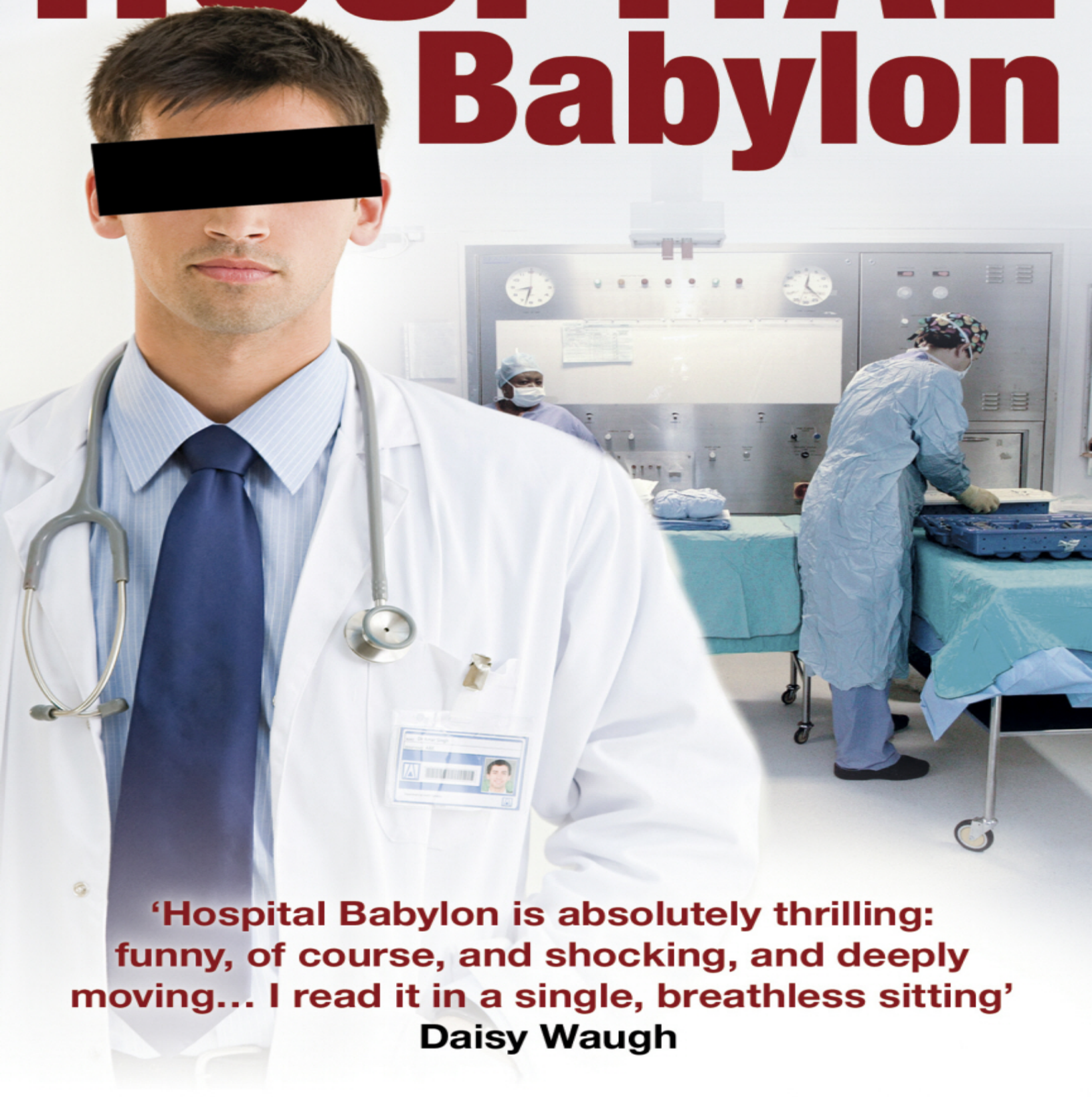
IMOGEN EDWARDS-JONES

& ANONYMOUS

HOSPITAL Babylon



'Hospital Babylon is absolutely thrilling: funny, of course, and shocking, and deeply moving… I read it in a single, breathless sitting'

Daisy Waugh

About the Book

Welcome to *Hospital Babylon*, where patients get lost, the healthy get sick and spare kidneys get flown in from the Indian subcontinent.

Meet the doctors who sleep with nurses. Nurses who sleep with patients. And patients who spit, scream, vomit and fight. There are doctors who pump up breasts, plump lips and steal Class A drugs from patients in cardiac arrest. There's the doctor who cops a feel and Doctor Feelgood, who will give you anything and everything you need…

Now is your chance to find out why a private room costs over £1,000 a night. Who is changing your bedpan? Holding your hand as you go under? What do they do to you while you're out cold? And what happens when it all goes wrong?

Packed with true stories, revealing anecdotes and shocking anonymous confessions from some of the medical world's most eminent professionals, *Hospital Babylon* is a riveting account of twenty-four hours in the life of an Accident and Emergency department. Hilarious and appalling, it will make you think twice about signing that consent form…

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Hospital Babylon

IMOGEN EDWARDS-JONES & Anonymous

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For Jane G

With love and thanks for absolutely everything

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Prologue

All of the following is true. Only the names have been changed to protect the guilty. All the anecdotes, the situations, the highs, the lows, the drugs, the excesses, the waste, the sadness and the insanity are as told to me by Anonymous – a collection of some of the finest and most successful consultants, doctors, nurses and physicians in the country. The hospital, for legal reasons, is fictionalized, but the incidents and cases are real. Narrated by Anonymous, all these stories have been condensed into a twenty-four-hour time frame. But everything else is as it should be. The drunks vomit, the addicts keel over, babies are born and young men continue to shoot and stab each other – and doctors and nurses clear up the mess.

7–8 a.m.

I am sweating and shaking and feeling really quite nauseous. My head is pounding like some shit seventies disco due to extreme dehydration, and if I didn't know better I'd swear I can actually hear my liver screaming. This isn't good. This is not very clever. Even this bus window my head is currently using for support is making me feel ill. I can barely stomach the smell of the tepid bacon sandwich in my bag, let alone eat it. Christ. I haven't felt this rubbish in years.

Normally I am quite professional when it comes to a hangover. Well, at least I was, in the olden days when I worked an almost hundred-hour weekend – Friday morning till Monday evening – with about two hours' sleep a night. Thursday night was party night, even if I did have to work a solid four days afterwards. It was a matter of pride. We used to down as much vodka as we could and still make it back to the halls of residence, where we'd buddy up with a fellow pissed student doctor and spend the next twenty minutes trying to cannulate each other, sticking IV drips into each other's arms with litre fluid bags attached and then settling back for a big old snooze while we gently rehydrated ourselves, so as to turn up at work the next day bright-eyed, relatively bushy-tailed and totally devoid of hangover. Occasionally this master plan would go tits up, so

to speak. If you were one of those restless flailing-around-in-the-bed drunks, you had to be careful. My room mate Julian was one, and I lost count of the number of times he kicked the IV stand over and knocked the bag to the ground, lower than his heart, so that instead of hydrating himself he bled into the thing like some unconscious haemophiliac. We'd wake up the next day and it was like there'd been a murder. Bloody blood bloody everywhere. The worst time was when he lost over a litre and ended up having to do a shift hungover, exhausted and completely anaemic.

Not that it made that much of a difference. Both of us were pretty shit on Friday mornings. We used to do cardiology and eventually the poor bastard consultant got rather bored of teaching us – or, more precisely, dragging us kicking and stinking around the ward as we scratched down some notes and smiled vacantly at patients. No one ever answered him when he posed supposedly intellectually fascinating conundrums. It must have been quite frustrating for the old boy. Julian and I would get through the morning somehow and then carbo-load at lunch in the hospital mess, shovelling in as much fish and chips and ketchup as we could get down our gullets, and then we'd go back to the ward ready for action, redoing the notes and consultations we were supposed to have done before lunch. The only evidence that we had been there before was traces of our scrawled handwriting. We would, of course, have no memory of it at all.

But still, sitting here on the bus, I rather wish I had bothered to root around for a vein last night, as I would be feeling a hell of a lot better than I am now. Even my tongue feels thick and spongy and too big for my mouth. The problem is my girlfriend, Emma, doesn't like IVs in the house. She's a civilian. She works in an office and keeps normal hours and has a normal life and doesn't think that self-medicating is OK, or indeed charming, and I haven't

been with her for long so I am trying to keep on the straight and narrow so as not to scare her away. Put it this way: she hasn't met Julian yet.

Sadly, I haven't seen him for a while either. He's off doing obstetrics down in some provincial hell hole in the south-west, getting in his requisite number of complicated births, or whatever this week's government guidelines are, before he can move on to something a little more relaxing and a little less on the front line. I can't believe he is now specializing in obstetrics and gynaecology, but then he has always been a bit crazy. It doesn't seem very long ago now that he was donning a crash helmet on the roof of the Royal London, about to run like a bastard towards the edge of the building, hoping to hurl himself over its side, into the helicopter safety nets.

On long hot balmy summer days a gang of us juniors used to gather together to get extremely drunk and have barbecues on top of the hospital. We'd pack a whole load of stuff – beer, bangers and IVs – and head for the roof in the hope that the fire brigade didn't ring the red bat phone downstairs and scramble a chopper and the trauma team for some severe incident or other. Anyway, as the sun went down we'd knock back the beers, burn the sausages and get out the propofol. Otherwise known as 'milk of amnesia', propofol is very fast-acting and is used to knock patients out – some, most famously Michael Jackson, a little bit more profoundly than others. We used to race with it. We'd start in the middle of the helipad, put a helmet on, inject the propofol and then run as fast as we could towards the edge of the building before keeling over. The aim was to sprint as fast as you could and flop over the side into the safety nets, to be hauled out a few minutes later as you came round. Fall short, as I did, and you ended up passing out on the roof and grazing yourself on the helipad. Needless to say, Julian got to the nets every time.

He was also, by all accounts, excellent at the Sux Races at one London hospital. These legendary events take place in a particular ward where the corridors are nice and long. Julian and co. would inject suxamethonium, an incapacitating drug we sometimes use before intubating someone, and then run as fast as they could down the corridor before they became paralysed. The person who managed to sprint the furthest before twitching frantically and becoming completely immobile was, naturally, the winner. Total paralysis, but fully conscious with it – a kind of living hell, really. The dangers of the game are obvious. Although try to tell doctors about drugs and they always think they know best. But, just because we're familiar with their names, components and side effects doesn't actually mean we totally understand them.

That doesn't stop us from helping ourselves, if and when we fancy it. I have certainly lifted a few bits and bobs, vials and pills, in search of a good time. Nothing too serious, like diamorphine, which is about two grand an ampoule and requires more signatures than the Kyoto Protocol to get your hands on, but some more entertaining things like the odd canister of nitrous oxide, or laughing gas, to get a party going, or a few GTN patches here and there. Glyceryl trinitrate dilates the blood vessels. It's more usually used to treat angina or a heart attack, but pop one on before sex and it makes the whole thing go with much more of a bang, so to speak. So does Cialis. A milder form of Viagra and prescribed for erectile dysfunction, it is so popular at a mate of mine's shrink practice that they usually run out of their Friday delivery of the stuff by lunchtime. It is so regularly pilfered by the doctors and the staff that last week when he prescribed some for a patient he had to go through his partner's desk to get his hands on a packet or two.

I look out of the window. It's my stop. I'd better get a move on. It may be my last day in A&E but I can't be late. I

say it’s my last day; it is not my last day as a doctor. I have spent the last eight years of my life training to be one so that would be a bit of a waste. It is my last day in this particular Accident and Emergency. I’m doing the eight a.m. to six p.m. shift and then I’m off to another hospital, St Patrick’s, up the road, to do a six-month stint in Acute Medicine before I get sent somewhere else again. But this week it’s all change. It’s all change everywhere in the NHS. It’s the first Wednesday in August. The day when all the new student doctors, freshly graduated from medical school, take up their posts, and also the day when every doctor all over the country who is still training moves. The consultants and nurses stay, but the rest of us, like some huge rotating carousel, are released back into the community and moved on to pastures new. They always say the first Wednesday in August is the worst day of the year to get ill. You are 6 per cent more likely to die on ‘Black Wednesday’ than at any other time of year. Wherever you are in the country, whatever NHS department you are in, everyone is new. The newly qualified junior doctors have no idea what they are doing. And the rest of us don’t know where the toilets are, let alone how to turn the oxygen on, who’s in charge of the morphine, or which is the quickest way to the intensive care unit. It’s like some morbid medical double whammy.

But that’s tomorrow. We still have today to get through first. And it’s raining. It’s supposed to be summer. It’s so typical. It’s not even real rain. It’s drizzling. It’s grey, it’s drizzling, and my head hurts. Still, only one more shift to go and then freedom! Well, perhaps not freedom, but maybe a bit of respect?

A&E is universally acknowledged to be the worst department to work in in the whole hospital, and that includes the renal unit, Geriatrics and Sexually Transmitted Diseases. It is viewed as the worst mainly because it is hard to do a good job. A&E is still about waiting times and

getting people in and out as quickly as possible. All you can do is just enough either to patch them up and send them home or move them through the system to somewhere else. When we call up another department asking for tests or a bed, we are usually met with a long litany of sighs and an attitude of general irritation at the idea of yet another hopeless referral from A&E. Outside the charming confines of medicine, people think that Accident and Emergency has a whiff of glamour, a touch of George Clooney about it, with plenty of striding around, some fondling of a stethoscope, and the occasional helping hand given to distressed women giving birth. But inside medicine they look down on us somewhat. The phrase 'Jack of all trades' gets bandied about a lot, and in a world which is all about specializing and where knowing an awful lot about a thyroid is considered very important, being good at lots of things is not something to aspire to.

Walking through the main entrance to the hospital, I nod vaguely at the dozy-looking bloke on main reception. He looks completely through me. I've only been working here for six months, smiling and nodding at him nearly every day, and still my face draws a blank. I'm not sure what it would take to burn any sort of image into his uninspired brain. I pass the newsagent selling crisps, carnations and cheap faded paperbacks, and on up the stairs to A&E.

Through the swing doors, and the air is stultifyingly thick. I never know why hospitals are always so damn hot. They say it's to keep the old and infirm warm, but I always think, much like they turn the temperature up in aircraft when they want the passengers to fall asleep, they use the heat in here to keep the patients docile.

And then the smell hits me. That hospital smell. Sweet and sickly. A heady cocktail of disinfectant, damp clothes, dust, rotting food, stale breath, urine and illness. Normally I can cope with it, but today it makes me retch and my eyes water. I'll be used to it in a minute. What I wouldn't give for

two litres of Hartmann's fluids and a 1-gram IV of plain old paracetamol. If I am very very nice to Sister, I wonder, might she actually give me some? Then again, I could always pinch it before my shift starts. Although we had an anaesthetist last week who pinched an anti-emetic called metoclopramide to stop herself from feeling lousy; unfortunately she had a bit of a reaction to it and ended up twitching and convulsing on the floor in front of her own patient. Not a good look. I think perhaps I shall stick to a full fat Coke from the drinks machine instead.

Just along the corridor from the waiting room are the staff changing rooms, divided up into sexes, though we share the old tin lockers and rows of school pegs with the male nurses. The nurses have their own lockers but for some reason the doctors have to share. I suppose they think we won't be here long; either that or they think we don't have anything worth pinching. I have to say that I've learnt to bring nothing into this hospital that I don't mind 'sharing' with others. Everything gets nicked here. I don't know who does it. The doctors? Nurses? Orderlies? Cleaning staff? Patients? Anything that is not nailed down or sewn into your pockets gets lifted. iPhones are a particular favourite so I always try and hide mine – not that I have the time to chat or text. Still, as one sanguine old consultant once said to me when his medical instruments disappeared, 'It is a great measure of how good they are.'

I dump my old jeans and T-shirt in a fortuitously empty locker, hide my iPhone in a hanky in my jeans pocket and leaf through the pile of blue scrubs on the bench to find something resembling my size. They are colour-coded around the neck as well as having a coloured cord hanging off the trousers which announces to the world that you are small, medium, large or extra-large, which is fine if you are a bloke but less fine for some of the girls who have to declare their ever-expanding plumpness to the entire community every time they slip on a white large or a pink

extra-large top. We wear scrubs because we are more or less guaranteed to be sprayed in blood, urine or vomit at least once during the shift. The consultants who run the show and are therefore one step away from the general public used to wear suits, or just shirtsleeves – their arms were supposed to be naked from the elbow down for hygiene reasons. These days, however, they have to wear aprons which make them look like senior nurses, or, as one livid bloke put it the other day, 'like we are manning the bloody cheese counter at Tesco'. It is not a popular change, as you can imagine.

But then there are many changes around here that are not at all popular. One of the least popular is the alterations they've made to doctor training. Doctors used to be quite a strong body. We are a bolshie lot, hard to sack and control. However, the way to disempower us is to train too many of us, creating more training posts than there are jobs available, so that we end up in limbo, swilling around in the system, vainly hoping that something will turn up. We get a lot of these limbo doctors in A&E. With no consultancy available to them, they end up working locum shifts here in order to make ends meet.

Although all this is about to change again with the new government's plan. Quite what a huge effect it will have on us is anyone's guess. Some of us are excited, but most are not. Past experience has shown that when it comes to change, the NHS is about as flexible as an 85-year-old geriatric with gout. There are corridors, wings and whole hospitals that are atrophied with initiatives and good intentions. Most of us expect a huge haemorrhage of cash followed by a mad-dash attempt to resuscitate the beast, while the rest of the medical profession watches on, shaking its head, saying, 'I told you so.' Or it could work!

A short walk down the corridor, I go into the common room to eat my now cold bacon sandwich and get a Coke from the drinks machine. It is not the most salubrious of

places with its filthy sofas, biodegrading chairs and ancient botulin-riddled fridge, but it's a place to store your lunch, munch on your crisps, and get the gossip. A clutch of medical posters curl off the wall, alongside lists of pink, blue and green teams for the nurses' rotas, as well as a cork noticeboard filled with handwritten notes about flat shares or lame adverts for yoga, aqua-aerobics or the early signs of diabetes.

'Oh, hello stranger! I can't believe you made it in,' declares a round blonde called Margaret, who is one of the few pretty nurses we have in A&E. She squeezes a Sainsbury's bag in between three Tupperware boxes on the top shelf of the fridge, before turning to look at me.

'Ha ha,' I reply, squinting slightly as I stare into the palm of my hand, looking for the correct change for the drinks machine.

'No, I'm serious,' she says. 'You were last seen dancing to "I'm Every Woman" in a pink Afro wig.'

'Dancing?' I stop what I'm doing. I seriously don't remember the wig or the song or the dance. I don't normally dance. Shit. I must have been extremely drunk.

My heart is now beating a little fast and I am beginning to sweat.

'Still,' she shrugs, 'at least you weren't discovered in the medical store on all fours giving Mr Mukti a blow job like Lorraine in ICU.'

'Dr Lorraine?' I ask, like it makes a difference.

'No, physio Lorraine,' replies Margaret.

'It's always the physios,' interjects the head nurse, folding her arms, as she queues up behind me to use the drinks machine. Short and dark with a bosom the size of a sofa, Sister Andrea is not the sort of woman you want to mess with, in every sense of the word. 'They are quite the party animals.'

'I must say I didn't see any of your lot holding back when it came to the drinks,' I say, remembering trying to elbow

my way through the scrum of nurses who were about two to three deep at the bar.

'Yes, well,' she says, pursing her lips slightly as she looks up my nose. 'At least my girls can dance.'

Making a tit of yourself at the annual mess party is de rigueur, especially if you are leaving the place. Every hospital has a few huge piss-ups a year and the plusher the hospital the posher the piss-up; a few of them, like the Chelsea and Westminster and St Mary's Paddington, even have a couple of black tie or fancy dress balls on top. However, every hospital has a mess that all the doctors and nurses contribute to. Each of us pays a few quid a month into the Mess Fund and in return it keeps us in tea, coffee and toast, and every so often a big fat grand of cash gets put behind a bar and the doctors try to get a few shots in before the nurses steam in and glug back the lot. Although judging by my hangover I appear to have been quite successful last night at kicking those angels into touch.

'At least he didn't throw up, grope any nurses or have sex in the Ladies,' says Louise with a bright white smile, sipping on a Diet Coke at the door. Even dressed in her scrubs Louise is gorgeous. Small and slim, with short dark hair, she is sharp and funny and fantastically clever. This is also her last day in A&E before she goes on to St Thomas's, where she will eventually specialize in maxillo-facial surgery. She is already being groomed for the top, by the slightly sweaty-lipped consultant on the fourth floor, who seems to have quite a line in sexy young Max Foxes (glamorous maxillo-facial girl students) following him around. 'They found two condoms and a Dutch cap on the floor of the toilets this morning,' she declares. Somehow it doesn't sound that grubby coming out of her mouth. 'I know everyone's a bit hot under the collar because it's the end of term, but I would've thought after the dose that went around post the last mess party people might have learnt their lesson.'

‘It’ll be the physios queuing up for penicillin,’ announces Andrea, tapping the side of her nose. ‘Mark my words. By the way,’ she adds, on her way out of the door, ‘the big box of Terry’s All Gold in my office is out of bounds. The parents of that young girl with the broken leg who came in over the weekend brought them in last night and I am regifting to Oncology. They don’t get many gifts in the cancer ward, so hands off!’

‘I am quite happy not to see another chocolate as long as I bloody live,’ says Margaret, her hands very much in the air.

‘You’re safe from me,’ says Louise. ‘I’m not a Terry’s fan.’

You would be amazed by the amount of chocolates that turn up in Andrea’s office. As is obvious from the size of her, she is the one who usually takes care of them. It depends where you are in the hospital as to what sort of gifts come your way. The nurses in Maternity get given chocolates but they also get money, as some cultures believe in tipping the midwife, or whoever is around at the time of the birth. Consultants always get champagne. Lots of champagne. I remember Julian telling me that when he worked in IVF for a few months, he got three bottles of Moët in his first two weeks. The senior old boy consultants who have private practices and efficient Rottweiler secretaries always talk about acceptable and unacceptable presents. Whisky is. Gin is not. Wine is. Vodka is not. And champagne is always, obviously, gratefully received. The lovely consultant I was with last year would joke about his wisest cancer patients waiting five years before turning up with a cheque made out to his favourite charitable foundation to say that he had done a good job.

I watch Louise putting her delicious-looking Marks and Spencer lunch in the fridge, and take out my cold sandwich. I am just about to sink my teeth into the dry white crust when a junior doctor comes running into the room. His face is bright red and he is sweating with panic.

‘You! And you! Who the hell is on duty here? It’s all kicked off in A&E. There’s some bloke in reception having a fucking stroke!’

8–9 a.m.

The panic is over by the time I have put my sandwich down, drained my can of Coke and made it into the A&E waiting room. The flapping junior doctor had managed to get most of the department to drop everything and run to his rescue, and the poor bloke having the stroke is totally surrounded by willing and very able pairs of hands and is being wheeled past me straight into an empty bay to be hooked up to the monitors.

Weirdly, strokes are quite a common early-morning presentation. Normally the stroke has occurred at some point in the night and the person wakes up unable to move an arm or a leg. It is, however, quite unusual, I have to admit, for someone actually to have the stroke in the reception. Then again, I have ceased to be shocked and surprised by anything that goes on here.

I poke my head into Andrea's office. She has her broad back to me and is typing away at the computer. She senses me behind her and stretches across a plump left hand to protect the large box of Terry's All Gold on the edge of her desk. I can almost hear her growl. One of the corners is squashed. She clearly hasn't guarded them that well, I think, as someone's already dropped the box on the floor.

'I have eyes in the back of my head,' she declares.

'I am not interested in your chocolates,' I reply.

‘Well it’s not my body you want,’ she says, spinning around in her chair, her hands resting on her round stomach, her short legs crossed at the ankle.

I put on my sweet, vulnerable, butter-wouldn’t-melt face. ‘I was wondering if you have any paracetamol?’

‘That all?’ she asks, swiftly opening her top drawer and fishing out a couple of white pills which she then drops into a nearby white paper cup before handing them over. ‘You’re the third person to ask me this morning.’

‘Thanks,’ I say, knocking them back in one.

‘You need water,’ she says.

‘Mmm,’ I agree, a little too late.

It takes me a couple of eye-watering gagging gulps to get them down.

‘How is it so far today?’ I ask eventually, wiping my eyes and nodding across towards the A&E waiting room.

‘The usual mix,’ she shrugs, her back once again to me. ‘Someone’s already complained that the man with the stroke jumped the queue, so I directed them to the CDU.’

‘That is naughty!’

‘I know!’ She laughs.

The CDU, or clinical decision unit, is where we put people who are cluttering up A&E. We follow what is known as the Manchester Triage system, which is a way of assessing patients as they arrive in the hospital. The administrations nurse or receptionist notes down the symptoms and gives each patient a colour. Red means you will be seen immediately and is usually something life-threatening. Yellow is serious, but you won’t die if you have to wait a bit. Green is minor, and if you are given blue you may as well go home because no one is going to give you the time of day this side of Christmas.

After you have been allocated a colour, the long wait begins. However, due to government guidelines no one is allowed to sit in the A&E waiting room for more than four hours, hence the handy use of the CDU. It is just another

place to put patients to sit, a place where there are no time limits to their sitting and no other edicts as to what will happen if they sit there too long. They have officially been processed and are no longer in the A&E system. Some patients, mainly the drunks, are put there for the whole night. It is basically a nice warm place for them to snooze and sober up before we kick them back out into the world in the morning. If you are not drunk and asleep, the CDU is a bad place to be.

'You on with me today?' asks the lovely Louise as she breezes past me.

'Yup.'

'D'you know which consultant?'

'Let's hope it's not Rob,' I reply.

Louise raises her eyebrows and gives me a small nod to show that she understands exactly what I mean.

Rob is charming and nice and great company but he is an old-school surgeon with a bit of a coke problem. In his early fifties, he was once brilliant and now isn't. He is great to work with, or rather safe to work with, until about lunchtime, then he gets too wired to make much sense and usually has to disappear or be disappeared for the rest of his shift. If he has been up all night, which does happen fairly regularly, he thankfully doesn't come into work at all. He calls in sick, or just doesn't bother to show. In any other walk of life he would have been dismissed long ago, but because he is a consultant and because he was once really rather good, everyone covers for him and he gets paid not to turn up when what he really needs is a kick in the pants and a stint in rehab. But hospitals are littered with people who don't pull their weight. The rarefied world of the consultant means that they answer to few, and just so long as you don't kill anyone and are seen a few days a week walking through the wards with a clipboard and a concerned look on your face, then you're still in business.

I follow Louise into the consultation area. Ours is one of those old Victorian hospitals that really needs knocking down and rebuilding instead of being added to and made over every decade, which is what every successive government has done for the past forty years. We are a big old teaching hospital with such a fine and distinguished reputation that nobody can bear to close or relocate us. So when we need some more space for another department with some more beds, we expand into neighbouring houses or office blocks. What we would all really like is a huge great purpose-built place like the Chelsea and Westminster with an atrium and a carpet and a sexy café meet-and-greet facility, which feels more like a shopping centre than a place for the sick. But, sadly, we are old and buggered and short of space, light, equipment and adequate ventilation. Everything is a bit crap and run down and has seen better days, including A&E. We have ten cordoned-off bays with pale-green curtain divides, and another six to eight private rooms where you can actually close the door. There doesn't seem to be any particular logic to where each patient is put. You would think the more serious the case, the more private the room, but these private rooms are quite hard to get big groups in and out of, so if you are at death's door and awaiting the crash team, the best place to be is a bay. It's quicker to get more hands on the deck and there is significantly more room for people to jump up and down on your chest.

I walk over and check the computer to see who is next in line. Your work rate, or ability to get through the list of incoming patients, is monitored, so a high and quick turnover is the order of the day. There are some doctors who cheat the system and deliberately choose patients who have been referred to A&E by their GP. They are known as 'medically' or 'clinically expected' and are much easier to deal with than the morass that is the unfiltered general public. Their cases have already been 'worked up' and gone

through, which means they slide through the system so much more easily. They do not really qualify as an A&E admission, but once clicked on on the computer system they count as your patient and make you look super-fast and efficient. You can admit them and send them on to the relevant department before your next-door neighbour has even got round to taking his patient's blood pressure.

'This is June,' says Margaret, as I look up from the computer. She takes me by the elbow, hands me a clipboard and ushers me towards an old lady lying on a trolley. 'She is seventy-six years old and fell on a slippery wet pavement this morning on her way to post a letter. She's hurt her hip.'

'Oh, right, thanks.' I look down at the notes and then down at the patient, a rather sweet-looking old lady with a tight grey perm. 'Hello, June,' I say, leaning over and using my special slow and loud old-lady voice. 'I am—'

'I may have fallen over,' she interjects, 'but it hasn't affected my hearing.'

'Oh, I am sorry,' I say, taking a step back and smiling. There's life in the old bird yet, I had better cut the crap. 'Where does it hurt?'

'In my hip.' She winces, shifting on the bed.

I start to feel around the top of her leg as gently as possible. The last thing I want to do is make her feel more uncomfortable than she is. 'How long ago did you do this?'

'About half an hour ago, I think. My neighbour found me in the street. I live on my own, you see.'

'I see.' The joint is already quite swollen, the feeling of a break unmistakable. 'On a scale of one to ten, how bad is the pain?'

'Ten.' She's looking me straight in the eye and I can see she isn't kidding. 'And I have had three children.'

'I am afraid to say that it is a break. I'm not sure how bad just yet but we'll send you up to X-ray and have a look at it.'

She nods.

‘Do you have anyone you can call? Someone who can be with you?’

‘I think my neighbour is calling my youngest,’ she says.

‘That’s good.’ I smile. ‘And we’ll get you something for the pain.’

I tap the back of her cold, dank, thin hand and her other hand grabs hold of mine.

‘Thank you,’ she says, both her voice and hands shaking.

I have to say, of all the orthopaedic injuries, a hip fracture is my least favourite, mainly because the outcomes are so poor. There is the terrible statistic that 70 per cent of patients who fracture or break their hip die within two years – something like 1,150 people every month in the UK. This is mainly down to the obvious fact that if you fall and break your hip, your balance and therefore your health cannot be very good. And neither, of course, can your bone density. The other reason hip injuries are so often fatal is that the pain of the fracture means the patient stays in bed, and doesn’t move. It hurts too much even to cough, so they don’t. The lungs fill with mucus, the mucus breeds bacteria, because bacteria love that sort of shit, and before you know it you have pneumonia. And from there, the only way is down.

I look at June and think about her three children and hope that she is one of the lucky 30 per cent who make it. She looks quite sprightly and with it. Perhaps it was just this shit August drizzle that got her, and not her lack of balance at all.

Margaret disappears off to call the orthopods, or orthopaedic surgeons, to get one of them down for a second look while I fill out an X-ray request form. I am tempted to write down JFDI on the form – just fucking do it – to see if I can get them back any quicker than the usual two hours, but I think perhaps it’s a bit early in the morning to start bullying people. I’ve a long shift ahead of me and I don’t know when I might need to call in a favour.

‘Broken hip?’ asks Louise as she stands behind me waiting to use the computer.

‘Yep,’ I say. ‘Poor old thing.’ I find it quite hard to concentrate when she stands this close to me.

‘Christ, we used to get three or four of those a day in Eastbourne.’

‘That’s OAPs for you.’

‘We had nine in one night once.’

‘Nine?’

‘It was icy and windy. Some old biddy was blown over on the promenade and another was chased by seagulls and fell over.’

‘Either that or she had been at the sauce.’

‘They’re dangerous things, seagulls.’ She smiles at me. ‘I was attacked by one once, pecked me on the head. I think it was after my fish and chips.’

‘How long were you in Eastbourne?’

‘Six miserable months in Orthopaedics.’

‘Oh yeah.’ I nod. ‘I remember you saying.’

‘I was fresh out of medical school. They were a bunch of tossers in Orthopaedics. I’ll never forget one of the surgeons asking who was assisting him in theatre that day, and I put my hand up. He sighed and rolled his eyes and said, “God, I may as well be on my own then.”’

‘The sexist!’ I say.

She looks at me, confused. ‘Sexist? No, it was nothing to do with that. It was because I was fresh out of college,’ she snaps, picking up her clipboard and bustling past me.

Oh. I stare at her swinging hips as she sashays through A&E. I was just about to tell her about my time in Bognor, at the Bognor Regis War Memorial hospital, when I was also a shiny new junior. All hospitals, despite their specialisms, and the roaming nature of the doctors that populate them, are only ever really a reflection of the community they serve. So, for example, Coventry hospital, because it is at the intersection of the M40, M1, M42, M5