The broken tannoy

Between 30 and 40 times each day I rise from my desk, take the short walk to the waiting area, and beckon patients to my consulting room. Between 10 and 20 times a day, I am asked the same question 'Is the tannoy broken?', such is the surprise that I apparently choose not to use the available technology.

I never reply ‘Actually, I find that catching your eye among the numerous patients in the waiting room reassures you that I remember you (and your list of ailments) from our last encounter and instils the belief that I really am your doctor, therefore improving our therapeutic relationship.’

I also never say ‘By observing you in the waiting room, I was assessing your demeanour, habitus, nutritional status, and affect, while forming a general impression about whether you or the child with you (who seemed to be jumping on the chairs) were seriously unwell or otherwise.’

Nor will I respond by saying ‘While calling your name at a certain volume, I was noting whether your hearing and concentration seemed impaired.’

Even less likely will I admit that ‘On shaking your hand, looking you in the eye, and introducing myself, I was reassuring you that I was a friendly professional and was genuinely sorry about the 20-minute wait, while surreptitiously assessing your grip strength, peripheral perfusion, the presence of xanthelasma, jaundice, pallor, strabismus, red eye, proptosis, and facial nerve palsy among other clinically useful signs.

And it would be ruining the secret to explain that ‘I counted in my head how long it took you to get out of your chair, whether you required assistance, and how long it took to walk the 10 metres to my room. I also took account of whether you were limping, using a walking aid, or had an abnormal gait. While I was commenting on the weather and the wellbeing of your spouse/child/horse, I was observing if you needed to stop walking to reply, and I was hopefully establishing rapport, so that when reaching your seat in my room, we can get on with the nitty-gritty’.

Finally, I am almost certain not to go into detail regarding the van der Ploeg et al’s study1 in 2012 that relates all cause mortality to the number of hours sitting down in a day, independent of level of physical activity. My twice-weekly visits to the gym don’t cancel out the adverse effects of sitting at my desk all day, it would seem. So I’ve decided at the very least to try and stand up every 10 minutes while in work.

No, I won’t tell you any of the above, because although I’ve just established more useful clinical information in the past minute than I could in a day with my ophthalmoscope, and given my legs a much-needed stretch, we’ve now only 9 minutes left, and I’m sure you have a list ...

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REFERENCE