Support

Support must be subtle, consistent, and confidential

Possible members of support network:
- Attending nursing and medical staff
- Families and friends
- Counsellors and psychologists
- Social services
- Support groups, such as Terrence Higgins Trust, Body Positive, etc

may need to be arranged. The provision of alternative accommodation and of practical and financial help varies throughout Britain, and often the burden is placed on the partners and families. In small communities the burden may weigh heavy, particularly if confidentiality is to be ensured. Loved ones can also suffer the stigma of the disease and may be ostracised by neighbours and colleagues. Partners may harbour the fear of developing the illness themselves. They all need support and an outlet for their fears and frustrations. Support groups will provide an opportunity to discuss problems, express feelings, and share experiences.

Caring for people with HIV infection or AIDS is not difficult if common sense is applied. No special training is required—simply first class clinical competence, a willingness to learn and to understand, and a desire to care with compassion.

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What is a Good Consultant?

A worm's eye view

D F NEWTON

When I was a child I lived in a house where doctors came for dinner, walked the dog with us, and built trains with my Lego. No one ever explained their rank to me and I never thought of them as anything other than benevolent uncles and aunts. When, at the age of 12, I had to go to see a consultant paediatrician I considered him as a more distant member of the same species. He was disturbing only in so far as he might take me into hospital for tests. "When I was a child . . . I thought like a child," but now I am a woman I know that Lego is a thing of the past.

Despite my careers mistress's obvious delight in my medical background none of it prepared me for my experience in medical training. Consultants, who presumably played with other children's Lego, suddenly turned into menacing paragons of wisdom and oracles of criticism—what a colleague of mine aptly terms "terrortomas": something of which one is extremely cautious until one has established whether it is benign or malignant.

Medical students may have some high ideals when they arrive on the steps of clinical medicine. I know that I did. I was repeatedly told by well meaning doctors and by my peers that my standards were too high, my ideals unrealistic, and my attitude naive. Unfortunately, no one had the insight or the humility to point out that it was not my ideals that were unrealistic but my expectations. It took me a good year to absorb the obvious facts that doctors, even hospital consultants, are human beings and human beings make mistakes. They are exposed to the same environmental forces as all of us and their characters inevitably influence the way they practise medicine. It was not that some of them were bad doctors—though some of them were—but merely that I didn't happen to like them.

It is easy to criticise, and in many ways it would be easier to write about what a good consultant is not. He is not, for instance, someone who arrives drunk to his outpatient clinic or who makes sexist comments or who fails to warn the patient before doing a rectal examination. I have witnessed consultants who do all these, and I know that my peers could add to the list. I was given many examples, some serious, some less so. For example, a considerate ear, nose, and throat surgeon is someone who does not have curry for lunch. Several of the students whom I asked to define a good consultant said that they had never met one. Many of the definitions I was given centred on a consultant's ability to shed superiority.

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D F NEWTON, medical student

Is he a good teacher?

We all assess the worth of others, however subconsciously or superficially. One of the problems in forming an opinion about any particular consultant is that you are assessing him or her on several different and often conflicting parameters. As a student your initial impression is often created by the consultant's teaching abilities and attitudes. The lack of any formalised teacher training in most teaching hospitals means that the former depends largely on the latter. Those who are interested in teaching generally teach better than those who are not. They are more likely to put thought and effort into the way in which they present information. Unfortunately, the ability to impart information does not always correlate positively with the ability to provide helpful feedback. Most medical students are taught by a system of negative reinforcement, in the form of sarcastic remarks, and derogatory comments. Many of us must have heard tardy colleagues greeted thus: "You're just like an undescended testicle: you're late arriving, you make a hell of a fuss getting here, and when you do you're useless." In many instances this is effective, but it is discouraging and can become self defeating. The time honoured excuse that this is the traditional way of things is no justification.

The good consultant, then, is a good teacher. He is also a good clinician and an inspiration to his students. He must be skilled in all aspects of history taking, examination, and diagnosis. He must instigate appropriate investigations and treatment and

simultaneously be able to explain his list of differential diagnoses, his reasoning, and his references so that the student can understand. A little learning is a dangerous thing and the self righteous student will be the first to expound on the shortcomings of his teacher (well out of earshot, of course). A poor clinician is a disappointment to his students. This assault on their ideals produces a subliminal consternation, which tends to be resolved in one of two ways: either the individual concerned becomes an object of derision or the student comes to accept that second best is good enough. It is unfortunate but true that while I might cite several witty stories at this juncture I should be compromising any chance I still have of passing finals were I to do so.

Another parameter on which a consultant may be assessed is communication. Doctors who wish their medical practice to run smoothly can adopt two approaches. They can charm their attendant staff and patients into efficiency and cooperation or they can terrorise them into these. Both options seem to work well, but charmers are more pleasant to work with and, on the whole, receive more spontaneous help. Whichever the approach, the endeavour to explain what is going on to housemen, students, nurses, secretaries, and, above all, patients is a fundamental virtue. And one which is distressingly often lacking. As a friend said, "A good consultant is someone who tells you when he's cancelled his ward round." Patients can find consultants particularly confusing. I have often found myself answering questions about what the consultant actually meant. But worse still is the rudeness and intolerance that some doctors think that they are entitled to exhibit in the presence of their patients. The consultant who refers to the patient as a "malignant whingioma" may make his students giggle but does little to nurture that enigmatic doctor-patient relationship.

Taking an interest in students

There are occasions where the student's idea of a good consultant may not coincide with that of the patient. A colleague suggested that a good consultant was someone who had to cancel his list the morning after the rugby cup final. The interest which a consultant takes in the social life of his students and in their medical school is none the less important.

Underpinning all these attributes is the character of the clinician. His attitude to others and his propensity for losing his temper will colour his teaching methods, his relationships with patients, even his clinical judgment—the "there's nothing wrong with her, she's just neurotic" syndrome. I know consultants whom I respect as experts in their specialty but who are odious people. And this brings me back to what I might call the student's dilemma. Is a good clinician a good consultant? Is a good teacher, a nice person, or a skilled communicator a good consultant? Any particular consultant may fulfil one expectation but not another. So often you find a fine surgeon who cannot talk to people; or a good bloke whose clinical judgment is dubious; or an excellent teacher who insults his patients. Certainly one aspect may be more important than another in a given specialty. I have often been told that it's no good being able to talk to patients if you don't know the side effects of digoxin or the relation of the ureters to the uterine artery. All these attributes are important. Generally, however, the student will make his judgment on those he considers paramount. The budding surgeon will therefore have a different concept of a good consultant from the embryonic psychiatrist. Fundamentally, a good consultant is someone who earns your respect. He or she is someone you would like to emulate.

MATERIA NON MEDICA

Advice unlimited

Soon after retirement I applied for work with the Citizens' Advice Bureau, and after a period of probation and excellent training at the local technical college found myself giving advice to anybody about anything. After 25 years as a consultant confining my advice to a strictly limited subject this was liberating, and the "professional" stance one was expected to take within a strictly confidential framework was pleasantly nostalgic.

To enable you to give useful and informed advice there is a superb filing system kept up to date by monthly additions that you are expected to read. It is rarely that the files fail, and their avoidance of jargon even in the most complicated matters is admirable. Specialist advice is also readily available and to become a specialist in certain topics—for example, appeals to tribunals, income tax, debt problems, housing, and Department of Health and Social Security benefits—is a further intellectual challenge and brings with it increased job satisfaction.

My most amusing moments have been while giving anonymous advice related to medicine, but I have often had to exercise self restraint when giving guidance on where to find particular quacks (alternative medicine in the files).

Bernard Shaw argued that the professions were conspiracies against the laity, and the selected sample you hear of in the bureau tends to support his view; fortunately, it is corrected by the excellent expert advice freely given by representatives of each profession. I cannot, however, believe in the integrity of professional advisers in money matters who take fees and conceal their commissions, the size of which often affects the advice given. The only exception to this seems to be the chartered accountants.

Medical practitioners are too little concerned with the financial and welfare consequences of the advice or treatment they give. Even if they are concerned they cannot be expected to have detailed knowledge and they cannot do better than send their patient to the Citizens' Advice Bureau for his problems literally to be sorted out.

Very often the only help given is sympathetic understanding in a leisured atmosphere, but it never ceases to astonish me how often this helps even in desperate circumstances.

Most volunteers are women, and I believe that they are better than men because of the depth of personal sympathy they generate. Nevertheless, with men now retiring earlier, I hope that more men will take up the work, which I suggest should have a special attraction for the medical profession. Retirement from the bureau is compulsory at 70, an excellent rule in an excellent organisation which has so far managed to retain a strictly non-party political approach.—PHILIP H SUTTON, retired chest physician, Norwich.

Vanuatu, vivax, volcano

The small Pacific island of Tanna is one of the southern islands in the New Hebridean archipelago of the republic of Vanuatu. It has a subtropical climate with dense green vegetation, the home for a considerable amount of vivax malaria.

As well as being one of the most resistant malarial areas in the world, however, Tanna has several other unusual aspects. Tribes of wild horses can be seen roaming the island, and several religious cargo cults have taken their origins from the island, but perhaps its most exciting and novel feature is a small but active volcano called Yasur, 360 metres above sea level and one of the most accessible volcanoes in the world. It last had a major eruption in 1878 but it is constantly venting ash and molten rock from its core.

I found that the volcano was owned by the local tribal chief who, for a small sum of money, took me to the volcanic site. The ground around the base of the volcano resembled a lunar landscape, the green vegetation having been covered with a daily blanket of grey ash over the years. We started to climb up the side of the volcano, treading on firm lava that had been deposited after the 1878 eruption. Eventually, after about 30 minutes, we reached the rim of the crater and gazed down into a cauldron of ash and molten lava which every few minutes made small eruptions, hurling out red hot chunks of rock nearly 100 feet in the air.

To convey an adequate idea of the volcano by pen or paper is impossible. Strange unearthly noises boom from the abyss accompanied by reverberations round the crater and torrential clouds of ash. The site at dusk with lava and hurtling rocks showing bright red against the black velvet Pacific sky is amazing.

It is not often that you are given the chance to see something very unusual. The experience—albeit a risky one—of standing on top of a live volcano which is a direct link to the very centre of the earth is unforgettable.—PATRICK MORRISON, house officer, Belfast.