An ABC of Medical Prejudice

A PATON

A My name is ALEXANDER and my hero Alexander the Great, who, when told that there were no more worlds to conquer, sat down and wept. Perhaps that's why he died so young. The Alexander the Great Syndrome¹ typically attacks successful (sic) middle-aged, professional men, who become dissatisfied and frustrated. Treatment is unsatisfactory, but I am currently exploring with the authorities a personal therapeutic trial of early retirement.

B We grumble about the proliferation of BUREAUCRACY but are powerless. Why should this be? If you project figures for 1975 given in the *British Medical Journal*,² the number of managers in the NHS will exceed 120 000 in 1984, while the number of doctors will be about 75 000.

C COMMITTEES, of course. Some years ago I took a job abroad which did not include administration. Before this I had been on all those "you name it I'm on it" committees; when I came back I decided not to attend another. That was seven years ago and I have no regrets. I exempt meetings in which a few people assemble to work out a course of action.

D We are fighting for our livelihood and will soon be fighting for our lives. Who? DOCTORS. A bankrupt country like Britain cannot afford increasing numbers of doctors, and redundancy and unemployment are inevitable. In any case, doctors are due to become obsolete in the next 50-100 years, to be replaced by the computer and the caring, trained, but uneducated, medical assistant.³

E EDUCATION. In spite of all the hullabaloo about the mechanics of teaching medicine, newly qualified doctors today are no better (or worse) than they were. Unfortunately, postgraduate education, too, has become a parrot cry for doctors who prefer the pompous promotion of platitudes to the more difficult job of practising medicine. Our aim should be to preserve the student's idealism and motivation from the advances of sterile theoreticians.

F I have nothing against practitioners of FRINGE MEDICINE; in general, their treatments do not work any better than mine. I object strongly to people with dubious claims making a great deal of money out of human weakness and gullibility.

G I wish we could abolish GERIATRICS as a specialty and, with it, geriatricians. I asked one of ours to see a man of 61 who was socially disabled by a stroke; his excuse for doing nothing was an Act of Parliament which laid down that the patient was not geriatric.

H HOSPITALS are impersonal, expensive, and dangerous. The trend towards bigger (and by implication better) has happily been halted. In 100 years they will be obsolete, and the few that remain will be preserved as ancient monuments, like abbeys. Surgery will be regarded as archaic and barbarous—just as cupping and blood letting is today.

I "Your INDIGNATION about everything is self-defeating," said a colleague of mine. "What we need," said another, "is people who won't rock the boat." Death to ICONOCLASTS.

J JARGON persists in spite of all the protestations. What about a research grant to study the reason for this deep-seated human need to obscure everything by gobbledegook?

K Fear of KNIVES, said my wife, and therefore fear of surgeons, probably because I've never had an operation.

L We moan a lot about the difficulty of keeping up with the LITERATURE. Why don't librarians photocopy the contents list of journals as they arrive, and offer subscribers a weekly bulletin?

M One of the most depressing features of the contemporary scene is the continuing drift towards MEDIOCRACY. All my professional life I have watched hospital residents fighting a losing battle to retain doctors' messes. I see the latest "best buy" hospital hasn't got any doctors' quarters.

N I am old-fashioned enough to believe that NURSES are angels who come and tuck you up in bed when you're ill. Readers who are out of touch with the hospital world may like to know that there are still some left, in spite of the proliferation of numbers and machines.

O The profession badly needs a medical OMBUDSMAN who would be a respected advocate for patient and doctor. A group of three or four (but no more) "elders" might do; in spite of our cynicism about personal power, we could surely agree on suitable candidates.

P POLLUTION by people is getting out of hand. We are assaulted by noise and filth, but do nothing, because there is no hard evidence that they are harmful to health. A ready-made subject for research in general practice.

Q I am both allergic and ambivalent towards QUESTIONNAIRES: I fill them in if the questions boost my ego. Research workers get excited if the response is 75% or better; I would like to know more about the 25% who do not reply.

R REORGANISATION and RAWP seem to be the two biggest disasters that have hit the NHS in 30 years of trouble. Both were based, like the NHS itself, on false premises. And when will we learn to think through the consequences of our actions?

S Together with the last two, SALMON and SOCIAL WORKERS have caused more grumbles from doctors than Lloyd George's and Aneurin Bevan's Bills put together. A general principle here: the greater the outcry against a particular change, the greater the official resistance to reversing it.

T I don't object to the *concept* of the clinical TEAM, in which everyone has an equal say. But surely success, as in cricket, depends on a captain who is prepared to take decisions—for good or bad. I don't mind (much) if the leader is not a doctor, provided that when I am ill, I receive immediate attention from an individual and not the majority decision of a committee after weeks of deliberation.

U Overtime and UNITS OF MEDICAL TIME (UMTs—a typical piece of bureaucratic jargon) will ultimately destroy the freedom of conscience that characterises a profession and will consolidate the 9-to-5 mentality. For a glimpse of a medical 1984, read Professor Gunnar Biörck's account of what has already happened in Sweden.¹

V VULGARITY and VANDALISM go hand in hand. How can we expect people to behave like caring human beings if they are forced into high-rise boxes and fed fourth-rate filth by the media in the name of education and culture?

W You may be surprised that I haven't mentioned money. They tell me the NHS needs a massive infusion of cash; I believe it could benefit from further spending cuts. People might then be aware of the enormous WASTE of manpower (overmanning?), resources, energy, equipment, and ideas. We must bring back personal involvement, which was a feature of the voluntary hospitals.

XY I end with my nightly prayer:
When I am ill, treat me as an individual not as a case. Present me the options but let me make up my own mind.

Z Spare me technology, computers, microprocessors, and statistics. Let me die painlessly, without heroic surgery, resuscitation, or transplantation.

References

- 1 Wilson, W, *Clinical Research*, 1965, 13, 7.
- 2 *British Medical Journal*, 1975, 4, 475.
- 3 Maxmen, J S, *The Post-Physician Era—Medicine in the 21st Century*, New York, Wiley, 1976.
- 4 Biörck, G, *Annals of Internal Medicine*, 1977, 86, 813.

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