Reflections

Ten things a ward consultant should never (ever) do

With this decalogue of prohibitions under the belt, it is possible to create an atmosphere worthy of the privileges and duties of our profession

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1. Scream. Screaming is defined as raising one's voice above the level required for soulful conversation between two people in the desert a little after midnight. The only occasion one is permitted to raise one's voice in the ward above this level is when exclaiming "yes!" upon confirming a particularly brilliant diagnosis.

2. Lie. Lies will tear asunder any group, just as an untreated *Pseudomonas* endocarditis will destroy the body's homoeostasis. The consultant in charge of a medical ward is responsible for the virtue of truth-telling. One untruth means a second is possible, and the rot inevitably sets in.

3. Play favourites with patients. On the highest level, a doctor is not so much obligated or dedicated to the individual patient as to the ethics of the Hippocratic oath. Therefore our personal thoughts and feelings are secondary to the ethical obligation of treating a patient irrespective of colour, creed, education, wealth, race, religion, sex, malleability or pleasantness.

4. Forget to ask for help. This is as sure a recipe for disaster as trying to make a waldorf salad without walnuts. An inability to ask for help is due to either an extreme sense of omniscience or insecurity. Either way, the patient ultimately suffers. Conversely, humility is the cornerstone of our profession. The litany of "near misses", mistakes and iatrogenic deaths in medicine requires a dose of humility as strong as the electric shock to restart a stubborn asystole.

5. Override junior staff in public. Humiliating people in public is like killing them, a little, but also forcing them to pay for your inadequacies. In some cultures, the victims commit suicide as a result. Leadership achieved through humiliation is undermined, just as a lytic femoral metastasis degrades the bone shaft.

6. Express anger in front of staff. Anger implies helplessness. Immediately upon losing control and revealing one's sense of helplessness, leadership is severely compromised — possibly fatally. Helplessness implies a lack of personal resourcefulness and a dire need for self-deprecating humour — both of which are essential palliatives for the stresses of the ward.

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7. Abuse patients or family. Just as "the customer is always right", so is the patient always right. How so? Well, we the healers are in a position of unbalanced power (in our favour) and we are under a moral obligation to heal, which overrides any insults to our egos.

8. Despair openly. Inpatient wards are a tough environment. If you are junior and have only a little experience then it can be oppressively tough. Most junior staff survive without hand-holding — but imagine how much more they could get out of this rough-and-ready experience if they were taught and led in real time. The ability to learn about disease and how to survive a patient's death requires an encouraging outlook and a directive approach from the boss. A boss who despairs — or is too cynical, burnt out, bitterly pessimistic or angry — and exudes hopelessness is like concrete cancer which eventually causes a structure to crumble and collapse.

9. Forget to speak to junior staff privately. Once each week, for each member of the junior staff, 30 minutes should be invested by the consultant in communicating one to one. There are no excuses, the reasons are obvious, and the investment offers an amazing return on capital. What to discuss? Debrief tough cases, discuss difficult personal issues relevant to work, provide a few words of encouragement, give an honest appraisal, and offer an opportunity for feedback. Wouldn't *you* have wanted that?

10. Forget to say "thank you". The consultant must every day say "thank you" — as an understanding that this is a good example to junior staff, generates an atmosphere of gentleness from the heart, and expresses a genuine sense of gratitude. Whom to thank? That's easy: the cleaners, the ward helpers, the ward secretary, the dietitian, the nurses, the man who came to fix the computer, the junior staff, other consultants who visit the ward, the porters who deliver supplies, and family members who leave the room during examination. ❑