few of the doctors there personally. And she said that one of registrars was doing research on liver disease for his MD and he was particularly keen to see new and puzzling cases. Dr Teacher asked if I minded them doing a bit of research on me. Of course I didn't. How else can medical science progress? How else could I get the benefit of the latest treatment? The

upshot was that Dr Sally got on the phone and obtained an appointment for the following day! Dr Teacher said he would do a letter straight away. He wrote it out in longhand to give to one of the receptionists to fax. Naturally, I tried to see what he was writing but it was difficult to tell from my side of the desk and he kept blocking my view with his left arm. So around lunchtime when the doctors were out on visits, I took the precaution of asking young Dawn, one of the receptionists who I think has a soft spot for me if she would give me a copy of the letter for my own records, which she obligingly did. Just as well I had a look at it too because it turned out to be totally misleading and quite frankly somewhat offensive.

'Dear Dr Portal' (That's the specialist's name) it began:

'Thank you for seeing Mr Norman Gland. I am afraid that he is a hopeless hypochondriac who is obsessed with his liver. I doubt very much whether there is anything wrong with the organ in question but I suppose it is just possible. In any event, he insists on seeing a specialist and it might help if you could check him out and offer him some reassurance. If, in the future, we have any genuine hepatic problems we shall certainly let you see them.'

My first thought was to go right back to Dr Teacher and demand a proper letter. But I didn't want to get Dawn into trouble, so I decided I would just have to correct the aspersions on my character in person with Dr Portal when I arrived.

It was quite a thrill to enter the massive green glass doorway of the New Hospital for the first time. It has only been open a few months and it is such a refreshing change after the workhouse atmosphere of the old District General. The spacious entrance hall is covered with a thick carpet and soft music filters soothingly through the air. There are nice new

At last Norman gets a chance to see a real Live Specialist in the amazing New Hospital

Neville Goodman

ALAS MTAS!

You couldn't want a better example of the Blair effect on health than MTAS. Ill-advised (because doctors were barely consulted), rushed, expensive, and entirely dependent on computers, Patricia Hewitt's declaring it dead was probably one of her final acts as Secretary of State for Health. To paraphrase the poet: 'How did it fail us? Let us count the ways.' Blogs, bulletin boards, and e-letters to journals have documented a disaster far worse than the petty inefficiencies of the NHS about which doctors are daily criticised by politicians who see us as the problem.

Anyone who knows anything about computer databases knows what fields are. An address book is a simple database. There is a field for title, surname, forename, lines of address, birthday, names of children, and so on. There must be enough address fields to cope with friends whose addresses have five lines or just two; lines can always be left blank. In fact, they have to be left blank. The database will fail if those blank address lines are filled with the birthday and names of children. At some stage in the MTAS process, two databases were merged. The two databases had different numbers of fields. Order in; disorder out. The merged database was unusable.

Then, somewhere else along the line, important information was sent electronically to the assessors. They were sent compressed as ZIP files. ZIPped files cannot be virus-scanned, so most organisations bounce them. As a result of this, two of my consultant colleagues spent 6 hours one Friday photocopying application forms, before one of them spent the weekend driving around the region delivering them.

There can be no excuse for this level of incompetence. It is below the level of GCSE computing studies. And then, unbelievably, while Mrs Hewitt had been telling the House of Commons that apart from a start-up hiccup or two MTAS was really working quite well, a spreadsheet became publicly accessible. It didn't contain anything very much: just applicants' names, addresses, sexual preferences and police records. This is not just incompetence but verges on negligence.

Someone someday, I suspect quite soon, will write the definitive history of why and how it all went wrong, and how most of the fiasco could have been predicted: apparently, the algorithm set up to fit applicants to jobs was never shown to work.

It is not enough that heads roll over this; there are wider lessons to learn about the rampant idea-ophilia that infected the NHS in the Blair years.

armchairs dotted about, a very decent tea bar, a flower shop, a hairdresser, and even a bank. Really it is more like an airport than a hospital and I felt that I was about to take off on a journey of clinical discovery — a sort of Flight into Health, you might say. A helpful receptionist directed me to clinic 21 where there was the usual hour's wait. At least the seats were comfortable and I had brought a plastic carrier bag full of back numbers of *You and Your Health* to keep my mind occupied. Eventually, I was ushered in to see Dr Portal, a curly haired young man who wears his great erudition very lightly. Happily, the clinic staff were unable to find any trace of the faxed letter so I was able to give my own authentic account of my liver problems. Dr Portal has a pleasant jovial manner but it was obvious from his shrewd and searching questions about my digestive system that I was in the hands of a real expert. One thing that did surprise me was his interest in my drinking habits. As I told him, I hardly ever touch alcohol — except at Christmas or when Hilda's brother brings round some of his homemade nettle beer. In the event, he seemed to find my abstemiousness hard to believe. I gather that most of his patients get through a bottle of vodka a day which can't be doing their livers any good at all.

After the consultation, he gave me a really good examination, including tuning forks and tickling the feet with a car key, which you rarely get from a GP these days. He was not able to tell me there and then what the exact trouble was with my liver. But tomorrow I am to go back for some blood tests and a scan that I gather will give him the extra information that he needs to home in on the diagnosis. I am not too worried, now it's being looked into properly. As I said to Dr Portal, it could well be that some enzyme or coenzyme, possibly a transaminase for instance, is malfunctioning slightly and I

am sure he can soon give me something to straighten it out. I think he was quite intrigued by my knowledge of liver biochemistry. I imagine that most of his patients are fairly ignorant about their livers and it must be impossible to have an intelligent conversation with them. We could have chatted for ages but I had some shopping to do for Hilda and he had other patients to see. So we parted with an amicable handshake and I shall be seeing him again in 6 weeks. I wonder why it takes so long for the test results to come back?

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