

The Wrong Side of the Bed

Chris Ellis

Not much has been written on the effect of getting out of bed on the wrong side. From my personal scale I have estimated that there are at least five days in the year when one should not get out of bed at all. There are many more when one lands on the floor on the wrong side. Although we don't like to admit it the quality of care we give depends very much on whether we have dextro or laevorotated as we arise.

There are of course many factors that influence whether one is on or off form. These include one's biorhythms, the state of the hormonal cycle, whether Jupiter is in accordance with Aquarius and the level of retroorbital fermented grape juice.

Once in an outburst of innovative and sagacious originality, I suggested to my long suffering partners that at the beginning of each day we let our receptionist know in what mood each of us were in.

I went out and bought some little round stickers of three colours; green, yellow and red. My enthusiasm for the project was unbounded. I noticed that my colleagues had already assumed resigned expressions that indicated that they were preparing to humour yet another whimsey and hoping it would be a short passing one.

I suggested that as each doctor came into the surgery in the morning they selected one of the coloured stickers depending on what quality of humour they were in. Each one would put an appropriate sticker under his name in the appointment book above the column of patient's names.

Green was for *go*. I am on top form. The biorhythms are all in conjunction. The wife is happy. The hangover is minimal. Load me with anything you like.

Yellow is *Ambivalent*. I'm about average today. I can take it but not too much. The toleration index is at fifty percent. I can be made to smile under the right circumstances.

Red is for *Danger*. Don't touch or speak to me. When is tea time? Oh God, not Mrs Van Der Merwe and Mrs Johnson one after the other. No, I'm not signing the repeat prescriptions today.

Not surprisingly after a month most of the green stickers were still in the box and (good fellows that we all were) so were most of the red.

I had actually thought of an even more in depth proposition but had not been sure of the forbearance of the chaps.

If one could communicate how one felt to the staff perhaps one should do so to the patients as well. I mean, why shouldn't the patients know what sort or mood their doctor is in?

My recommendation therefore is that there is a *Doctors Mood Barometer* on a board in each waiting room. This will enable the patients to assess and choose who to consult on the day.

I give as an example:

Dr H Smith and Partners. Family Practitioners.

Recommendations and Specials of the day.

Dr Harry Smith is our recommendation for today. Since his outbursts of last week his temper is much improved. He has restarted his beta blockers and the anti-inflammatories are helping his lower back pain. As our senior partner he has reached that serene age of stability and equanimity. This is today's choice for those who need time and an experienced hand.

Dr Elsie River is premenstrual at the moment. If you are depressed or irritable it would perhaps be better to give this one a miss today otherwise skin diseases are welcome.

Dr Dan Hauser has a small strangulated pile and will be sitting in his chair with a slight list to port. He is only recommended for short simple cases today.

Dr Albert Falls has had a good breakfast and appears in form. A morning appointment would be best as he tends to fade after lunch.

With the patients knowing how the doctor feels and adjusting accordingly, who knows we might all feel better.