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happy new year?

As this is the first issue of 2002, no columnist can really avoid mentioning new year resolutions. I have never made them, on the assumption that I'm no more likely to keep a promise made to myself on January 1 than on any other day of the year. However, this year was different. This year I resolved that in 2002 I would stop getting worked up about things over which I had no control. What I can't quite decide is whether what follows is a very public (assuming anyone reads it) breaking of that resolution, or a shameful misuse of Yorkshire Medicine column inches to blow off steam, thereby lowering my blood pressure and complying with it. Either way, the following outpouring of bile will hopefully make me feel better, even if it depresses the hell out of you.

General Medical Conspiracy?

Does anyone out there still think that the GMC is, in some obscure way, a doctors' organisation? If so, they should dip into some of the internet medical fora that I occasionally visit, and take the temperature of medical opinion concerning this guardian of medical propriety. If any patient puts in a complaint about a doctor, no matter how spurious, and it ends up with the GMC, that doctor's name is immediately bandied about in the press as if he or she were guilty. When, sometimes several years later, the doctor is exonerated, the press usually remain silent. In all of this, the patient's name is protected, and even if the complainant goes public, the hapless doctor can say nothing because of medical confidentiality. Surely it's time that anonymity was afforded to the doctor too, until such time as he or she is found guilty? And as soon as the patient goes to the press or broadcast media to whip up support for their grievance, medical confidentiality should go out of the window, leaving the doctor free to tell their side of the story.

And of course, what makes it even worse is that we are expected to pay for all this. Registration fees have trebled recently. And why? Because of the increasing costs of processing complaints – talk about turkeys voting for Christmas! What other profession

pays an exorbitant fee in order to fund complaints against itself, many of which are spurious or malicious? And then they have the nerve to call this self-regulation. Let's forgo this 'privilege' of regulating ourselves. Let the people pay for their own protection through taxes, and we will pay a fee to a registration authority which is sufficient to cover the administrative costs of maintaining the register, and no more.

It makes my blood boil! – or it would have done prior to January 1, but now I can unburden myself to you.

me, me, me, me, me

Or, to be more exact, ME, ME, ME. So thanks, Liam Donaldson, for announcing to the world that myalgic encephalomyelitis is a real disease, and that doctors should jolly well start taking it more seriously. Now, I have to declare an interest here and say that, as a radiologist, I have no direct experience of dealing with patients complaining of chronic fatigue (staff yes, patients no). However, GPs of my acquaintance, almost to a man or woman, are deeply angered by the CMO's intervention. They tell me that chronic fatigue *is* a real problem, they *do* take it seriously, and it often responds to antidepressants. And of course, although chronic fatigue probably never killed anyone, depression certainly does. The trouble with using ME as a label (and, by the way, is there *any* neuropathological evidence that there are changes in the brains of these patients which in any way justify the title of encephalomyelitis?) is that it legitimises the patient's condition and gives them authority not to get better, thereby at a stroke reducing the chances that they will respond to any of the treatment measures currently available.

But what *really* hacks me off personally in all this is the reluctance of patients and, particularly, their numerous support/action groups, to accept that there is any psychiatric or psychological dimension to the illness. And these are almost certainly the same people who, with Prince Charles, have been urging doctors to take an holistic approach to patients (as if they were the only ones in the world to have stumbled across this revolutionary concept). In other words, you've got to be holistic doctor, but don't try telling *me* that there a psychological component to *my* illness.

Arghhhhhh.....!

Thanks folks – I'm feeling better already. It's good to talk.

Hi, Bob

Now this is a topic I ranted about a few years ago, but I've been an inpatient myself since then, and experienced it at first hand. It's the first names in hospital thing. The practice of nurses calling patients by their first name now seems to be almost universal, and it's WRONG, so there. If you push our nursing colleagues on this issue, they will say 'but we always ask the patient if they want to be called by their first name'. Sorry, not good enough. When I was admitted suffering from chest pain, I was asked whether I wanted to be called by my first name or not. What were my options? I could have insisted on 'Dr Bury' and looked like the archetypal pompous consultant, or I could do what I did do and mutter meekly 'Bob's fine'. A sick, anxious patient is unlikely to be any more assertive than I was when admitted, but that doesn't mean they are comfortable being addressed as 'Doris' by young people they have never met before (especially if their name is Eric). I know it's not politically correct to talk about professionalism any more, but I'm sorry; this first name business is just unprofessional. It has that same faux-matey feel to it as Tony Blair's propensity for strumming his guitar at the drop of a hat, giving the impression that he was smoking pot behind the barricades at the Sorbonne in '68, instead of sipping Merlot on the family holiday in Provence.

Yes! – this is really therapeutic. Nearly done now.

and finally

Now, let me think. I've had a moan about the apostrophe (misuse of) and 'baby on board' car stickers (pointlessness of) on this page before, so what else is there? I could go on about the scientific illiteracy of our media and lay public which leads them to find anecdotal musings on the 'link' between MMR vaccine and autism more compelling than the evidence of large population studies revealing it to be safe and effective. I could

perhaps whinge at length about the advisability of yet another shake-up of the NHS, announced by Our Leader this very morning. I might even ask whatever happened to good manners? – but life's too short. However, I can't go without mentioning indices. No, not indices of deprivation or financial indices – *indices*; you know – indexes in books. How can anyone get hot under the collar about indexing? I hear you ask. Well, quite easily. It really irritates me when I look up, say, 'thyrotoxicosis' only to be confronted with the less than helpful entry 'see hyperthyroidism'. It took the indexer nineteen characters to say that. He or she could have saved twelve characters *and* given me the information I required by simply inserting the words 'page 52'. I mean, having identified 'hyperthyroidism' as an index item and 'thyrotoxicosis' as its pseudonym, why not just put the page number next to both entries? Unless of course, it is done deliberately to annoy me.

And it is, you know – deliberate, that is. Otherwise, how do you explain those messages they flash on to my TV screen that no-one else can see? Or the voices?

I'm going for a lie down now.