On hanging up my stethoscope

Oliver Samuel

Today I retired from a career as a family doctor. In the past few weeks the patients have been notified of my impending departure and most of them have been lovely. I have enjoyed friendly farewells and received many letters and cards and I have been struck by how many people with whom I was involved many years ago have taken the trouble to write to say thank you. I used to believe that the only people to show gratitude were those who had been offered a fairly routine service, while those for whom a great deal of time and effort had been spent responded by changing doctors. I know now that this is far from the truth and I have a pile of post to prove it.

I was, however, startled out of my smug pre-retirement euphoria when I realised that almost every day one or two patients who came to see me, often with a minor matter but really to say goodbye, suddenly became distressed and either burst into tears or lost their temper. I had to reflect on why, when most patients were being warm and generous, my impending departure was causing such distress.

I was fielding unexpected strong emotional reactions from some patients for whom I had served as family doctor. These patients were not currently being treated nor were they those to whom I had offered any special counselling. They were just people I had known for a long time and who had shared with me some

of their life crises. I talked a bit more to some of them, really just to allow them to leave my room without the tears still falling.

One lady, a widow in her late 70s, reminded me that her husband had been 20 years older than she was and inevitably had died before her, leaving her to live alone in their large house which she could neither afford to keep up nor bear to leave. I had seen her infrequently but we usually discussed domestic matters as well as her arthritis. She seemed to have taken me on to function as a kind of intermittent shadow spouse. Now that I too was leaving her she was reminded of her earlier bereavement.

"I had clearly continued to serve as an intimate part of their family."

Years ago I looked after another patient's grandmother, who had been concealing an ulcerating breast cancer. Then her mother, too, had a breast lump and refused surgery, but was persuaded to have some radiotherapy. This was successful and she eventually died of old age about five years ago. Although she is older than me, I seem to have been a sort of uncle to the surviving spinster daughter who has had to carry the burden of coping with her elderly cantankerous mother for so long, while her younger sister married and moved away to independence and a young family. Perhaps I am alone in understanding her frustration and loneliness and now I too am leaving.

An elderly man got angry and resentful with me when he came in for the usual blood

pressure pills. He then shed some tears. He has always taken a friendly interest in my career, ever since I took over from his "real" doctor all those years ago. I always show him great respect and indeed affection and, as he has no children, have been quite close and supportive since his wife, who was younger than him, died unexpectedly from a ruptured aortic aneurysm.

For each of these patients I found myself serving their needs as if I was a member of the family. This has been rather more than just acting out a role: it has meant being someone important for them. Sometimes this felt parental or avuncular and with others I was treated like the prodigal son. The sort of relationship depended very much on what kind of person each patient needed me to be. I think that with most of them I had grown into being a kind of intimate familiar over a long time.

With most patients this kind of supportive role has a short duration, just over a crisis, and then it is back to being an ordinary family doctor. But with my upset patients I had clearly continued to serve as an intimate part of their family in a way which perhaps both of us were unaware, at least until the formal notification was sent out to say that I was due to retire.

What was going on was like a bereavement reaction in which I was to become the deceased. My partners were certainly organising a wake to celebrate my professional extinction and while there has been plenty of good will in all this I have had to adjust to my own separation anxieties. I have had real problems too in trying to understand and cope with my patients' unexpected anger at the thought that I will continue to exist but no longer be willing to care for them. It is hard to stop being a family doctor.—OLIVER SAMUEL is a retired general practitioner in Pinner, Middlesex

Becoming a grandmother—Has childbirth really changed?

Ann Oakley

It was a long labour—23 hours from when the membranes ruptured to the birth. But then the length of labour has always been one of the subjects on which mothers and obstetric case notes tend to differ. There are quite a lot of things that mothers and health professionals disagree about, and it is partly because we now understand these better that childbirth has changed so much over the past 30 years.

Women in Britain used to give birth in a horizontal position and in the presence of masked and gowned hospital staff without the support of familiar companions. The dehumanising rituals of shaving and enemas

prevailed. No one was allowed to eat in labour, and walking around or even getting off the bed were unthinkable. And then all the new gadgetry of electronic fetal heart rate monitoring, syntocinon pumping machines, and epidural analgesia arrived to make the labouring mother even more of a hostage to technology. No wonder women complained.

This was how it was when my own first child was born in 1967. And here he was with his partner, Sanja, awaiting the birth of his own first child in a wilting, resource starved London hospital. Sanja comes from a culture (Croatia) that puts more trust in women's experiences than our own, and her mother lives in Zagreb, so she had asked me to be with her during labour. It was not the first childbirth I had attended apart from my own three; my work as a sociologist had included observations of many births. But this was not just any birth. This was the birth of a child I expected to love and know intimately. Why does no one tell you how to be a grandmother?

I thought about this during the long hours of labour, but mostly I thought about social

support. For now we understand that technology is not always good. For example, shaving does not reduce infection and your enema is not always necessary. Even the hallowed practice of withholding nourishment is fairly unscientific. Now we know that social support in labour is associated with less medication for pain relief, including fewer epidurals, fewer operative deliveries, and better psychosocial health for women after childbirth.

The midwives who attended Sanja respected her desire to have Adam and me with her, and they did not seem to mind the stream of other Oakleys and friends who drifted in and out of the fathers' waiting room all night. I did notice that the technology contended somewhat for the midwives' attention, rather as it had in the old days. Several hours, it seemed, were spent adjusting bits of the electronic fetal heart rate monitor. Sometimes it seemed that the machine was more important than the baby.

Childbirth is brutal and bloody. You always tend to forget just how much it challenges a woman's body—and all that paraphernalia of