Snowballs and Acorns: Medicine by Impact

Tom Heller

Diad

It's that feeling

It's that feeling waiting for the on-call call to call
Harsh bleep connects direct to inner brain.
Turfed out of bed
When just about to make love or sleep.

Did you do the right thing
For everyone, every time?
And too much to do in any one day
Every day

Moments on the toilet interrupted
By more bleeping insistence.
Forms to fill in
And forms to order more forms.

Distant people controlling what you do
Diktats from above and demands from below.
A professional sandwich
In the middle of a packed day

Like the snatched snack
Taken huddled over the gear stick.
Ten illicit minutes between visits
In the midday side street

Hoping you won't be recognized
Like four times in Safeway's
Twice at the footy
And while taking a piss at the Odeon

No numbers on the houses
Black scrawl sprayed over street names
Puddles on the floor of the tower block lift
And the illest people live furthest away, that's a fact.

Cold internal fear of blunder
Killing them dead.
Or wrong word in anger
Slipping out in a moment
You are on your own
Don't tell anyone how you feel.
They are too busy caring for others
To care about you.

Be the boss
Control the staff
Run the business
Decide everything

Your car's vandalized
The computer's stolen
A serious brick lobbed through window
Serves as a local greeting

After a day when the computer crashed
While fending off insistent, ignorant health service managers
And half the team's in tears
Home again to await the bleep's bleeping bleep

* * *

It's great being a GP

It's great being a GP, it really is
People come and give you things
Like crystals or polished stones
Or a part of their lives

Little glimpses or great big globs
Freely given
To be savoured and nurtured
And healed if possible

They trust you to look after bits
Not shared with anyone else
Knowing you will treasure them
And be alongside them as they carry their wound

Abused and never told
Of violent relationship
Searching for sexuality
Or functions not working

Accept these gifts
Stay alongside as they go through their darkest times
And care when they come for small things
Because big assaults are shadow-lurking just behind

Chuckle at their babies
They are special.
Each one a glimpse into life's purpose
With limitless potential of pink-podgy limbs

Stay with them while good things happen
Like the birth of a baby
Illness conquered
Or relationships sorted
**Remain with them as disease and pain**
And pus discharges from all places
For we are human
And decay until death

**They let you into their homes**
Like a glimpse
Into warm fleshy intimate parts
To surrender the pink internal decorations

**Those few special minutes**
Behind the closed door
Confessional
Crying the salty truth out loud

**Rich with privilege and power.**
While others have shit jobs
We are challenged
To learn about our central selves

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Patricia Williams, a black woman who rose from humble beginnings in the USA to become, amongst other things, the Reith Lecturer in 1997, recalls her schooldays in an all-white school in the USA where she and her sister were pelted variously with snowballs and acorns, ‘I remember the change of seasons by what they threw at us’ (Guardian 23 January 1997, G2: 4–5). And so it can seem in general practice. ‘In the spring and summer they pelt us with hay fever and rashes from being out in the sun, during the autumn and winter it’s colds and flu’, and just about at any time of day or night a steady stream of ailments and upsets assault the tetchy doctor who may well have virtually no interest in, or answers for, these conditions.

But what of the human beings in these interchanges?

After almost exactly 11 hours at the surgery I arrive home. It has not exactly been an easy day for any of us. My marriage partner is exhausted from her day at work, and the children are under pressure from their schools and friendship groups in various ways.
At least two of us are recovering from flu-like illness ourselves, and the post has brought worrying news about one of our closest friends as well as some other family matters that need our attention. As I put on the kettle the on-call pager goes bleep in my pocket. I always jump when it goes off. I have become conditioned after many years of on-call to jerk and judder into action as the particular high-pitched sound resonates, day or night. I can still get the same reaction if I am surprised when passing Pelican crossings, or even by unexpected bleeping noises on the television. I have been home for about 10 minutes. The call is from a young woman who has recently joined our list and is worried about her small child. 'I tried
to get an appointment this evening, but you were full up. I don’t think it will wait until the morning now. He’s been having coughing bouts and gone blue four times during the day with the effort of coughing. He’s not feeding either and he’s starting to be sick.’ The child may well need some attention. However, I know that the woman is not telling the whole truth. For various reasons there have been spare appointments at the surgery during tonight’s evening session. She has waited until surgery is over so she will not be told to bring the child down, but will have the service delivered to her door. I have a choice of possible ways of reacting. I could make her and her child suffer. ‘You will have to wait until the morning, and I will see him during the morning surgery.’ But this option seems risky and the stories of doctors who have not visited fill the pages of the defence society’s journals. Making the child wait for treatment over a further night also seems rather cruel: it is our (adult) problem not hers. I could work myself into an even more angry response: ‘There were appointments for this evening, you should have brought her down then.’ Would the effort of confronting the woman be more sapping than just doing the visit without making an issue of it? Would the passive acceptance of her statement indicate to her that she can treat doctors like this at any time she chooses? Why does she not see me as a human being, and the service as a potentially decent set-up trying its best in quite difficult circumstances?

What would the holistic counsel of perfection dictate? I should make this situation into a learning experience for myself and for the woman and her family. I should make sure that I understood her psychological make-up and appreciate the ways that she has been treated by authority and statutory organizations throughout her life. I should understand that her social situation is not easy. She has ended up, virtually without education, qualifications or job prospects in a draughty flat on a highly undesirable housing estate where it is hard to survive, let alone give your own children a better chance of improving their prospects than she has had. I should be prepared to explore the possibility that there are features in her individual life story that have made life especially difficult for her. She may have lost her parents at an early age, or been abused by them. No wonder she finds it hard to deal appropriately with powerful male figures who are in authority over her.

Switching quickly into biomedical gear I must also be aware of the differential diagnosis of the child she is presenting to me. Everyone is worried about meningitis since the highly publicized cases in the next town. What are the chances that this child has something serious or sinister? Going blue can be a sign of a heart defect. Have I missed this at a previous examination in our baby clinic? If the child does have an
infection, am I properly set up to establish what this is? Have I got the relevant swabs and containers to send to the pathology department? Is it ‘just a virus’ and if so what role does any treatment have? Am I up to date with the evidence-based medicine which may give fairly full guidelines about ways of treating a whole range of conditions? Should I know what antibiotics are most likely to work if this is a chest infection, or an ear infection? And if the child is vomiting, then what is the significance of this for the diagnosis and treatment? I am aware that I am also straying into a legal minefield with many potential problems awaiting the practitioner. For what is the level of competence that I must display, and what if something does go wrong? I can easily commit sins of omission or commission, and a keen lawyer will run rings round me in the cold light of day.

The new dimension in all this is the financial juggling that will be going on in my mind. What are the costs of this transaction in monetary terms? We have just become a fundholding practice and we have a fixed, and probably diminishing, annual budget for the drugs we use, for the hospital facilities we ‘purchase’, and for the staff we work with. When I see this small child or other members of her family I must be aware of the cost implications of each component of their care. Although the newest antibiotics might well have a smaller risk of troublesome side effects, they may be more than six times as expensive as their routine generic equivalents. Hospital services, laboratory tests, out-patient or in-patient services all diminish our budget. If we overspend on one item of expenditure such as drugs, or hospital investigations we have to make savings in other areas, possibly sack members of staff, or restrict the innovative or preventive work that we try to do. Can we afford transactions like this? Are this family aware of the fact that they are potentially an ‘expensive family’, and that the cost of providing services for them far exceeds the amount that the practice is given under the current rules for looking after them? However ill they are, and whatever their needs, we are given the same amount of money to look after them. Although their flat is in a deprived area, and looks run down to any casual observer, we do not receive ‘deprivation payments’ because these are calculated at ward level, and the ward we serve does have some less needy areas which push the average ‘deprivation score’ above the level that would trigger special payments.

During the visit to the poorly child later that evening the mother, Julia, mentions that she herself has developed a serious heroin habit since being rehoused on to the estate. ‘I just used pot for a while, and then someone from the other flats had some heroin and suggested that I would feel better if I smoked some. It really was great at first, but now I can’t manage without it, and I’m getting into more and more debt and other sorts of trouble. Housing are on my back again, and I think the gas and electricity are about to be cut off.’
Oh dear. It is now nearly 10 o'clock at night. I have been working for over 14 hours with only the shortest break over a rushed tea at home, which was, however, long enough to remind me of my own family's needs. They need a bit of time with me, perhaps some help sorting out a few blips and concerns from their lives, but how does it compare with the problems that Julia's family has? This is the first time she has told anyone in authority about her drug problem and the way that I respond to her may be crucial for their future . . . . Does she know of my special interest in working with drug users? What signals have I given out that it may be OK to talk about her problems as well?

For some reason I often seem to have a special empathy when working with drug users, and at times I reflect why this might be.

*The tearaway I never was:* Here they are the ultimate rebels against society. I am jealous of their rebelliousness. I regret that I never quite got it together to kick against society's pricks in the uninhibited way that many of the drug misusers continue to do.

*I like the power:* If there is always a power imbalance in every consultation then how much greater is it with drug misusers as patients? I can choose to give or to refuse, alter the contract, decide whether to help them or not. Every consultation reinforces my position of authority. I control the oracle, the all-powerful prescription pad.

*Is it the competitive challenge against other doctors?* These people have not been helped by anyone else, nobody can do it as well as I can. Look at my skill in helping these people. I get extra status from being able to cope with this lot and here I am enjoying it.

*Is it compensation for the pleasures I do not allow myself?* What is it like to use heroin? I fantasize that it must be a great buzz. Here I am a vegetarian, non-smoking, virtual teetotaller. Why am I so tightly controlled and deny myself so many pleasures yet feel empathy with people who are defined by their reckless pleasure-seeking behaviour?

*What about sexual attraction?* Within all consultations there is a sexual element. Am I physically attracted to drug misusers more than to other people who come to see me? Is it because the attraction seems so implausible and so unlikely to be acted out, such a deep taboo, that there is some extra chemistry?

*Does it feed the voyeur in me?* There are always stories and glimpses of worlds I have never known when I talk with drug misusers. Tales of the dark side of town, parts of the city I do not know, and deeds and deals that are way beyond my comprehension. It feeds my imagination.

*Am I just bored with other parts of my work?* If one more person tells me that they have had a cough 'since Friday, no it was Saturday',
and expects me to be fascinated I shall scream. Is working with drug misusers a respite from other routines of general practice? Is it all about parenting? Delicate, vulnerable people, drug misusers come for help rather like newborn or recently adopted children. Is it my job to be their parent, to protect them from bad things and to try to be a constant element in their lives? As my own children are growing, have the drug misusers become my substitute little children?

So, working with drug users has given me the opportunity to learn more about myself. But back at Julia’s flat more details are emerging of the life that she has been leading:

‘It really has been hell living here over the last few months. We can’t get out of the flat at all now because some people have started to get aggressive towards me and the kids. A group of the other residents have found out that I have been using drugs and they have been shouting really vile things at me in the street. They call me “whore” and “junkie” and worse. A couple of young lads attacked me with a baseball bat and I was probably lucky to escape with my life. My toddler, Timmy, was cornered and spat at by a bunch of women only last week and I haven’t dared to let him out to play since then. That is why I can’t even get down to the surgery. I’m sorry to drag you out on a night like this, but I am really worried about him.’

The ‘drug problem’ has become worse recently on the estate. Built just after the Second World War, the estate was the proud recipient of returning heroes. They soon got jobs in the steelworks or in nearby coal mines. Their wives created decent homes for their children, who in turn worked for the local council, or on the buses, or followed their fathers into their traditional industries. Over the last 20 years though, most of these sources of ‘secure’ employment have ceased to exist. Only a very small minority of grown-up men have kept their jobs, and many of those who have remained as wage earners moved off the estate when they saw the writing on the wall, literally and metaphorically. The people who planned the estate unfortunately neglected to build in any communal or recreational facilities. It really is just row after row of semi-detached houses and decaying low-rise flats. The solitary row of shops is half boarded up, and graffiti and restless gangs of young people deface the neighbourhood. There is nothing to do and nowhere to go. Life choices for young people growing upon the estate are severely limited. The young women often choose to have babies at a very early age and turn their energies to the next generation in the hope of finding meaning and fulfilment. Children being born to children. The young men have even fewer options. Poorly trained in the local schools, with no real long-term job prospects they seem to have individual and collective low self-esteem and do not seem to be wanted on the domestic scene once conception has been ensured. The choices for them remain the terminal tedium of
insecure, low-paid work or unemployment, madness or increasingly the escape that drugs can bring. The drugs subculture has become one of the few ways that young people can become economically active, and the attractions of this means of escape are obvious.

At the same time many of the traditional ‘helping agencies’ are in an accelerated state of decline. The local authority has virtually withdrawn all facilities from the area. The last youth worker has been ‘redeployed’ to an office job at the other end of the city, and funding priority has switched to a rival estate which had the foresight to stage some rioting a couple of years back. The Social Services department has been reorganized yet again, with the effect that only child protection cases are being followed up. The local church struggles on with a vicar shared between this estate and four others, and no real resources . . . etc. etc. The remaining agencies are the police and the doctors’ surgery.

But what of Julia? She is a deviant. She has chosen to spend all her and her children’s money on drugs. She has prioritized her own selfish needs as higher than paying for the gas and electricity. She has been stealing from shops and occasionally gone on trips to other towns to steal from their shops also. She may have been involved in small-scale drug dealing herself, or selling her body from time to time to pay for her next smoke. Is she the cause or the effect of the estate’s decline? In any event she is an easy target for some of her neighbours, who can release some part of their aggression on her. She is a threat at many levels to whatever collective pride they can muster. What stance does the doctor take? Should I be the advocate for Julia, look after her and attempt to protect her from the community? Does the surgery become the bolt-hole for her and other ‘deviants’, or should the surgery go with the ‘moral majority’ and castigate and punish further people who have fallen on hard times?

In any event it is midnight before I return home. The lights are all off. The family have given up on me and gone to bed.