

# The Review

## The other side

I waited to be called. An older woman on crutches; a young mother with three excited children; a middle-aged man reading the paper: it felt strange to be part of 'them', this mass of people we homogeneously class together as 'patients'.

Finally I heard my name. A door slammed shut. By the time I had walked across the waiting room, I couldn't remember which of the three doors on the narrow corridor my name had been called from. I knocked on the door to the right. No answer. I tried the middle door and heard a muffled 'come in'. The midwife was busy clearing up a trolley overflowing with gadgets and cotton wool.

'Have a seat', she said, not looking up. There were no introductions. I'd not met this midwife before.

I sat down.

'How many weeks are you?' She was still busy with her trolley.

'Twenty nine.'

She froze, a look of discontent crossing her face. 'Twenty nine?'

I nodded.

'You should have come at 28 weeks. Do you need anti-D?'

'Yes'. Less than a minute had passed and I was already feeling irritated and scared.

'You should have had that last week.'

I started to explain that when I'd made the appointment 2 months ago all slots for my 28th week were already full.

'You're a week late now', she interrupted, clearly unimpressed. She leafed through my notes in search of my blood results. She couldn't find any, and my computer records showed no records either.

'Your blood results will have been posted to you. Did you bring them?'

'Oh', I replied, nervously. 'I've not received anything. But at my last appointment they said I was O-negative.'

'Have you moved recently?'

'No.'

'Changed your name?'

'No.'

She was running out of options. 'I can't give you your anti-D without having some sort of blood results. I can't just take your word for it, you know.'

I was beginning to feel as though all of this was my fault.

*'Well, we'll do all the other bits and pieces first and then I'll have to call the lab. Can you get on the scales for me?'*

I stood up and looked around the room for the weighing scales. I spotted them tucked away under the examination couch. As the midwife showed no signs of leaving her computer, I pulled out the scales myself and got on. '74 kilos', I informed her.

*'And now get up onto the couch for me.'*

I climbed up, exposed my tummy and waited. She muttered something under her breath. I watched as she measured my bump and listened to the baby's heartbeat.

*'At this rate you'll have to make another appointment for your anti-D.'*

She put a tourniquet around my arm and, without a word of warning, inserted a needle. I could tell straight away from the awkward angle and the intense shooting pain that she hadn't hit a vein.

*'Great. Now your veins aren't co-operating. Do they always have difficulty getting blood?'*

Nobody has ever had problems bleeding me but I sensed that her question was rhetorical and didn't bother answering.

Glancing across at my left arm she decided the veins there were 'even worse' and so had a second attempt on the right, again without warning but this time with success. She removed the tourniquet and immediately applied a plaster. By the time I'd sat down by her desk, the plaster was drenched and blood was trickling down my arm. She was consulting a colleague over the phone at this point about the missing

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blood results. Distractedly she handed me a new plaster and some cotton wool to wipe the blood off my arm. After a couple of minutes, she left the room to get a phone number from the receptionist. While she was gone, I looked through my notes. There, on the results page, was a printout of all my blood results — including my blood type. I ran out to the reception to tell her.

'Well, that sorts that out', she muttered. There were no words of apology; not a hint of embarrassment.

As I left, I felt dissatisfied. Clinically, I couldn't fault her: I'd received the anti-D I needed, and all my routine bloods and measurements had been taken. Yet, my experience of the NHS from the 'other side' had been less than pleasant. Being on the receiving end of care, even for something as seemingly straightforward as a first pregnancy, can be daunting. In these times of unprecedentedly high clinical outcomes within the NHS, the little things — being made to feel welcome, having the door held open for you, introductions, apologies, and niceties — become more important than ever. It's time to bring the quality of the patient experience up to par, especially with the looming threat of privatisation and increasing patient choice. Although much has been achieved in the NHS, a trip to the other side can act as a harsh reminder of how far we still have to go.

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