BORDER CROSSING Tessa Richards

Manners in medicine

We should not underestimate the power of caring

Is Britain the rudest nation on earth? The results of a recent poll reported in *The Week* suggest as much, and as night follows day the idea that schools should teach “good manners” has been floated. Nothing new here then. In 1898 George Bernard Shaw observed, “We don’t bother much about dress and manners in England, because as a nation we don’t dress well, and we’ve no manners.” Centuries before him William of Wykeham enshrined the motto “Manners makyth man” to steer the schoolboys of Winchester College.

When our daily exchange with others is courteous and pleasant, life is enhanced. On days when we are worried, vulnerable, or sick our interaction with others assumes added importance. Shaw was no lover of doctors, but in his day the value of good “bedside” manners (and professional attire) was acknowledged. Sitting by the bed, listening and observing, reassuring where possible, showing empathy where not, were often all a doctor or nurse could offer. Now the black bags contain effective medicines, and the outcomes achieved by multidisciplinary teams are a great deal better. The downside has been an attenuation of the relationship between patients and health professionals, and sometimes it shows.

In February a hereditary peer, Lord Mancroft, made an incendiary speech in the House of Lords. In it he criticised the attitude and professional conduct of the nurses who had looked after him in hospital. He accused them of being not only “grubby, slipshod, and lazy” but also “drunken and promiscuous.” His words provoked uproar. “Peer attacks angels” screamed the tabloids, and Mancroft was castigated by the health minister and the public services union. The reasons for his outburst were explored in more detail in an article in the *Evening Standard* magazine (25 April). The attitude of

his nurses apart, there seems little doubt that the quality of medical care he received was less than optimal and that his experience of being a patient had been harrowing. Pilloried in public, in private he received many letters of support expressing gratitude to him for speaking out.

Reading his description of “dirt and despair” on the ward and the dying man “ignored by staff” rekindled memories of my own. A large operation and a week in intensive care had taken its toll. I could do very little without help; mostly, I just watched. Nurses and other ward staff came and went and clustered round the central station. The faces changed frequently. Observations were taken, drugs dispensed, meals set down, boxes ticked on a mixed ward that was less than clean. Sometimes the sight and sound of fellow patients was distressing, especially at night when piteous cries of “Nurse, nurse” went unanswered. I frequently longed for simple human contact: someone to hold my hand, wash my face, note when I had dirtied my sheets, and pass me my glass of water, which always seemed to be just out of reach. When my (non-medical) sister visited she saw at a glance what I needed. Her empathy and sensitive personal care made a big difference. So did a visit from two cheery medical students who sat on my bed and engaged with me as a person, as well as a patient.

Lord Mancroft put his eventual recovery from his long illness down to the excellent all round care and kindness he received at a second hospital. Excellent well describes my mother’s recent care, too. Facing surgery at 85 is challenging. She wondered if she would survive it. The warm welcome, impeccably clean ward, efficient staff, and clear explanations from a medical team honed by an impressive consultant allayed her anxiety and inspired confidence.

“The quality of a patient’s journey matters as much as where it takes them”

Arguably, the quality of a patient’s journey matters as much as where it takes them. How care is delivered is not less important than the content of the medical package. We know that good basic nursing care and the quality of the relationship between patients and health professionals improves outcomes (*BMJ* 2008;336:967-8; doi: 10.1136/bmj.39535.344201.BE).

Boorish as a nation we may be, aggressive and violent too, not least towards health professionals. Perhaps we get the service we deserve, or better. The latest report from the Healthcare Commission shows a rise in the proportion of patients rating their care in NHS hospitals as good to excellent. But it also points to striking variations between trusts—variation that can scarcely be explained by a clustering of difficult patients or substandard health professionals. Poor leadership and a culture that fails to acknowledge the importance of basic care and respect to patients seems a more likely cause.

Seeking or undergoing medical care is a stressful business. Worry may precipitate or exacerbate ungracious behaviour. If front line staff can muster the good manners that we as patients cannot, it helps. To my mind, simple explanations and apologies for delay are preferable to (usually inaccurate) notice boards in outpatients stating that “Dr A, B, and C are running X hours late.” These are redolent of our airports, as is the unsettling notice that reads: “We will not tolerate any form of threatening or aggressive behaviour towards our staff.” Is this really more effective than the “soft answer” which “turneth away wrath”? Health has many dimensions. Few are not improved by a sensitive, caring, and observant presence at the bedside or in the clinic.

Tessa Richards is assistant editor, *BMJ*
trichards@bmj.com

WHAT'S NEW ON BMJ.COM

Polly Toynbee

John Humphrys

Luke Johnson

NHS at 60 – time to retire or time to renew?

“The founding principles of the NHS—services funded only by taxation and available to all regardless of ability to pay—are no longer relevant in 21st century Britain.”

The *BMJ* has joined forces with independent health charity the King's Fund to mark the NHS's 60th anniversary with a two hour live debate entitled “The NHS at 60.”

It takes place on 25 June 2008, and will be webcast live from 6.30 pm. The debate will be available to view as video-on-demand soon after.

Chaired by broadcaster and journalist John Humphrys, the motion will be proposed by Luke Johnson and Karol Sikora and opposed by Alan Milburn MP and Polly Toynbee.

Have your say by voting yes or no in our online poll. Also read Tony Delamothe's analysis of NHS finances, where he examines the challenges of providing a centrally funded health service, free at the point of delivery (p 1410).

Key opinion leaders on TV

In the world of medicine, “key opinion leader” is the somewhat Orwellian term used to describe the senior doctors who help drug companies sell drugs. Ray Moynihan examines their role and interviews a former insider via video link.

BLOGS <http://blogs.bmj.com/bmj/>

Anna Donald wonders happens to small talk when you have a chronic, serious disease. And in a different communications dilemma, Richard Smith does battle with the telephone systems in various NHS hospitals trying to find out the date for his mother's hip replacement operation. Meanwhile, back in the world of meetings and conferences, Domhnall MacAuley attends the BMA conference on excellence in health, where he hears HRH the Princess Royal prioritise sport and exercise medicine and encourage the BMA to take a central role. And, musing on medical conferences in general, Fiona Godlee wonders why there are so few women speakers at such events and comes up with some suggestions for how to change this sorry state of affairs. Respondents provide a few ideas of their own.

Last week, bmj.com polls asked
“Should patients be fined if they miss appointments?”

You replied:

YES 294 (51%)

NO 287 (49%)

“Should all healthcare interventions be rigorously tested before their introduction?”

You replied:

YES 392 (78%)

NO 111 (22%)

COMPTON COMPLETE

Student BMJ poll:

<http://student.bmj.com/>

Last week's poll asked whether medical students should do nursing work as part of their training.

AGREED 617 (66%)

DISAGREED 319 (34%)

THIS WEEK'S POLL

Are the NHS's founding principles still relevant in 21st century Britain?
Vote on bmj.com
<http://www.bmj.com/#poll>

MOST RAPID RESPONSES

Patient consent—decision or assumption?

www.bmj.com/cgi/content/extract/336/7656/1259

The state of general practice—not all for the better

www.bmj.com/cgi/content/full/336/7656/1310

Obstetricians seek recognition for Chinese pioneers of safe abortion

www.bmj.com/cgi/content/extract/336/7657/1332-a

Diagnosis and management of hypocalcaemia

www.bmj.com/cgi/content/extract/336/7656/1298

MOST READ LAST WEEK

Body piercing in England: a survey of piercing at sites other than earlobe

www.bmj.com/cgi/content/full/bmj.39580.497176.25

Patient consent—decision or assumption?

www.bmj.com/cgi/content/extract/336/7656/1259

The state of general practice—not all for the better

www.bmj.com/cgi/content/full/336/7656/1310

Complexity theory

www.bmj.com/cgi/content/full/336/7656/0

Diagnosis and management of hypocalcaemia

www.bmj.com/cgi/content/full/336/7656/1298