



Chris Ellis

Written by Chris Ellis, a family physician from KwaZulu/Natal, South Africa.

Correspondence to:

Dr Chris Ellis,
e-mail: cristobalellis@gmail.com

Boring for Medicine

In the late 1990s there was a flurry of excitement as CME and CPD points were introduced and we all furiously started doing MCQs at the end of journals and attending CME lectures.

The first lecture I attended was an evening one given by two very well meaning medical school lecturers. The audience was heavily weighted with middle aged general practitioners and some of us were approaching our sell by date. I sat between two delightful female general practitioners. It was all very pleasant and cosy but I soon realised that something was wrong when I noticed that my companion on my left had fallen deeply asleep with her head on her hands and my companion on my right was doing some serious nodding off. With a cautious glance around I noticed that the rest of the audience was in no better shape.

As GPs we must be a very difficult audience to speak to as our needs are so different to the medical student or specialist.

Every now and then I still occasionally attend a stultifyingly boring lecture that is usually given by some eminent doctor. Over the years these lectures have always given me some reassurance that the art of sleep induction by boring lecturers is still alive. This is because I too, on several occasions, have attempted to get into the Olympic Medical Boring team.

I was once flown down, from my home in Pietermaritzburg, to speak to the doctors of the Eastern Cape in the town hall of Port Elizabeth. It was in those jolly days when the pharmaceutical industry was allowed to sponsor our meetings. They were those naïve weak-willed days before we became all proper and ethical.

The audience arrived in the foyer of the town hall at about 6 pm after having been working in their rooms and clinics all day. The pharmaceutical firm had set up a drinks area and wines from the Cape and G and Ts were liberally dispensed.

It was in the days before the current slick power point presentations and I had a series of colour slides to show them. Inside the hall it was nicely warm, the lights were turned off and I started to drone on about my subject.

After about twenty minutes I felt, rather than heard, a gentle rhythmic murmur coming from the semi-darkness to which I was speaking. It eventually dawned on me that the soft rhythmic noise was the sound of an audience which had subsided into community snoring. I had reach maximum on the boredom coefficient scale.

I decided, fairly quickly, to shorten the didactic part of my talk and turned the lights on. On a brief survey I managed to count at least five doctors who were deeply asleep. They were not just nodding off or bleary eyed. These chaps were in foetal positions and dribbling. One was almost in Cheyne-Stokes respiration until the lights woke him into a choking session.

Afterwards I mentioned this annihilation of the audience to my host. He suggested that I had, perhaps, missed my calling. Had I ever considered a career as a stage hypnotist?