Subsequent inquiry

The Royal Ocean Racing Club held an inquiry. Altogether 669 questionnaires were returned, and the result is a fascinating piece of reading for anybody who is interested in the sea or in safety at sea. It is also well written. The various points that came out of the inquiry were: the race could not have been put off on the basis of the weather forecasts. So far as yacht design was concerned the flat-bottomed boats did very badly. Steering gear was the biggest cause of failure. Cockpits must drain better; an extra storm mainsail must be carried, in addition to a storm foresail. There was a lot of talk about safety harnesses, and the report said that the combined harness and life jacket was advisable. Life rafts came off worst in the whole inquiry. People have said since "Why carry a life raft at all?" Certainly I wouldn't leave my boat even if I were up to my waist in water. The basis of carrying a life raft seems to be for use after fire, explosion, or collision—for these a life raft must be carried. But in heavy seas you must stay with your boat.

There were various options in the questionnaire about why you retired—injury, damage, seasickness, but we opted for "No longer really enjoying the race."

The report did not find that crew experience made any difference to whether or not the boat was brought home in safety, but it certainly made a difference to whether or not you finished. Those who adopted active tactics in the storm seemed to come off better than those who didn't. The report considered that more complex navigation aids would not have made any difference, and I would agree. A good radio direction finder and

a couple of compasses are as much as you are going to need in these conditions.

The report also said that yachts should continue to sail over the Fastnet course. If I were to be asked for my personal view I would say first that you cannot give any recommendation that is suitable for conditions like Fastnet 1979. We all know that statistically the most dangerous 50 yards (45 m) in the world are those in your dinghy from the quay to your boat. Every year people are lost then. I read a lot so that I had a lot of theory behind me before I was faced with these problems, and I found my theoretical knowledge a great help.

The last event was a beautiful memorial service for those who lost their lives in the race, organised by the Royal Ocean Racing Club at the Royal Parish Church of St Martin-in-the-Fields, London, on 8 November 1979. We sang lustily "O God, our help in ages past" and listened to psalm 107—"They that go down to the sea in ships . . . these men see the works of the Lord." Admiral Sir Maurice Laing said in a thoughtful address that many of those at sea that night wished to speak to the Lord but were unaccustomed to so doing and perhaps a little uncertain of how to address him. The widows came out of the church first into the sunlight of Trafalgar Square, then young children, because many of those who died were relatively young, and then the tanned men with King Olaf of Norway and Mr Edward Heath leading. I'll not forget the Fastnet memorial service, but I'll never forget the Fastnet '79. Close the hatch.

(Accepted 17 October 1980)

Hospital Christmas parties

REUBEN GRÜNEBERG

The chairman of the district management team in a teaching district receives a great many invitations to Christmas parties held in hospital departments. I enjoy going to such festivities whenever I can, but the problems may be considerable. One evening at this time last year I attended five parties that were being held at the same time. Colleagues told me that there were yet others going on concurrently. The problems of getting from one to another in an increasingly tipsy state became formidable, and I was sorry not to be able to spend more time at each. Clearly I had accidentally uncovered an area of hospital life that is crying out for administrative attention. It is high time that we rationalised the giving of Christmas parties in our hospitals.

Method

The first task is to establish the facts. How many parties are given, where, by whom, and for whom? I believe that the problem is such that we should appoint an administrator to make the inquiries (scale 29, £12 055-£15 225, plus London

weighting). He should be provided with secretarial support (higher clerical officer, £3995-£4834, plus London weighting) and an office. His task should be to collate the answers to a questionnaire about parties and report on them to a working party that would already have designed the questionnaire. The working party would report directly to the medical executive¹ and should have wide membership and power to co-opt. All departmental heads² (as well as heads of departments) should be members, and every possible trades union and staff group should be represented. This will cause a few problems because some are affiliated to the TUC and others are not; since the former will not recognise the latter it may, come to think of it, be necessary to have two working parties—this may necessitate a second administrative post (principal admin assistant, £7134-£8761, plus London weighting) for liaison.

With hard work and skilful chairmanship (chairman of medical executive) the questionnaire may be agreed after only a dozen or so meetings. Since the stencil machine and the duplicator in administration have been sacrificed on grounds of economy, the questionnaire will have to be printed commercially, but the expense can easily be justified because of the importance of the subject. When available, the questionnaires will be circulated in large numbers to all comers in the district. (This will, of course, require extra payments to be made under the porters' bonus scheme, but the ship must not be lost for want of a lick of tar; £1000 should cover it.)

When the answers to the questionnaire are available, including all the late answers (so significant, because very likely different from the others) the important task of analysis can begin.

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Analysis

There are many key questions to be asked:

- (1) Why do departments give parties?
- (2) Whom do they hope will come, and why?
- (3) In any department are decisions about parties taken by consensus of multidisciplinary teams, and, if not, should appropriate corrective action be taken?
- (4) Is there proper time-tabling of parties to avoid conflicts?
- (5) Is it possible to achieve standardisation of food and drink at all parties? (This would make economic sense, as well as avoiding odious comparisons between parties given by departments with differing human or financial resources.)
- (6) Is it possible to amalgamate parties to achieve the much prized optimal size? (Size of parties is a subject of such fundamental importance³ that it is certainly worth the attention of a separate subcommittee.)
- (7) What effect does all this amateur food preparation have on staff morale in the catering department? (District catering officer to report, also staff interests.)
- (8) Is it proper for official recognition to be given to the consumption of alcohol by hospital staff? There is a difficult balance to be struck here: interests of staff morale and sobriety may conflict. (District personnel officer, ministers of religion, consultant in charge of accident and emergency department to report.)

Results

When all these weighty matters have been considered by the working party (or parties) the district management team will almost certainly object that too narrow a view has been taken since the whole study has so far been confined to hospital parties and has neglected the problems of parties in the community sector. This will require further co-option to the working party or parties, further questionnaires (building on the experience gained earlier), and further deliberation before the district management team accepts that a district view has emerged. There will still be a need for discussions with the community health council, of course.

The area health authority (teaching) will identify several difficulties not spotted by the district management team and will, in any case, sanction no such policy without ensuring that there is uniformity among districts. This will necessitate an area working party to establish an area policy. (Those who might think this unlikely will be interested to note that this area health authority (teaching) has this year considered a standard policy to govern the provision of leaving parties for long-serving staff.)

The area policy will be denounced by the regional health authority as elitist, a typical production of an over-provided teaching hospital-dominated area. Information will be demanded on the norms⁴ for the six areas in the region. Probably it will be seen that University College Hospital is over-provided with Christmas parties. There will be demands that in future some of the University College Hospital parties be held in Essex, preferably in different districts in Essex each year, according to a rota to be devised by the regional planning officer (hospital/community Christmas parties), scale 32, £14 532-£18 099, plus London weighting.

At DHSS the issue will be seen to be of such overwhelming importance⁵ that a consultative paper should be prepared for widespread discussion. An adjournment debate will take place in Parliament. It will reasonably be objected that Christmas presents only a special case of a general problem, and that in a multiracial, secular society it is better to avoid any mention of specific festivals. It will therefore be recommended that Christmas parties be held evenly spaced around the year and that they be renamed NHS parties. To avoid accusations of discrimination of any sort, attendance will not only be open to all but will be made compulsory. This will mean that NHS parties will be held during normal working hours. The consequent increase in length of waiting lists should be avoidable as a result of improved staff morale. Indeed, patients might also be required to attend.

This whole process of consultation, deliberation, and decisive action will take longer than my expected period of administrative office. When that ceases, so will the stream of invitations to hospital Christmas parties. Perhaps I should just totter from party to party remembering in each case that Christmas comes but once a year.

References

- ¹ Joint Working Party on the Organisation of Medical Work in Hospitals. *Second report*. London: HMSO, 1972. (Cogwheel Report).
- ² Department of Health and Social Security. *Management Arrangements for the Reorganised National Health Service*. London: HMSO, 1972.
- ³ The serious student is referred to the masterly works of Prof C Northcote Parkinson who deals with related matters in scholarly depth in *Parkinson's law (the pursuit of progress)*, chapter 5, "Personality screen, or the cocktail formula." Harmondsworth, Middx: Penguin Books, Ltd, 1957:53.
- ⁴ Resource Allocation Working Party. *Sharing resources for health in England*. London: HMSO, 1976.
- ⁵ See, for instance, DHSS. *Turkeys, safe preparation*. Health Notice (HN) 1977:190.

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ZANY LESSONS FOR ACADEMICS

Yankelowitz's laws of oncology: AKA, the Tao of cancer

ONCO-LOGIC: PLAGIARISED LAWS

- (a) Felson's law—to steal ideas from one person is plagiarism; to steal from many is research.
- (b) Yankelowitz's law of hyperpathic stasis (plagiarised from Casciato)—in Yankelowitz's words, "A patient with advanced malignancy who is doing well on the wrong drugs is on the right drugs." In Casciato's words, "Don't rock the boat."
- (c) Eipe's law—no one with advanced cancer should be allowed to die without a trial of glucocorticoids.
- (d) Benjamin's law—no one with cancer should be allowed to live without a trial of adriamycin.
- (e) Singerman's law—infusions of Bosco are as effective as many chemotherapeutic agents—and less toxic.

- (f) Mosher's first law—You can't lose them all (the "before rounds" law).
- (g) Mosher's second law—on the other hand, yes you can (the "after rounds" law).
- (h) Moertel's law—realism is conducive to poverty. If you want a grant, prove that your "best shot" is ineffective.
- (i) Holland's law—Anyone who needs a microphone to say something shouldn't say it.
- (j) Freireich's law (translated from the Russian)—"We were first."
- (k) Hall's law—the means justifies the means. The approach to a problem is more important than its solution.
- (l) Ganz's law—there is a 100% response rate to CCNU—everybody vomits.—BERRIL YUSHOMERSKI YANKELOWITZ.