Death to all clichés

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The President of the Society for the Abolition of Clichés writes . . .

There are no disciplines in which the cliché is more extant than in the medical profession. Few subspecialties are immune. Consider, for example, the most drastic cliché in the surgical lexicon: 'Common things occur commonly'. Unsurprisingly, this cliché is so widespread as to afflict almost all surgeons within the writer's acquaintance. Yet what does it mean? The corollary is that 'rare things rarely occur'. True enough but the fact is that if one spends one's diagnostic existence only considering the more common, one will totally fail to notice the rare. Stop thinking about a differential diagnosis say our surgeons, if it looks like appendicitis, it is appendicitis, as one of the other more favoured clichés goes, 'until proved otherwise'. Clear message: stop thinking too hard about what may actually be wrong.

Physicians are far from immune. What nonsense is the 'irregularly irregular' pulse? Try actually explaining what this means to the undeniably intelligent and thoughtful medical student of today. Regularly irregular? Irregularly regular? It always has sounded highly irregular to me. I would have thought in the early 21st century it is most useful to have identified that the pulse does not feel quite right. If that is the case, why not call for an ECG

machine . . . I mean basic cardiac electrophysiology is not exactly rocket science. And it may be rather more help in characterizing the problem with cardiac rhythm than a fingertip.

Stand up the consultant who has not heard, over the past week, at least one junior staff member of their team present a history in which the term 'haemodynamically stable' has been used to report of the findings on examination. Almost invariably, this is meant as a description of the pulse and blood pressure being normal on admission. Yet what does stability mean other than unvarying over time. We are all haemodynamically stable at any point in time—even on our death beds. Let us really stretch ourselves and state in the history what are the actual values of the pulse and blood pressure. I mean these days one does not actually have to do any more than read them off from a machine.

How about 'poor historian' to describe a patient who cannot give a clear account of their problems? How judgmental is that? If the Regius Professor of Modern History in the University of Oxford was admitted in a rather confused state and unable to give an account of his particular symptoms, he would still be one of the world's greatest historians. He would just not be able to give a clear description of why he was not feeling particularly well. There is no reason why doctors cannot just say what it is about their patient that makes it hard for them to give a clear account.

In the unlikely event that I remain 'grossly normal'.

Yours sincerely . . .

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