VIEWS & REVIEWS

So, you want to know what's wrong with the NHS?

PERSONAL VIEW

I sat in the waiting room, feeling self conscious. I am usually on the other side of the door, inside the interview room. Now, I was outside, waiting. After five minutes the consultant came out; the big man, the one in charge. We were NHS. He was having trouble interviewing my mother: would I, as a psychiatrist, help him please?

I went into the room. My mum was on the edge of her seat, looking towards me hopefully, giving me that look she had, assuming that everything would be all right now (because "my son" had entered the room). Trusting me. It was then that I learnt what it is like to elicit the first rank symptoms of schizophrenia from your own kith and kin, your own flesh and blood. The great man couldn't manage it. He had the cufflinks but not the questions. He had the style but not the substance. I had the greatest pain I had ever felt in my life. A virtual knife went through my chest as I asked her about the voices, about the thoughts that were not her own, about what the messengers said.

I have often wondered about the doctor's approach that day, whether he had any feeling at all for what it might have been like, to be us, to be her, to be me—because I really doubt it. I doubt it because it was all in vain. The consultation did not achieve anything. "Follow-up" did not occur; appointments were not kept; action

Those who cannot do their jobs, who cannot elicit histories or examine the sick, are curiously diligent when it comes to applying the rules under which complaints can be made against them

was not taken. And when she went missing so did her notes: there was no "paper trail."

Years went by. Eventually, others would apply the Mental Health Act when the squalor became too great, but only when I had complained to the chief executive of the trust. A note to the wise: complaints in psychiatry are pretty much a waste of time. To be able to proceed you need the "consent of the patient," something of a problem if the patient is missing or does not accept that she is ill. Those who cannot do their jobs, who cannot elicit histories, are curiously diligent when it comes to applying the rules under which complaints can be made against them. They're sticklers for protocol then.

Schizophrenia gave way to Alzheimer's disease. She came to live with me. Times are good and times are bad, and there are times when you need help. You visit the GP, talk to his shoulder, peruse the back of his skull. He sits there with his back turned, looking at his computer screen. He doesn't touch patients; always refers. You wait and see, wait and see.

Recurrent falls take us to the casualty department. We end up on the ward. My mum, now: an elderly woman migrating across five wards over 14 days

under at least three different consultants. No one has a plan. Everyone is "waiting to see." You arrive to

find out that you are in the wrong place. "Who? No, we haven't got anyone by that name here. Oh . . . oh yeah, they moved her out this morning." Some tests are done

twice (brain scans); others are not done at all (blood tests, which "can be done in the community by the GP").

She sits on the fourth ward, frightened, staring across at a woman opposite who is naked except for a nappy, her head stuck between the rails (she's in a cot). The nurses are sitting there, a couple of metres away, chatting, laughing, four of them. My mum wants to get up, to go across. She's been up and down all day. I make her sit. Don't get involved; don't make a fuss; you cannot win: you're an interfering patient, a "busybody." I feel ashamed, ashamed of myself. Ill as she is, my mum has far more guts than me. I want to look away, praying that the naked woman in the cot will soon do something so extreme that someone will come and care, that someone will come and do something, cover her up at least. The nurses are laughing. They appear happy.

The fifth ward, and things are worse. My mother tells me that there are children, running up and down. I cannot see them. There is a man "washing children" in the hall. I go to see the sister, saying, "Actually, my mum is worse." She says, "Well, you know the ward is haunted. Lots of them see children here. I keep an open mind, myself."

Do you laugh or do you cry? And what can you possibly say? Instead, you walk away and make other plans, internally. Walking out to the car park: it's a beautiful, crystalline spring night, yet I feel hollow. It doesn't matter what you do because the "carers" do not care. It does not matter what you say, because they do not listen. We have GPs with computers and consultants with business plans, we have wards that are "haunted," and sisters with "open minds." We have demented women in nappies, their heads wedged between cot rails, smelling of shit. That's what's wrong with the NHS.

I took my mum home the next day. We'll take our chances, thanks.

The author wishes to remain anonymous.

The great man had the cufflinks . . . but where were the questions?

To learn medicine,
should you read
this book?
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REVIEW OF THE WEEK

H₂O: are we in deep water?

Wildfires in California and one billion people without access to safe drinking water: a new exhibition looks at our emerging water crisis. **Janice Hopkins Tanne** reports

D.FINNIN/AMNH

A filmy curtain of royal blue bearing the words “water” in 17 languages greets you at the entrance to the American Museum of Natural History’s exhibit “Water: H₂O=Life.” You hesitate for a moment, wondering what this is, but you step through the film, because this isn’t a wall but a mist of water. Like all the water in the exhibition it is recycled, a clue that the museum is trying to tell you how rare our supply of fresh water is, how it keeps us alive but sometimes gives us disease, and how careless we are in using it. The exhibition’s poster shows Planet Earth floating on a life preserver.

Museum president Ellen Futter said the exhibition was timely when the world is facing a water crisis—drought in the US southeast, wildfires in Greece and California, mudslides in Central America, and more than a billion people without access to safe drinking water. Soon we may see water wars as nations and regions compete for this scarce resource by building dams and diverting rivers. In the spring the museum will convene an international policy panel to discuss water as a finite resource.

The exhibition begins by describing the effect of water in shaping the planet through shores and canyons, giving some cultures abundant water while forcing others to struggle for a mere three gallons a day, as in Ethiopia. The United States is profligate, using 150 gallons of water per person per day, and the UK, despite its damp climate, uses a modest 31 gallons per

day. Don’t be proud, Britannia: the numbers reflect the UK’s higher population density.

Life on earth needs water to survive, and about 70% of water goes for irrigating crops. Sections of the exhibition show how plants and animals have adapted to scarce, salty, or abundant water; how water is distributed around the planet; how people have manipulated water supplies through dams and irrigation; the role of water in preventing or spreading disease; and restoration of ecosystems.

The museum is good at visitor-friendly exhibits. You can weigh yourself: the device won’t tell the pounds but it will tell how much of your body is water. Men have a slightly higher water content than women and need about 3.7 litres per day, while women need about 2.7 litres. You don’t need to drink the proverbial eight glasses of water a day because much of our water comes from the food we eat.

A wall of water bottles demonstrates that bottled water costs dollars to produce compared with safe water from the tap. Producing the plastic bottles is expensive, and disposing of them harms the environment. In the US, about 40% of bottled water is just filtered tap water.

Another exhibit shows how water can spread disease, presenting the famous John Snow and the Broad Street pump, and showing how in India simply pouring water through a folded-up old sari can filter out *Vibrio cholerae* and reduce cholera infection by about half.

Water: H₂O=Life

An exhibition at the American Museum of Natural History, Central Park West at West 79th Street, New York 10024, until 26 May 2008

A smaller version of the exhibition is at the United Nations in New York. After May 2008, the exhibition will travel around the United States and to Singapore, Australia, and Canada. For details, see www.amnh.org/exhibitions/water

Rating: ★★★★★

A walk-through diorama recreating the unusual landscape of Mono Lake, California

Try lifting a water jar containing 25 pounds of the precious liquid. Many visitors can’t, but women in developing nations do this every day, carrying it on their heads from a distant source to their homes—over and over again. Carrying water is usually women’s work.

“We will never get more water than we have now, and we are always downstream from someone else,” said Dr Eleanor Sterling, curator of the exhibition. Water evaporates from rivers, oceans, and irrigated fields, rises to the sky, and falls back to earth as rain or snow.

There’s not nearly as much usable water as people might think. Earth is often called the blue planet because the oceans covering two thirds of the planet make it look blue from space, but less than 1% of earth’s water is fresh water we can use. About 97% is in salty oceans. Of the remaining 3%, at least 2% is locked up in glaciers, deep in rocks, or in the ice caps.

You can see how major cities such as New York, London, Toronto, and Tokyo get their water and what they do to purify it. You’ll also see their imperfect solutions for disposing of sewage and waste water. Heavy rainfall tends to overwhelm systems. Finally, you can test yourself, measuring your own water use, and how you can be more responsible. Then you can visit the inevitable museum shop—and no, there’s no bottled water on sale.

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Junk reporting

FROM THE
FRONTLINE
Des Spence

Lady Heroin's remorseless hunt continues. A young man dies from endocarditis in the baking heat of the ward, his family sobbing, silhouetted in the orange sunset of a psychedelic hospital curtain shroud. Other wounded beasts sweat, tremble, and vomit in withdrawal but, denied opiate substitution, pull out their lines and run off without their deep vein thromboses being treated. Countless victims of heroin roll into casualty—cyanotic, cold, and close to death or dead. We save the ones we can with naloxone, but they simply retreat to the wilderness of the housing estates. I stood by as the safari passed on.

And on the savannah of general practice, male and female patients have turned to selling their bodies on the streets. Others maintain their dignity by shoplifting, stealing cars, or breaking into houses. Hepatitis B and C are rampant. The children are caged and taken into social work captivity in increasing numbers. But this vast dark continent of problems is also somehow tragically attractive: it is full of documentary producers and charities.

In another unforgiving terrain the National Treatment Agency is under attack. Its representatives have been dragged into a dimly lit studio and given a hiding by the red top gang—hoodie reporters high on the fumes

of a good story. Even "liberal," politically correct BBC Radio 4 types have revelled in the attacks, perhaps seeing them as retribution for some car radio stolen long ago. The blunt instrument used to bludgeon the agency is the claim that, despite a budget increase of 50% over two years, only 3% of "junkies" who are treated become free of drugs. The crude inference—the usual tabloid subplot—is that treatment is a pointless waste of public money if users don't become drug free.

But opiate substitution is pragmatic harm reduction, not a "cure." It enables drug users to sleep, to butter a piece of toast for their kids, and collect them from school. It frees them from stealing or prostitution, from injecting into their groins in a cold stairwell, from the torture of self loathing. Treatment lets users function as "normal" people again. They may not be free from methadone for many years, but that's not the point. Until we invest in the infrastructure to mend society's broken sense of community, the National Treatment Agency needs us to support it rather than standing by passively watching an ill informed media kicking.

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See **HEAD TO HEAD**, p 966

The magic of words

THE BEST
MEDICINE
Liam Farrell

In the small yet dull world of the medical columnist, the use of quotations is considered rather jejeune and naff. Meant to imply a deep breadth of scholarship—that the writer curls up each night with a good dose of Seneca and a tincture of Molière—what it really means is a well thumbed Big Book of Quotations, kept in the bathroom, to be consulted at length while the Great Writer strains away.

But an ear for the telling phrase remains an indispensable part of the columnist's armoury, as it saves us thinking them up ourselves.

When I started practice in Crossmaglen there were no road signs, these having been removed by helpful locals to confuse the army and other officers of the state; confusing the new general practitioner was just a convenient bonus.

So when I stopped to ask directions from a likely chap, I was wearing my stethoscope

prominently, ensuring that I wouldn't be mistaken for the television licence man. He was sitting on a gate, staring aimlessly into the distance, irrefutable evidence of ample local knowledge; one of the immutable laws of the countryside is that the more unworldly you look, the shrewder you are. I was therefore hopeful of lucid advice.

He was glad to be of assistance, though the faraway look never left his eyes.

"You'd be the new doctor then," he said perspicaciously. "Continue on for a mile or so, then deny yourself a right; you'll see a crossroads, keep straight, take the next left at the dead hyena, and the house is right there in front of you, though to actually reach it you'll have to get out of the car and walk in the opposite direction, yeah really, walk away from it, it's counter-intuitive, like the Red Queen in *Through the Looking Glass*, there's a loop in time/space, you

cross the Event Horizon, like in *Stargate* . . ."

The directions continued, but I wasn't listening anymore—I had lost him way back; I was enraptured, in a reverie.

Deny yourself a right! Deny yourself a right? What did he mean? What forbidden pleasures, what glorious vista of debauchery and depravity lay down that country road? What was so tempting that I should have to deny it?

I surfaced eventually, gave him a prescription for antibiotics (the traditional gesture of thanks for services rendered), and drove quickly past that right turn, steadfastly looking the other way, resisting the urge to bury myself in the fleshpots.

As Oscar Wilde said, "The only way to conquer temptation is to catch an embarrassing disease because of it."

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Faking it

Sometimes I wake in a sweat having dreamt that my school exam papers have been marked again, and it has been determined that I failed. As a result, my entry to medical school was invalid and the rest of my subsequent career fraudulent. I shall have to begin my life all over again.

This is a common dream, of course, though I am not sure whether in my case it signifies general anxiety or is a manifestation of what the great political print artist James Gillray called “the horrors of digestion.” He who eats late at night must expect to fail his exams repeatedly.

One of the most remarkable books that I have read in recent years is *The Adversary* by Emmanuel Carrère. It recounts the life of Jean-Claude Romand, a medical student at Lyon who, having failed to turn up for his second year exams, lied to his parents that he had passed them.

He maintained the lie for the next 20 years, passing himself off after his equally fictitious qualification as a doctor working for the World Health Organization in Geneva. He lived with his wife, whom he managed to deceive just as he deceived everyone else, on the French side of the border, going off every day to “work,” that is, to say spending time in the public parts of the WHO building, or in cafes and parks, reading books and newspapers. Sometimes he would claim to have gone to conferences abroad, and would return with jet lag and appropriate presents for the children, but would have spent the time in local hotels. There he would read up on information about the country he was supposed to have visited.

BETWEEN THE LINES

Theodore Dalrymple

He would always begin his presentations on abstruse subjects with words to the effect that “You don’t have to be a doctor to be a neurologist”

He maintained his expensive lifestyle, commensurate with a WHO salary, by using the savings of his parents and others, acting as an intermediary for lucrative investments in Switzerland.

He kept the lies going for many years but when exposure became inevitable he killed his parents, his wife, and his two children, and then burnt his house down, having taken barbiturates, in an attempt at suicide. He was rescued, however, and survived.

The author manages the difficult trick of evoking compassion for “Dr” Romand, while not minimising his crime in any way. What drove Jean-Claude Romand to such a pass? I think it was the ordinary sin of pride, and because we all commit that sin very often we can enter imaginatively into his predicament.

Once when I was in Argentina a man who had been a famous neurologist was exposed as a fraud, as having no medical qualification whatsoever. He really did attend international conferences, where he would always begin his presentations on abstruse subjects with words to the effect that “You don’t have to be a doctor to be a neurologist.” Everyone laughed: how he must have loved to hear scores or hundreds of properly qualified people made a fool of in this way!

After reading Carrère, my dream recurred several times, and for a short time I found myself in a panic anxiously asking, to quote a famous medical student and poet, “Do I wake or sleep?”

Theodore Dalrymple is a writer and retired doctor

MEDICAL CLASSICS

Don Quixote By Miguel de Cervantes

First published in 1605

“Somewhere in La Mancha, in a place whose name I do not care to remember” is one of the most famous beginnings of all books. Doctors who believe that only psychiatrists could benefit from reading *Don Quixote* would be surprised to hear that the 17th century English physician Thomas Sydenham advised the poet and royal physician Richard Blackmore that, to learn medicine, he should read it. And this is because, apart from the famous madness of its main character, there is much medical knowledge in its pages.

In the early 17th century Spain was going through a dark period in which the Inquisition made sure that no scientific ideas were allowed in from the rest of Europe. While in Flanders Vesalius was developing new anatomical and surgical concepts, in Spain doctors continued to use primitive techniques like purges, blood letting, and hot cloths. The public was in general sceptical of the medical profession, and other contemporary writers wrote very harshly about doctors. Cervantes was always fair and praised good practice at the same time as criticising what he viewed as irresponsible actions: “There are physicians that, after killing the infirm they treat, still want to be paid after their work, which is nothing else apart from signing a prescription for some medication.”

This impartial attitude towards the profession, together with his extensive knowledge of medicine, has given rise to various hypotheses—some even suggesting that Cervantes was a doctor. However, what it is known is that his father was a barber surgeon, and young Cervantes was probably expected to continue his father’s trade. Barber surgeons, of lower rank than physicians, gave enemas, applied cups, sold unguents, and pulled teeth. Witnessing these practices and reading his father’s books, combined with his ability as an observer, no doubt contributed to his masterly descriptions. Cervantes’ excellent nosological ability is evident when he describes symptoms and signs of illness. A good example is one of his character’s descriptions of pica: “I suffer from an illness that is usual in some women, who fancy eating soil, plaster, coal, and even

worse things, so disgusting to look at, so much so to eat them.” We can also find many examples of preventive medicine in the conversations between Don Quixote and Sancho, in which spiritual Don Quixote advises earthy Sancho against eating or drinking too much. The novel has plenty of examples of treatments, the most famous the balm of Fierabrás, which contains rosemary among other components and which has terrible consequences for Quixote and Sancho in a famous episode.

Much has been written about Don Quixote from a psychological point of view. Different schools have diagnosed various conditions from paranoia, persistent delusional disorder, and folie à deux to a “healthy reaction to a mad world.” In describing Don Quixote’s physical appearance as a predisposing factor for his condition Cervantes seems to have been influenced by Huarte de San Juan’s *Examen de Ingenios para las Ciencias* (1575), the first attempt to link physiology and psychology. In terms of factors that led to the illness Cervantes is clear: because Don Quixote read so many chivalry novels, “his brain dried up and this way he came to lose his sanity,” which he only recovers at the end of his life. Maybe this is why popular culture compares Don Quixote with passionate love, because, “when love recovers sanity, it is about to die.”

Not surprisingly the novel has influenced famous physicians such as Freud and Santiago Ramón y Cajal. I hope that your love for this book, like mine, never recovers sanity.

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