Senior Fellows Club News
Winter 2022

As I write this it is winter in Edinburgh, and we are near the shortest day in the Northern Hemisphere. The city continues to recover from Covid, and we have the Christmas markets back on Princes Street, together with a funfair and Ferris wheel, which is picturesque from the Mound in the dark of evening. There is also an ice rink at the West End of George Street. Normality seems to be returning as tourists continue to increase. Students, now fully back in university and further education, have also enlivened the city.

As most of you all know, the Senior Fellows Club was formed over 30 years ago, and since that time much has changed. 30 years ago, saw the first ever text (SMS) message, something that is now commonplace in virtually all our lives. Certainly, my children and grandchildren could not live without it.

Similarly, much has changed in the Senior Fellows Club. I do not think the original founders would have considered the possibility of beaming our lectures across the world live by the Internet or storing them for viewing after the event. Of course, this was all started before Covid, but its presence has allowed us to continue through what has been one of the most difficult times in my lifetime, with its lack of social contact and, certainly early in the pandemic, concern that catching the virus could mean serious illness or death.

Some of us have had lasting outcomes. Colleagues have continuing symptoms of 'brain-fog', fatigue and other problems thought to be related to the long-term effects of Covid. Having thought I had completely avoided the virus my wife and I of course caught it about three weeks ago. Viral hubris perhaps? We had been fully vaccinated, and as a result, we are fortunate in recovering towards what goes for normality in your 70's.

In 2022 the Club managed to have the traditional annual guest lunch, absent for 2 years. This was right at the end of our lecture series in May rather than in the normal March. Happily, this coincided, almost to the day, with the 30th anniversary of the Club's foundation. Appropriate celebrations were held. This day is always a highlight as we expand our attendance, inviting our lecturers back and recognising the help we gain from colleagues in the College by hosting this lunch. It is traditionally also accompanied by a small exhibition of artwork and a wide range of hobbies, this year ranging from bibliophilia to jewellery collection and handicrafts.

One sad event has been the resignation of our long-standing caterer Dorothy Rigg.
Many of you will know Dorothy from meetings at the College going back over the past 40 years or so. She was always a cheerful face, and we were delighted to make a presentation on everyone's behalf at the May meeting. She also deservedly received the President's Medal on December 8th.

In October 2021 we restarted meetings in the College depending on Covid regulations at the time. Regular meetings started in 0ctober 2022 and have responded to requests from both club members and speakers that the lecture precede lunch. This means that lectures have been held at 12 noon on the past two occasions. This has been well received.

As many of you will know, and perhaps be inconvenienced by, there have been rail strikes throughout the autumn and winter across the UK. As luck would have it these caused problems for our first two speakers of this term. Most generously they both made alternative travel arrangements to get to Edinburgh. Sadly, some of our regulars were not able to attend because they were stuck without transport. One of the constant worries of the Hon. Secretary is that the speaker for the day may not arrive. In common with my predecessors, I carry an emergency talk in my pocket on a memory stick. I am hoping never to have to use it!

This leads me to explain one reason this communication is being circulated. During lockdown two of our members had the idea of each of us writing a story about themselves and particularly their early careers. These have now been put into an anthology published by the College "Medical lives: Memories and Musings". This is now available from the College (£20 plus p&p). The stories in the book are fascinating, but over lockdown we also realised how isolation affected so many of us, and the Club responded by increasing the frequency of its talks, all of which were on-line. The downside means our list of potential speakers is low. We would hope, dear reader, you might consider suggesting ideas for talks or lecturers, ideally on a non-medical topic.

We realised keeping in contact with colleagues and informing those who are retired and live away from Central Scotland about our activities was problematic. Thus, the idea of this newsletter (of sorts) was born. We also felt that the benefits we had drawn could be shared with other colleagues who live farther afield. This led us to come up with the idea of 'Distant Fellows' as an overarching term to cover those living too far away from Edinburgh to attend in person, whether in the UK or abroad, but still able to watch or catch up on our entertaining lectures.

We also invite you send us a short story about your life, or other short contribution that we might also consider circulating privately to our colleague retirees.

I attach a personal effort below. We would be interested to hear similar efforts from you, in about 2000 words please!

With all good wishes for the Festive Season and 2023.

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The Ward Round- a personal perspective.

As Shakespeare wrote in 'As You Like It

'All the world's a stage,
And all the men and women merely players,
They have their exits and their entrances…..'

I used to think this perfectly described a consultant ward round. Without the actor's skills of personality, projection and ability to communicate, the consultant will fail to engage their patients or keep their junior colleagues' attention. Their efforts will receive a bad review from the critics, their junior staff, medical students, nurses and patients. Yet I was never told how to run a consultant ward round in my training and learned by observation trying to take the best of what I saw.

On meeting the patient, often for the first time, firstly a personal introduction, then a short message as to what was going to happen. This was usually followed by a period of listening to the case history from patient and a staff member with questions as necessary to the patient to cast light on uncertain aspects. Key at this stage is Osler's recommendation, 'Listen to the patient they are telling you the diagnosis.' A review of results and X-rays follows and then a decision on a management plan, further tests, treatments, times for reassessment and if necessary, referral to another specialist for opinion or request for transfer. The last should be an attempt to communicate all this to the patient, ensure they and the staff understand and make sure the notes are accurately updated. This to ideally all happen in as short a time as reasonable, no more than 15-20 minutes. When we went to the New Royal Infirmary of Edinburgh, in 2005, I was able to observe from a distance the time taken for a ward round by younger colleagues could be several hours longer than I would take. These were I am sure much more thorough than my own, but I always worried that by the end of such long rounds everyone present would have lost the will to live! Concentration is difficult to maintain for these time frames. At the other extreme some seemed to be done in minutes, just not thorough enough. The balance is part of the 'art of medicine'.

The ward round has been a traditional institution in British Hospitals for centuries. It can be seen from a number of different perspectives; the Consultant, his entourage, at one time huge with junior doctors, medical students, nurses, allied professionals such as pharmacists, physiotherapists and social workers, and of course, most important but sometimes almost forgotten in the theatrically of the moment, the patient. At its best it is informative constructive and caring resulting in the healing of a patient's physical condition and anxiety. At its worst it is a disaster of miscommunication, confusion and patient misery, or worse. I have participated in all its variations but hopefully never the latter as the one in charge.

Ward rounds of course are not always grand, and particularly in modern times with reduced staff and increased time demands on all members of the hospital team nurses may be just a consultant and their junior.

The character of doctor patient interaction changed over my 45 years in clinical medicine. In 1969 no one spoke if the consultant was doing their round. Patients all had to be in bed with neat coverings. Forty years later nurses had to be hunted out and usually told of plans at the end of the ward round as they were so overworked. This process was liable to lead to miscommunication, as patients often do not take everything in at the time of a bedside visit, as the stress for them can be great. In addition, if they were at all confused the messages often got totally lost. Another problem that was rarely acknowledged by hospital management is that with increasing bed pressures patients were often 'boarded' onto unfamiliar wards. This was almost always a bad thing, as the specialists on the new ward resented their beds being used by interlopers and this was often translated into nurse hostility to the visiting doctors and even worse, the patients.

I can remember my first proper ward round as a student, there were the following staff: consultant, senior registrar, junior registrar, house physician, ward sister, staff nurse, a student nurse and 10 medical students, 5 first and 5 final year. The patient's history and examination were presented to the consultant by a student, with corrections then sought by the consultant from the house physician and other doctors on the team. Sister might be asked for her input too. The consultant might examine the patient or ask them a question behind the bed's curtains and students would try to keep inside them to see. A decision on management was made and transmitted to the patient, ward sister and staff (and the rest of the ward). The round then moved on to the next bed. During the round the consultant would teach on one patient at length, usually in front of them with the rest of the patients clearly able to hear. There were few secrets on a Nightingale-style ward. When all was done the consultant and senior medics would go into the sister's office for either sherry or tea and cakes depending on the time of day. This provided by the sister or nurses out of their pay, not by the consultants. Sometimes patients gave chocolates or sherry to the nurses and if the former we might be allowed one, but generally as students not. As a house physician I was rarely invited into the office by the sister and partook of tea I think only once at the end of my 6 months house physician job.

Ward rounds had moments of comedy too. As a student I remember one eminent very well-dressed physician doing a rectal examination on a patient in his obligatory suit and tie. As he bent down with his finger in a rubber finger stall (covering), not gloves in 1969, his tie somehow got caught on his finger and disappeared with it into the patient's anus. Nothing daunted he got up leaning slightly forward saying, 'scissors sister', which she duly produced, neatly cutting through the tie above the problem. Both tie and finger covering were duly deposited in the clinical waste receiver, and the round continued as if nothing had

happened, with students stifling their giggles. Some of the consultants in those days behaved badly. One I worked for did not like women in trousers and would ban women students from his ward rounds if they were wearing them. I do not know how he got away with it, but we were all very cowed by the medical hierarchy in those days, as we almost all depended on their goodwill for jobs and references.

Ward rounds in other disciplines to medicine were different. Psychiatrists sat round a large room, again about 15 people, and it seemed to me spent hours discussing minutiae of the patient's history and presentation. The decision making here was in terms of weeks not days. Treatments were also very different. I was studying at the start of the great development in psychiatric medication which was revolutionised after 1950 by the introduction of new medicines such as treatments for schizophrenia and depression. These were not the more specific medicines used today but much more widespread in their effects on drug receptors in the body with a great range of side effects. Patients were still given electroconvulsive therapy (ECT) relatively frequently, and I witnessed this on several occasions as a student in London and later a junior doctor during my 3 months of psychiatry in Southampton. It was sometimes dramatically effective, but repeat treatments led to memory loss. It has now virtually vanished as a therapy.

In geriatric medicine, now called care of the elderly, rounds were often conducted in 2 parts, at the bed side and then with the multidisciplinary team of occupational therapists, social workers and physiotherapists. Here the discussion was about physical ability, recovery from illness and rehabilitation, and coping in a non-hospital environment. Matters such as standing up and getting socks and shoes on and off were as important as heart rate and breathlessness. This was my first contact with true holistic medicine.

As a newly appointed consultant physician in Newcastle our ward rounds resembled this model. We did rounds as a team of 2 or even 3 consultants. This allowed exchange of information and took much of the stress off the younger consultants as they could discuss the patient away from the bed. We discussed the patients and then saw them, probably not ideal, as better would be to see each patient and focus on them in a multidisciplinary team. Time pressures now make this a real challenge.

This pattern of care seems to have been largely lost in Edinburgh and probably elsewhere. We actually started to run a regular joint consultant round on the Poisons Unit before I left work, as I thought this was a good way of checking on one's practice and style of ward round, helping younger colleagues, and highlighting older one's bad habits. This requires an openness in the senior and perhaps courage in junior colleagues to say where their elders had erred!

The other feature of a Poison Unit ward round was that it had 2 parts. First the toxicological and medical component, always conducted by me in the late 1990's and later also by others as new consultant colleagues were appointed. The second part was away from the patient and main ward. It was an exchange with one or two consultant psychiatrists, their trainees and specialist nurses and the physicians. We used a large white board to outline clinical plans and then discussed these and any psychological features we had detected in each patient. The discussion was always informative, and I learned a lot, not just psychiatry. The best liaison psychiatrists are superb physicians. After this the psychiatry team would see all appropriate patients and come up with their own plans which were also then added to the board and passed on to the ward nurses.

No doubt things will change as IT takes over in assisting patient care, but the doctor-patient contact will always stay a major and key part of joined-up clinical care. How the ward round will change in future I will not be here to see!

And so, with apologies to Shakespeare, and Jacques in As You Like It: Act II, Scene VII.

The Ward Round

All the Ward's a stage,
And all the men and women merely players;
They have their exits and their entrances,
And everyone in their time plays many parts,
Acts being seven ages. At first, the student,
Learning but hiding, hoping not to be cross questioned.
Second the FY1, with stethoscope
And shining morning face, keeping notes up to date
And booking patient's tests and X-rays.
Third the Core Trainee,
Sighing like furnace, with a woeful tale of long hours and
Miseries of on-call work. Fourth a Senior Trainee,
Full of strange diagnoses and dressed to kill,
Jealous of their consultant's beds, sudden and quick in comments,
Seeking the bubble reputation
Even in the consultant's face.
And then the consultant, mature, refined, with formal style,
With eyes alternate severe and compassionate
Full of wise sayings and modern references; and so they play their part.
The sixth age shifts into the Professor,
With spectacles on nose and iMac at their side;
Their youthful clothes, well saved, a world away

from current fashion; their old projectile voice,
Turning to softer speech, as this makes people listen to their opinions.
Last scene of all, that ends this strange eventful history,
Is physician returning as a patient to their old ward, losing memory, facing the possibility of oblivion,
Sans teeth, sans eyes, sans taste, sans everything.

Nick Bateman 2022