Central Relief

In the 1960s, as a medical student in London, I occasionally worked as a telephonist for one of the first GP deputising services. The small offices were above a Greek restaurant in Soho and the agency was called Central Relief. There were usually two medical students manning three phones and a large map of London on the wall in front of us. We covered most of Metropolitan London.

The set up was that the GPs, for whom we covered, would ring in from their surgeries at about 5 pm and switch their phones over to us until 7am the next morning. We had about four or five locum doctors in cars who roamed about London and would call into us from the old red British telephone boxes on the pavements (this was long before mobile phones). Our responsibility was to work out whether the call was an emergency or not and if an ambulance was needed or whether the call could wait for one of our locums to call in and get the directions to go on a house call.

In many ways working as a telephonist for an after hours service gives one a very good idea of what general practice is like and whether one wanted to go into general practice. The variety of calls was amazing and as the night went on the aromas from the Greek restaurant rose tantalisingly up the stairs. Exotic smells of Mediterranean cuisine lingered around the ringing phones, which became increasingly busier as the pubs closed.

I was always interested in how some of the medical students I worked with were "naturals" at handling calls. There is a sublime art to the telephonist's trade. The telephone operator's equivalent of patient-centred care. The ability to convey a caring attitude, to calm the patient, to sound completely in control and to efficiently reassure and organise the resources available for the patient are all qualities needed in a medical consultation. There was no "all are operators are busy, your call is important to us" in those days.

One of the things that I found strange was that many people did not know where they lived. I would ask them for their address and they would say that they lived in Railway street in Wimbledon but on checking on our wall map I would inform them that there was no Railway street in Wimbledon. There would then be some muffled talking heard in the background and then a suggestion that they might live in Clapham and so it went on. One night I got called by a chap and he really did not know where he lived. He asked me to hold on and ran out of his door, ran down to the end of the street and read the street name and returned breathless but triumphant with the name of the road.

It is well known that the telephone gives one a certain anonymity and patients talk and discuss problems in a different way and in a different idiom compared to a face-to-face consultation. One night a Cockney woman rang up and was obviously somewhat embarrassed about the situation at home and in a rather la-de-da accent said that "her son-in-law had been making excessive sexual demands on her daughter and the end of his courting tackle was injured". It was difficult to imagine what exactly was going on in Clapham that night.

The telephone also helps us get our thoughts in order. You have to think on your feet or at least on your ears. It is an exercise in information gathering and information processing. I can almost hear myself thinking as I try and explain a patient's condition to a consultant over the phone and at the end of the conversation I have often solved the problem by having to put the condition in some form of coherent order and verbalise it. Conversely you can hear the patient at the other end of the phone becoming more reassured after the conversation and the explanations.

It is remarkable what you can tell or deduce about someone who is speaking to you from the other end of telephone. The tone, the loudness, the hesitations, and the emphasis on the words all help one to form an impression of the speaker in one's mind's eye. They even say you can hear a smile.

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