# A mystery shopper reports

PERSONAL VIEW **Rob Hull**

As the spouse of a practising GP I did not make much call on the resources of the NHS during my working life. But now that I am retired I have the leisure to try out the NHS as a consumer—and to report back. In other retail spheres, anecdotal evidence from "mystery shoppers" gives valuable insight into the weaknesses of management systems. I am able to offer the same service to the medical profession—on an occasional basis, I hope.

My opportunity to do so arose last year when I developed painful capsulitis in my shoulder. Luckily, I was able to make a direct comparison with the treatment of the other shoulder five years earlier. On that occasion I gained immediate relief through a steroid injection. I looked forward to the same treatment and was encouraged to learn that it is on offer at many GPs' surgeries. I duly booked an appointment at the practice where I am registered. Despite my saying there was no hurry, they insisted on an appointment at a busy Monday morning surgery, two working days later. So far, so good.

The GP I met patiently explained that the practice did not offer injections for musculoskeletal problems. Instead he referred me to a clinical assessment service, which would decide what to do with me.

A week or two later I received an appointment for physiotherapy. This would not help: I had been self administering physiotherapy for the past six months, using the same techniques as I had learnt for the other shoulder. So I phoned the triage service and persuaded them that I should be referred somewhere that provided injections. Offered the choice between the local district general hospital and a major teaching hospital, I chose the second. This was almost certainly a mistake.

**This frustrating experience has been far worse than choosing the wrong queue at the supermarket check-out**

Two months after my original visit to the GP, I finally received my appointment letter from the hospital. On arrival, I handed my appointment letter in at the reception desk and in return received a jar for a urine sample. No explanation, no greeting. When I questioned this I was told that all new patients are required to provide a urine sample. Then I experienced the anonymity of the waiting room and another summons for weighing and blood pressure measurement. Again, no explanation, simply the assumption that I was now ready to be processed like the other inmates. I almost expected a hospital gown.

The consultant rheumatologist evidently understood my condition and explained it cogently to the medical student who witnessed the consultation. She advised that I needed a battery of tests before an injection could be safely administered. I proceeded to the radiography department where, as it was close to Christmas, there were very few punters. In no time I had had two x ray pictures taken of each shoulder. So far, there is no sign that these have increased my propensity to cancer of the shoulder, but nor do they seem to have improved my frozen shoulder. I was told that I would have to wait for an appointment for ultrasonography.

My appointment for the ultrasonography arrived on the same day as the knighthood for the chief executive of the hospital was announced. My appointment was for April, a full four months after my trip to the hospital and six months after my initial visit to the GP. I wrote to the chief executive suggesting that his knighthood had not been awarded for the quality of his booking systems. I also expressed surprise that the appointment letter should make menacing noises about the perils of my arriving late.

As the contrast between this service and that provided by Tesco was becoming ever more apparent, I sent a copy of my letter to the junior health minister Ara Darzi, who has not replied. But I digress. The hospital, by contrast, has sent me three courteous letters explaining why I must wait until April. Only two consultant radiologists are sufficiently


trained to deal with my highly specialised need: to administer ultrasonography and an injection. They are heavily in demand. There is no alternative but a long wait.

This frustrating experience has been far worse than choosing the wrong queue at the supermarket check-out. Since the first visit to my GP and the time of writing I have had some 10 transactions with different NHS staff. I have received no treatment for my painful shoulder. I am tempted to change my general practice for one that is prepared to offer me an injection without a wait.

This is only one anecdote, and it does not relate to a life threatening condition. But it is an account of considerable NHS effort expended quite fruitlessly. What tentative conclusions can I draw?

- GPs should be funded to provide a much wider range of services, so that most patients can be kept out of the hospital maw.
- Given the choice between a local hospital and a major teaching hospital, you should go local unless you have a highly specialised condition.
- Consultants' management plans should match the resources available to them in the hospital. Conversely, booking systems need to match the pattern of consultants' plans, whenever possible providing a one stop solution rather than a series of fragmented transactions spread over time.

The analogy with Tesco may be flawed, but if a patient centred service is to mean anything it should provide cost effective and satisfactory treatment for all common conditions. If it cannot, then the private sector will continue to entice the politicians.

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**"In time an increasingly authoritarian general practice will frustrate and disillusion many salaried GPs, and financial inequality will become ever more divisive"**
**Des Spence, p 1194**

REVIEW OF THE WEEK

# The man with x ray eyes

Nick Veasey is the latest in a series of photographers to find beauty in the art of medical imaging, finds **Arpan Banerjee**

Ever since Wilhelm Röntgen's discovery of x rays in 1895, when a shadowy image of the bones of his wife's hand appeared on a screen, medical imaging has fascinated photographers. One of the pioneer radiologists in Britain, John Hall Edwards, was an accomplished photographer who won many medals and was an honorary fellow of the Royal Photographic Society at the time of Röntgen's discovery. One of his early lectures to the Midlands Medical Society in 1896 was entitled "The New Shadow Photography," and he wrote about the early x ray techniques in the *Photographic Review*.

Thus we can see that radiology and photography have, historically, not been the unlikeliest of bedfellows. In the early years after the discovery of x rays many medical people and others with an interest in photography turned their attention to this new technique. A century later the publication of this book seems to show that interest has turned full circle.

Nick Veasey uses x rays to reveal the inner beauty of objects and in doing so pushes back the boundaries of photographic art. An award winner in photography, he has received commissions from the world's leading companies, and his work has appeared in several international publications.

Of course, Veasey is not the first artist to be interested in x rays and how they can be used in photography. Artists as diverse as Helmut Newton and the Italian multimedia artist Benedetta Bonichi have experimented with images obtained through radiographic techniques. In Vienna in 2004 an exhibition of Bonichi's macabre radiographic art was displayed at the European Congress of Radiology, and she continues to be a prolific exhibitor. Even film directors have dabbled with x rays, notably the "king of the B movies" Roger Corman in his science fiction cult classic of 1963, *The Man with the X-Ray Eyes*. The film was notable for its early depiction of radiographic images of bodies and buildings and may well have inspired subsequent generations of radiographic artists.

Using x ray machines and security scanners, Veasey creates images of objects that, once exposed on film, are scanned in high resolution and then processed on a computer. His new book is divided into sections on objects, the body, nature, and fashion. The opening image is of a pair of shoes, the first x ray photograph that Nick Veasey took. There are radiographic images of objects as diverse as a football, a computer, an Anglepoise lamp, a camera, a mobile telephone, and even something as simple as a cup and saucer. His x ray photographs of the body are macabre. As the risks of radiation preclude whole body radiography of living people, Veasey uses cadavers to create remarkable skeletal radiographs of what look deceptively like living humans. There are images of people riding bicycles, playing tennis, driving cars, and working on a laptop. These are interspersed with occasional plain radiographs of the skull or limbs that would not be out of place in an anatomy textbook.

The images of plants and animals have a particular beauty, enhanced by the book's high quality of reproduction. The arrangements are extraordinary, and it is quaint to see so many natural objects such as leaves and flowers dissected under the radiographic spotlight. Some of the fashion items in the final section of images—shoes, boots, shirts, socks—are embellished in glorious technicolour. A picture index at the end of the book annotates the images and provides a little insight into the creation of these works of art. In fusing radiography, photography, and computing, this unusual collection shows the enormous technological progress that has occurred during the 20th century and beyond in each of these fields. This fusion makes for an innovative addition to contemporary art.

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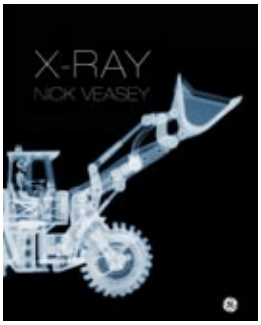
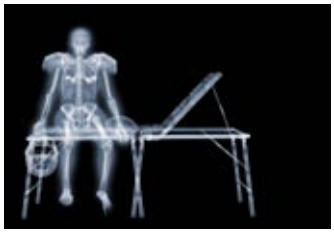



**X-Ray**
Nick Veasey
Goodman Books, £25, pp 224,
ISBN 978 1 84796 000 9
Rating: ★★★☆

**Radiology and photography have, historically, not been the unlikeliest of bedfellows**






# The problem of salaried GPs

FROM THE FRONTLINE
**Des Spence**

Young doctors are annoying, with their spiky hair and trendy clothes. Clutching their certificates, and with expressions of parental pride still ringing in their ears, they offer us old timers a phoney smile, for they think we are stupid. But this youthful certainty will soon be bled out on the carpet of life—by marriage, children, family illness, divorce. Certainty will be replaced by uncertainty, fresh faces by lines. Nevertheless the contribution and energy of the young are important; young general practitioners are, however, being increasingly marginalised as a result of the new general practice contract.

In the past, partnership was the chief relationship among GPs, and many of us became partners in our late 20s. Therefore despite our youth and ignorance the other doctors were forced to listen to us. Young GPs would naively drive through changes, most of which had been tried and failed a thousand times, but they wouldn't take a telling. The old lags would wink at each other and whisper, "Give him enough rope." The subsequent humbling failures were an important lesson to younger partners in working democratically.

But occasionally there would be an innovative gem that really worked, and thus general practice tended more to being a dynamic meritocracy in which youthful vigour played a part. Other specialties sclerosed, for by the time many doctors reached a point of influence they were too involved in retirement seminars to bother with change.

But the job pages now show a decline in partnerships and the rise and rise of the salaried GP. Employing salaried doctors is very attractive to general practice partners: they profit from the labour of others, maintain control, and have no need to listen to the spotty faced youths with bright ideas. Indeed, partners can improve their working life by reducing their commitment to sapping clinical work and becoming medical managers. In other professions, associates in a partnership can buy the goodwill of clients, and unregulated trading practices mean they can walk off with important clients, giving them an important negotiating position. No such weapon is available to salaried doctors to blow open partnership. Power in general practice will become concentrated in the hands of the medical oligarchs, we partners.

Currently, salaried positions suit many young GPs, freeing them of the burden of partnership. But in time an increasingly authoritarian general practice will frustrate and disillusion many salaried GPs, and financial inequality will become ever more divisive. Amusing and irritating the young may be, but medicine and patients have much to lose if we disenfranchise them.

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# Defeated yet defiant

THE BEST MEDICINE
**Liam Farrell**

"Hurrah for Captain Spaulding," I carolled as the door opened, which I thought quite droll, because his name, can you believe it, was Joe Spaulding. But the infectious bonhomie of Groucho Marx proved no defence against the horror that was to come; Joe was turning his back and pulling down his trousers even before the door was shut.

"Hold it right there, pal," I said—but it was too late. I had no shotgun, and the cattle prod was on the blink.

"What do you think?" he asked.

This was an ambiguous question, and I deliberated for a long moment. I considered and rejected "You have beautiful soft skin" and "Look at those fine taut muscles—have you been working out?" before finally settling on, "I think I wish I was a thousand miles away, lying on a beach with a young lady massaging aromatic oils into my rippling muscles." I'm not totally opposed to complementary medicine. But this was the incorrect response, and Joe started to reverse, inch by dreadful inch. Denial is a powerful mechanism, but I could deny it no longer: Joe wanted me to peer closely and intimately between his buttocks.

I have always had a sensitive disposition. I don't like actual physical contact (except when it involves certain types of complementary medicine). I don't like touching patients; you never know where they've been. Anyway, this physical examination stuff is overrated. It's for theatrical purposes only (to show "how much we care"). I'm a great believer in the primacy of the history.

"I've this awful rash," the bare cheeks mimed, edging ever closer.

I retreated, but the cheeks kept coming, past sharp corners of desks, over a land mine (which, can you believe it, I'd won in a charity raffle). I emptied the sharps box, but the massive quivering buttocks ground inexorably closer, and the little needles lay squashed and pathetic, like Trojans on the banks of the Scamander as Achilles turned the river red.

I shrank back into a corner, a wild animal at bay. "Alright, alright," I sobbed, "I see it, I see it, it's a rash."

"What kind of rash?"

"An awful rash. Oh God, it's awful. I'll give you some cream."

"And?" The buttocks wobbled threateningly, by now right in my face.

"Antibiotics—you need antibiotics," I screamed, frantically scribbling on a prescription pad with averted eyes. And as a drowsy numbness pained my sense, with a final defiant gesture I signed it "Hugo Z Hackenbush."

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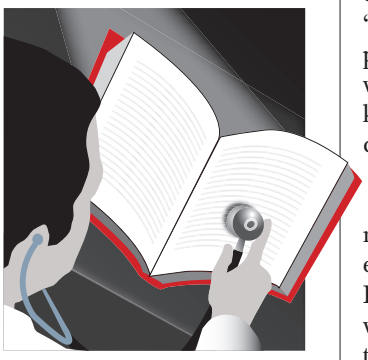
# Counting our blessings

BETWEEN THE LINES
**Theodore Dalrymple**



**We resolved thereafter, whenever either of us complained of some trivial frustration in the NHS, to say to the other, "Remember Dr Hodges!"**

It is an old adage that we should count our blessings, and it is an equally ancient failing of human beings that they should fail to do so. For we are as much problem seeking as problem solving creatures, and we soon feel wretched if we have nothing to complain about.

My wife and I once visited a missionary doctor in Haiti called Dr Hodges. I had met him there 10 years earlier, when he told me that he wished to retire soon in Haiti and concentrate on archaeology. (He had discovered the place where Christopher Columbus had first landed and founded a small museum.) But when we met him again the medical needs of the population had grown so much that, though well into his 70s, he had not been able to retire. We found him, exhausted, in the middle of triage, surrounded by hundreds of patients. We resolved thereafter, whenever either of us complained of some trivial frustration in the NHS, to say to the other, "Remember Dr Hodges!"

Our resolution lasted about two weeks, but I experienced the same sense of shame about my own thinness of skin recently when reading Primo Levi's first published work, "Auschwitz Report," which he wrote in partnership with a fellow inmate of Auschwitz, Leonardo de Benedetti. Dr de Benedetti was a general practitioner from Turin who, with his wife, was turned back at the border when they tried to reach Switzerland. They were later deported to Auschwitz, and his wife was killed immediately. Levi and de Benedetti were among the thousand inmates remaining in the camp when the Russians arrived to liberate them.

"Auschwitz Report" was written at the request of the Russians and published in 1946 in the Turin medical journal *Minerva Medica*. It concerns the medical conditions and "services" in that part of Auschwitz where inmates were kept who were still capable of working for the plant manufacturing artificial rubber that had been established there. De Benedetti, who was 21 years older than Levi—that is to say 45 when he was sent to the camp—survived four "selections," the process by which those who were deemed too ill to work were sent off for extermination.

De Benedetti returned with Levi to Italy, where he worked as a doctor until he was 80 years old. When he died five years later, Levi wrote two brief and moving encomiums to him. De Benedetti had looked after Levi when he had had pneumonia, Levi wrote, and "his kindly and indomitable character, his infectious capacity for hope, and his zeal as a medical practitioner with no medicines were invaluable not only to us, the very few survivors of Auschwitz, but to thousands of other Italian men and women on the uncertain journey back from exile."

De Benedetti, who never remarried, "did not enjoy solitude, and at first he lived with relatives and then with a family of friends: Dr Arrigo Vita and his two sisters. They passed away one after another, and Dr de Benedetti was left on his own. Until he was 80, he had been the hard-working and highly esteemed doctor of the rest home, where he decided to take up residence in the serene sadness of one who knows he has not lived in vain."

How many of us will be able on our death beds to say the same? From now on, I'm definitely counting my blessings.

Theodore Dalrymple is a writer and retired doctor

## MEDICAL CLASSICS

### The Journal of a Disappointed Man

By W N P Barbellion **First published 1919**

W N P Barbellion was the pen name of Bruce Frederick Cummings, who came from a family of journalists but rejected this profession to devote his short life to the study of natural history. Although his achievements in this field were not insignificant, his fame rests on the journal made up of extracts from the diary he kept from boyhood until his death from multiple sclerosis in 1919 at the age of 29.

It was Barbellion's illness that shaped his diary, and despite his lack of medical training he made many observations of clinical interest. Indeed I first read the journal when, as a student on the neurological ward at Manchester Royal Infirmary in 1951, it was recommended as giving a unique insight into multiple sclerosis as experienced by the patient.

Barbellion first experienced signs of multiple sclerosis in 1913, at the age of 24. "In a horrible panic—I believe I am developing Locomotor Ataxy," he wrote. "One arm, one leg and my speech are affected . . . I hope the disease whatever it is will be sufficiently lingering to enable me to complete my book [the journal]." Thenceforward the diary gives graphic accounts of the inexorable progress of his illness, with its increasingly widespread exacerbations and transient remissions. Such passages are sometimes almost of poetic sensitivity, as in the entry he wrote after he experienced a zeppelin raid on London: "This day in bed I lifted my leg and gazed wistfully along its length. My flabby gastrocnemius was suspended from the tibia like a gondola from a Zeppelin. I touched it gently with my finger, and it oscillated."


Barbellion's writings also demonstrate the dilemma that doctors face in deciding whether to divulge the diagnosis to a patient with an incurable fatal disease. As was usual at this time, this was not done in his case, in the doubtless mistaken belief that his fears would thereby be allayed. He therefore remained unaware of his condition until November 1915 when, called up for wartime service, he learned of the diagnosis after being declared unfit for military duty. Regarding this discovery he bitterly wrote: "I was a fool not to have suspected serious nerve trouble before."

Barbellion died four years later, but not before publication of his journal, on which event he commented: "My horizon has cleared, my thoughts are tinged with sweetness, and I am content."

*The Journal of a Disappointed Man* was well received and had four repeat impressions within a year; and continuing demand saw it republished as a pocket classic in 1984. It raised public awareness of multiple sclerosis, emphasised the need for research into its causes and treatment, and paved the way for supporting organisations such as the MS Society. Introducing the journal's first edition, H G Wells wrote, "A thread of unpremeditated and exquisite beauty runs through the story this diary tells," and this quality alone makes the book an enthralling read to this day.

Robert Heys is a retired consultant gynaecologist