

OCCUPATIONAL HEALTH OPENS UP A WHOLE CAN OF WORMS

‘THE DOCTOR SCUTTLED BEHIND THE DESK AND SAID: ‘I THINK WE SHOULD GIVE YOU A LETTER FOR YOUR GP. YOU SHOULD GO AND SEE HIM RIGHT AWAY – IN FACT, IMMEDIATELY.’

I recently watched a BBC2 biography on the great opera singer, Maria Callas. Respectful it was not, for instance it told how she had given birth to a son by Aristotle Onassis and explained that in her early years she was – oh, how can one put this delicately? – somewhat pudgy.

According to the biography, she then ingested the eggs of tapeworms in order to lose weight. Now, I have known people who have embarked on the Dr Atkins diet and tried the cabbage soup plan, but ingesting the eggs of tapeworms strikes me as a tad extreme.

I have never been pudgy myself, and so far the only medical condition to cause me any concern has been high blood pressure. Correction. I do not actually have high blood pressure, but a long time ago a young doctor, working for Widgets, thought I suffered from it.

At that time, Widgets wanted to diversify into everything. Well, not quite everything since somebody else had got to airlines first, and trains, and fund management, and vodka, and wedding dresses, but into almost everything that was left.

We had diversified into drain cleaning and roof repairs, and looked hard – but rejected – the business models for shoe cleaning and for a mobile service to brush dandruff from the jacket collar. Our craziest leap was the diversification into occupational health.

The idea, I suppose, was that we would buy a bus, paint the Widgets logo on it, and park it in the car parks of companies from whom we had won big, big contracts to carry out occupational health at Widgets head office. We had hired a young doctor, and a nurse/receptionist, and given him a suite of offices on the ground floor between, I think, internal audit and the pensions department. We had invested heavily in a desk and a chair, and an inspection table with paper sheets, and a chart for testing the eyes. Also – I almost forgot – a stethoscope and a rubber hammer for tapping the knees and a set of scales.

At first, visits to the occupational health centre were to be voluntary, but the young doctor must have got bored as he waited for his next company hypochondriac to call. A rota was drawn up, which made a visit to the doctor as-near-dammit compulsory. I reckoned that I was always too busy to spend anytime on this

health nonsense, and I kept swapping my place with those lower in the rota. Eventually, I could not delay a visit any longer.

The young doctor was very keen and anxious to do well in his new practice. He did all the usual things, tapping my knee with his rubber hammer, asking me to read the wall-chart, and standing on his weighing-scales.

“Now,” he said, “I think we will just check your blood pressure.”

In those days, blood pressure readings were taken by strapping a cuff to the arm and pumping away with a pair of bellows. He pumped away, took a reading, widened his eyes in disbelief and pumped away again.

“Do you work in a stressful job?” he asked, trying to keep the panic in his voice under control. I have never been sure whether I should reply, like a big, macho dealer, that stress is for wimps, or admit that I sometimes got frightened by the winking figures on the screen so I opted for a middle-of-the-road, “Uum, it can be stressful at times.”

The doctor scuttled behind his desk and said: “I think that we should give you a letter for your GP. You should go and see him right away – in fact, immediately.”

I took the letter to my GP, whose eyes also widened as he read it. He asked me about smoking and drinking and exercise. Even by lying through my teeth, I had to admit that the answer to his first two questions was a big excess and a big deficit against the third.

“Do you work in a stressful job?” my GP asked. Again I pondered the macho man v sensitive man struggle and again replied: “Uum, stressful at times.” He strapped on the cuff and pumped away. “Don’t worry,” he said, as he read the gauge, “we can treat this quite easily nowadays,” and he prescribed me a little pill to chew daily for the rest of my life.

A few years later I bought myself a blood pressure testing kit. I am fairly honest about taking the readings, although, instead of taking 5 readings a day, for once a month I do a batch of 150 readings, (155 for a 31-day month, but only 140 in February). I enter the readings on my PC, print of the charts, and take them along on my next visit. Each time, a different chart. Sometimes a scatter diagram. Sometimes a logarithmic scale. Sometimes I show a median as well as a mean. Sometimes I let my PC calculate a standard deviation. It’s all very colourful and very comprehensive.

The trouble with all this information is that my GP feels that he must respond to it. He must think that, as I care so much about my readings, he has to be seen to be tackling the problem. A little blip on the arithmetic mean of my systolic, and another little pill is prescribed. The standard deviation of my diastolic wanders, and I now have to chew three pills a day. New information demands new action.

Life was so much simpler before my testings machine and my PC! JF