Lessons learnt

Ring fencing of elective orthopaedic beds and simple infection control measures significantly reduced the incidence of postoperative infections in patients undergoing joint arthroplasty, and MRSA was eradicated. As a consequence of fewer complications and more predictable bed occupancy, as well as not having beds blocked for long periods by trauma patients and non-orthopaedic patients, we were able to do 17% more joint arthroplasties without increasing the number of operating lists, beds, or surgeons.

Staff, patients, and visitors had to undergo a major change in culture in order to implement the changes. The senior medical and nursing staff acted as role models in the implementation of new policy, as described by Ching and Seto.³

We acknowledge that the reduction in infection rate was achieved by several factors: ring fencing, simple infection control measures, and reducing the number of agency staff to a minimum. However, the model as a whole shows important and significant results.

This work showed an increase in healthcare associated infection, including MRSA, in an elective orthopaedic ward containing patients from other specialties, including trauma. The importance of the theatre environment on joint arthroplasty has been understood for many years; we have shown that the ward environment is also highly important in the rate of infection in patients having joint arthroplasty.

Plowman et al suggested that hospital acquired infection increases patients' length of stay (up to 11 days per case) and the cost of treatment (£2917 per case).⁴ Although infection in joint replacement

surgery may be caused by direct contamination at the time of surgery, the total infection rates can be further reduced with an appropriate ward environment. We strongly recommend the ring fencing of elective orthopaedic patients and simple infection control measures to reduce the risk of postoperative infection and allow an increase in the number of patients treated.

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Contributors: LCB coordinated the project, collected the data, wrote the paper, operated on patients, and participated in infection control regimens. ELT advised on setting up the study, devised the decontamination protocol, advised on infection control procedures, and devised treatment regimens for infected patients. WWW and JDT devised, set up, and coordinated the project, educated staff in infection control procedures, operated on patients, and advised on data collection. LCB is the guarantor.

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- 1 Amstutz HC. Complications of total hip replacements. *Instr Course Lect* 1974;23:248.
- 2 British Orthopaedic Association recommendation on sterile procedures in operating theatres. London: BOA, 1999. www.boa.ac.uk/BOAsterilerech.htm (accessed 22 June 2004).
- 3 Seto WH, Ching TY, Chu YB, Ng SG, Ong SG. Evaluation of staff compliance with influencing tactics in relation to infection control policy implementation. *J Hosp Infect* 1990;90:157-66.
- 4 Plowman R, Graves N, Griffin M, Roberts S, Swan A, Cookson B, et al. *The socio-economic burden of hospital acquired infection*. London: Public Health Laboratory Service, 2000.

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The Tao of Pooh—a philosophy that changed my practice

My mother in law gave me *The Tao of Pooh* by Benjamin Hoff for Christmas, I suspect because she thought my mentality was suited to the cuddly toy of the title. I dutifully added it to my collection of books to read while on holiday, intending to have a complete break from books and journals about medicine. However, when I settled down to read it, on a sunny beach far from my consulting room, I was struck by its relevance to my work, and *The Tao of Pooh* has made a greater change to my practice than much of my regular medical reading.

Hoff uses the characters from A A Milne's *Winnie the Pooh* books to illustrate and explain the basics of Taoist philosophy, showing how Pooh himself is the epitome of the Taoist thinker, enjoying life with simplicity but not stupidity. The author explains that Taoists try to appreciate, learn from, and work with whatever happens in life, whereas, in contrast, Confucians seek to impose order on a chaotic world and Buddhists see life's tribulations as obstacles to be overcome before achieving Nirvana. He describes how *Tao* is the Way, which can be understood but not defined, and illustrates key elements of *Tao* such as *P'u*, the uncarved block, and *Wu wei*, going with the flow. In case you should think that this book is altogether too simplistic, I should add that Hoff touches on the writings of Lao-Tse (author of the *Tao Te Ching*), Chuang-tse, the poet Li Po, and other Taoist philosophers, giving his own translations of passages from their writings.

While reading the book, I began to see how the NHS is governed by a Confucian hierarchy of rules and regulations that do little to contribute to the harmony of life in general practice. Mischievously, I thought of general practitioners as Buddhists

overcoming the trials and tribulations of the New Contract in a bid to achieve the Nirvana of 1000 quality points. I realised, however, that general practice is a chaotic discipline far more suited to the Taoist approach of going with the flow—the *Wu wei*. In Hoff's descriptions of A A Milne's characters I could see myself striving to be like the learned Owl, whilst actually being a mixture of the busybody Rabbit and the pessimistic Eeyore.

Hoff has shown me how the ideal is to be a simple character such as Pooh himself, the eponymous *P'u*, the uncarved block—accepting life, work, and other people as they are rather than trying to impose order on them. I now seek to accept and move with events as they occur, preferring not to try to impose change nor viewing change as an obstacle to be overcome. This approach spills over into consultations, keeping them simple, letting the patient direct the flow. "Shades of Balint," I hear you say; well, maybe Balint was a Taoist. I use Confucian protocols and guidelines, but I try to mellow them, fitting the protocol to the circumstance rather than the other way round. Above all, I keep things simple so as not to lose the *Wu wei*.

There is a long way to go yet, and I cannot see the NHS, general practice, or myself ever becoming wholly Taoist in approach. However, any dilution of the increasing complexity and disharmony of NHS general practice with a little Taoist thinking must be a good thing. Learning is not wisdom, and wisdom is not learning; however, through reading this book, I think that I have gained a little of both.

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