The content cynically plays to anxieties about weight and appearance, and vulnerable women emulate the women in these magazines
Des Spence, p 49

PERSONAL VIEW **Anonymous**

Care can't get better until complaints are listened to

A close family member who is a retired consultant recently spent seven weeks in an NHS hospital after having a stroke. The stroke left him with paralysis on one side, aphasia, and an inability to demonstrate any significant understanding. As a family of doctors (I am a general practitioner, the patient's wife is a retired general practitioner, my brother in law is a consultant) we were dismayed at what we encountered. The staff on the ward were, it seemed, incapable of ensuring consistent standards of adequate care and frequently when the care was poor they did not notice or only reacted when prompted to do so by us. The experience of being the relative of a vulnerable patient for those seven weeks and for the months that have followed has given me an insight into why the NHS continues to fail patients and relatives.

The patient's care often fell below an acceptable standard. The buzzer was frequently left out of his reach, his false teeth were not put in, he was left parked in a transport wheelchair for hours, thickener was omitted from his drink, his hearing aids were frequently not put in and on one occasion were lost. On this occasion we were told, as if by way of explanation, that teeth and hearing aids "frequently go missing" and instead of staff looking for them they offered a claim form for compensation. As the patient was moved around the ward he often did not have his name above his bed and his get well cards were left strung over other patients' beds. Thrombophlebitis was misdiagnosed as a bruise by two junior doctors over a weekend; and that was notwithstanding my assertion that it was an episode of thrombophlebitis (confirmed by the consultant on the Monday morning). Fourteen days after admission, my relative had a second stroke while on the ward. Four days after this—that is, 18 days after admission—a message was left for my relative on his home answering machine, asking him to book an appointment for an urgent echocardiogram. When we made inquiries, the junior doctor said that she had cancelled the imaging a few days after the patient's initial admission. However, independently the consultant told us he had taken a decision to cancel the echo shortly after the second stroke. These two inconsistent versions of events were contradicted by what the cardiac department told us when we called. I could go on.

Consent and confidentiality were terms staff used commonly in attempts to block our inquiries into my relative's care. After our first letter of complaint to the chief executive, the director of nursing (head of patient experience) sent us a consent form for my relative to complete, without which the complaint could not be taken further. Had she made inquiries about my relative's condition she would have appreciated that this was not possible. When we suggested that the patient might benefit from a translator because his first two languages were not English, the speech therapist told us that this could not be done because a translator would not be bound by confidentiality. When we challenged this, she said that my relative would have to give his consent to having a translator and because he could not consent, he could not have one. A junior doctor refused to discuss my relative's care with any family member, including his wife of more than 50 years and his son, because, the doctor said, there were "confidentiality issues." Instead of enhancing the patient's care, the staff, when it suited them, used these words, without any proper understanding of their meaning, to block, to hinder, and to hide.

ROB WHITE

As the patient was moved around the ward he often did not have his name above his bed and his get well cards were left strung over other patients' beds

The complaints system was ineffectual and failed to tackle the problems. A culture of defensiveness and obstructiveness seemed to pervade. There were countless individuals who seemed incapable or unwilling to resolve the problems. There was no improvement in care, and it was clear that not a single lesson was learnt. The system failed miserably. The trust is probably under the misapprehension that it has an effective complaints system and probably our complaints will be documented as successfully dealt with. Nothing could be further from the truth; many of our complaints in writing were never responded to, and we gave up because we had wasted hours of time in a frustrating and futile exercise.

The fragmentation and the failure of effective leadership on the ward meant that there seemed to be uncertainty by staff as to what they could and could not do, and a lack of good judgment. Many of our complaints could have been managed by effective leadership on the ward. The consultant acknowledged this but suggested that the care was "not all bad."

When you are driven to such levels of despair at the local level, the personal cost of pursuing complaints is too great, and we have run out of energy. The new General Medical Council guidance for doctors, "Raising and Acting on Concerns about Patient Safety,"[1] encourages doctors to speak out. We as doctors raised our concerns, but all to no avail. For us the problem was not one of speaking out but of nobody listening, interested, or accountable.

References are in the version on bmj.com.

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BETWEEN THE LINES **Theodore Dalrymple**

Defecting doctors

For 20 years before the world started to wait for Godot, it had waited for Lefty. The US playwright Clifford Odets (1906-63) wrote his play *Waiting for Lefty* in 1935, at the height of the great depression. Then, as now, there appeared to be no light at the end of the economic tunnel. Lefty is a union organiser who, like Godot, never arrives.

The short play, which was initially a huge success, is composed of six scenes depicting the travails of people in times of hardship. One scene is set in a hospital, and features the characters of Dr Barnes, the medical director, and Dr Benjamin, a young surgeon.

The latter goes to see the former in his office. He is disturbed that, just as he was about to perform a hysterectomy on a patient called Mrs Lewis, he was called off the case, and the surgery was handed over to a man called Leeds.

"Leeds," explains Dr Barnes, "is the nephew of Senator Leeds."

"Leeds," protests Dr Benjamin, "is as incompetent as hell."

At this point, Dr Barnes changes the subject by picking up a specimen jar containing a brain and saying, "They're doing splendid work in brain surgery these days. This is a very fine specimen . . . "

Odets became famous, but he is now largely forgotten; the play's writing is crudely propagandistic and its ideas simplistic. Nevertheless, when Dr Barnes announces that he has to dismiss Dr Benjamin, what he says has an eerily contemporary ring to it:

"I don't have to tell you the hospital is not self-supporting. Until last year that board of trustees met deficits . . . You can guess the rest . . . At a board meeting [on] Tuesday, [they] discovered they couldn't meet the last quarter's deficit—a neat little sum well over $100 000. If the hospital is to continue at all . . . "

Right on cue, they both learn by telephone that Leeds has killed Mrs Lewis by his bungling. Dr Barnes then, somewhat implausibly, suggests to Dr Benjamin that he commit some violent revolutionary act: "I'm very ancient, fossil, but life's ahead of you, Dr Benjamin, and when you fire the first shot say, 'This one's for old Doc Barnes!' Too much dignity—bullets. Don't shoot vermin! Step on them!"

Dr Benjamin then confides that he had a dream: "To really begin believing something? Not to say, 'What a world!' but to say, 'Change the world!' I wanted to go to Russia. Last week I was thinking about it—the wonderful opportunity to do good in their socialized medicine . . . "

"I wanted to go to Russia—the wonderful opportunity to do good in their socialized medicine"

He decides, however, to stay in the United States, although it means driving a taxi to stay alive. The scene ends with Dr Benjamin exclaiming: "Fight! Maybe get killed, but goddam! We'll go ahead!" Then he stands and gives the clenched fist communist salute.

Some Americans followed Dr Benjamin's impulse to emigrate to the Soviet Union, and were rewarded there by the most terrible misery. Odets, like many an intellectual of his time, managed entirely to miss the famine, the terror, and the everyday tyranny of Soviet life, even though information about it was freely available. He himself took a different path—to Hollywood. There his plays and films became less overtly political, prompting one critic to ask, "Odets, where is thy sting?"

Theodore Dalrymple is a writer and retired doctor

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TIME AND LIFE PICTURES/GETTY IMAGES

Odets: defected to Hollywood

MEDICAL CLASSICS

Cries and Whispers

A film directed by Ingmar Bergman; released in 1972

Red eyed, dry mouthed, sallow skinned, her face contorted in agony: Agnes is dying of cancer. Her torment, sickeningly apparent from the film's opening sequence, becomes ours to endure. And hers is not the only suffering in Ingmar Bergman's 19th century mansion-house of pain. Loveless and loathing of each other, their husbands, and themselves, Agnes's two sisters seem as stricken as she. Wretched, tortured souls, quite beyond caring for their sibling, they leave this role to Anna the maid. At Anna's breast Agnes finds succour and relief from the agony of living, while Anna finds other meaning in this dying; she nurses Agnes with compassion as though she were her own daughter, who died in childhood.

The story unfolds with flashbacks and diary excerpts, the camera (like Agnes) is confined indoors, and the dialogue is in Swedish, which combines to create an uncommonly intense atmosphere, at once intimate and isolating. The screen is drenched in crimson between scenes, a visceral cinematic punctuation the colour of passion, but repressed, horribly subjugated passion. The colour of red wine spilling from a shattered glass, and the colour of blood from a desperate act of self harm that the glass fragments permit later in the film. The lacerations are shocking and tragic: how could anybody be brought to such despair, that they have no other voice, that their cry goes unanswered?

Where is the doctor amid this death and bloodshed? He attends like a spectre. He checks a pulse, auscultates a chest, palpates an abdomen with gloomy precision, makes a grim prognosis, then finds himself drowning in his own morbid affairs. His adulterous relationship with Agnes's sister Marie resurfaces. After his cool dismissal of her advances is ignored, he stands with Marie before a mirror and cruelly dissects what she has become: her eyes "cast quick, calculating side glances," her mouth "has taken on an expression of discontent," the wrinkles above each brow are caused by "indifference," "and this fine line that runs from ear to chin is etched there by easygoing, indolent ways." She sneers, and beneath her eyes lie the sharp lines of "impatience and ennui." Turning around what is already an inverted seduction, Marie tells the physician that this same pitiful degeneration is visible in his own reflected image, and with the characters staring out directly at us from the screen throughout this scene of merciless self examination, we are pressed to ask whether the witnessed "selfishness, coldness, unconcern" exists in ourselves too.

Once Agnes's corpse has been laid out and broken down into something like a pathological specimen by camera shots of isolated hands and feet, the restrained sorrow of death observed turns quickly to an unrestrained horror of the dead and the familiar fear of death's touch. (Why else do we wear gloves when handling the dead?) By the time her body appears briefly to speak and move again we are long past questioning whether this is a nightmare, a phantasm, or whether Agnes is actually supposed to have returned to life: for everyone in this suffocating house is already dead. A troubling study of the human psyche, Bergman's classic is unflinching and profound.

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FROM THE FRONTLINE **Des Spence**

Women's magazines damage women's health

On holiday in the sun, you download books to your Kindle that you know you'll never read, take lots of clothes but wear only one pair of shorts, check your email even though you vowed you wouldn't, sloppily apply sun cream so you look like a tartan blanket the next day, and still listen to the *Today* programme. The children still fight; same stress, different country. And you end up reading not your short history of modern China but the magazines someone left in the apartment.

These have half dressed bleached blonde women in bikinis on their front covers, and headlines talk of drugs, alcohol, and sex. These are not men's magazines but the vast array of cheap pink, blue, and yellow coloured women's magazines, filled with little known celebrities of reality television who are famous only for their fame. The stories are all the same: of dramatic weight loss and anorexia, or dramatic weight gain and binge eating, and discussions about breast implants and other plastic surgery. They tell of celebs who have never been happier with a new love, but then a month later they are in the depths of despair, using pills and alcohol to cope. Rehab beckons. I hope the agony aunt's letters are spoof. It might seem odd for a man to comment, as I am not the intended audience, but I find them disrespectful to women. And these magazines impact on the health of many women.

The content cynically plays to anxieties about weight and appearance, and vulnerable women emulate the women in these magazines

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They offer no positive role model, because ultimately rising starlets are always torn down. The content is undermining, unrealistic, and ill informed and cynically plays to anxieties about weight and appearance, and vulnerable women emulate the women in these magazines. These magazines carry advertisements for plastic surgery and gastric banding, all implicitly endorsed by celebrity stories of miraculous benefit on opposing pages. Plastic surgery rates are unstoppable, bucking the financial recession,[1] still fuelled by unsustainable credit that pushes families into yet more debt. Rather than improving esteem, these operations do the reverse, and many women end up having multiple cosmetic procedures. Relationships are shallow, with multiple partners feeding off these women's celebrity. And these magazines revel in the idea of older women sexually targeting much younger men, which is inappropriate irrespective of gender. The medical reporting is superficial and sensationalised, and the word "expert" is abused for fake endorsement. Here it is always quick fix medicine: surgery or pills will solve it all. The truth is that these women are not exploiting the media but are being exploited by it.

We are in a cultural renewal after the wasteful and wanton noughties: greed is not good, bankers should be dull, we should mind about people getting filthy rich, and it's time to challenge this extreme type of voyeuristic publication.

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References are in the version on bmj.com.

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IN AND OUT OF HOSPITAL **James Owen Drife**

A golden age

A trip to the National Railway Museum in York always produces a frisson but last month was special. Coinciding with the jubilee celebrations was Railfest 2012, billed as Britain's biggest ever gathering of rail record breakers. Historic locomotives large and small awaited informed homage from the nation's trainspotters.

Yes, we were all wearing anoraks (it was an outdoors) and yes, sales of dry white wine were outstripped by a beer called Flying Scotsman, but the crowds were not limited to grey bearded geeks. There were youths too young to remember steam hauled summer holidays, and there were wives trying hard to look interested.

Nobody was writing down numbers. We knew them by heart and, besides, all the engines had names. *Princess Elizabeth* was there, appropriately, and so was the curvaceously streamlined *Duchess of Hamilton*. I wonder whether those actual ladies, back in the 1930s, enjoyed sharing their names with such clanking monsters. Perhaps this came under the heading of noblesse oblige.

The tradition of naming engines continues. A few days previously an engine had been named by (but, somewhat unchivalrously, not after) a glamorous television personality, and when we arrived they were announcing a naming ceremony. We hastened past *City of Truro*, chugging around with carriages full of trippers, and joined the throng around the dais.

The VIPs, with identity badges on yellow lanyards, seemed surprised to see us all. Behind them, a curtain covered the nameplate of a gleaming electric freight loco. What impressed me about the platform party was that they were all engineers, including the president of their professional organisation (the second woman to hold the post).

You're unlikely to have a speech from a doctor saying how proud they are to be a medic

When a hospital or health centre is opened, it is usually by a politician or maybe a royal. You're unlikely to have a speech from a doctor saying how proud they are to be a medic, or to hear the president of a royal college reverently listing illustrious predecessors to approving nods from the audience.

What a revelation to see a profession glorying in its past, upbeat about its future, and able to make public speeches without sanctimonious buzz words. Finally the engine was named: *IMechE Railway Division*. Catchy, eh? As we left, a dad was photographing his son beside *Hogwarts Castle*. It was a steam engine, and it was magic.

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