

The ABC tragedies: Part one

BY PETER CACKETT

“In the midst of tragedy, we start the comedy”
– Agatha Christie, *The ABC Murders*.

Throughout a career in medicine, we are often faced with tragedy. One of the coping mechanisms is to use humour to navigate the mini everyday tragedies that we face. This Halloween, I bring you my ‘ABC Tragedies’ – an alphabetical list of mini nightmares with a touch of humour experienced by me throughout the year. Some relate to my career and others simply pertain to daily life. Hopefully, dear reader, some if not all of them will resonate with you. The ABC Tragedies will be presented in three parts.

A – Advertisements: ‘A’ could easily have been for ‘Appraisal’ but that particular nightmare will be covered in detail for a future instalment. In my youth, when there were only three TV channels, only ITV had adverts. Back in the 80s, these adverts were almost part of the entertainment. The Yellow Pages ‘French polisher’ and ‘JR Hartley fly fishing’ adverts are both good examples of heart-warming and engaging stories told through the medium of advertising [1,2]. Many of them were also funny, such as the Hamlet cigar photobooth and John Smith’s acrobatic dog [3,4]. Since those Halcyon days, however, there appears to have been a gradual transition to making really annoying adverts. The most annoying of which and universally disliked is the opera-singing Go Compare series. Apparently, marketing companies have employed psychologists who have discovered that annoying adverts stay in the mind longer than entertaining ones. Planting an emotional response in the brain, even if it is uncomfortable, is the key to success in advertising. Marketing companies have turned adverts into psychological warfare. For me, these annoying adverts just put me off. I am increasingly paying to go advert free on various platforms. However, as suggested by the *Why Don’t You?* TV show, the best way to go ad free is to turn off the TV!

B – Brussel sprouts: “Hey Cackett,” I hear you saying, “you’re picking on a humble vegetable now?” I make no apologies though. My feelings align with the British Navy Captain Wayne Keble of the HMS Bulwark. His aversion to Brussel sprouts was so great that he called them the “devil’s vegetable” and banned them from his ship. Moreover, in medieval times, it was believed that evil spirits resided between the leaves of the vegetable which would cause illness in anyone who ate them. I have always had a problem with this vegetable since early childhood. Unable to chew them let alone swallow them, I would try and hide them under my knife and fork at the dinner table. Even now in adulthood, I despair with their reappearance every Christmas. I do conform to tradition and cut a cross in the base of them. For taste or superstition, I’m not convinced it makes any difference [5]. They are still ghastly!

C – Car parks: I know car parks are pretty much a necessity in life but they can drive me to distraction. The hospital car park has caused issues for the whole of my career. The first problem is that there are never enough spaces. If I want to be guaranteed a parking space, I have to get up at stupid o’clock. Leaving home

at a reasonable time results in a lottery. If one isn’t available then parking the car on a grass verge or a yellow line is required, inevitably resulting in a ‘telling off’ note firmly stuck to the car from security. The indignity of having to pick and peel away at the sticker for a couple of weeks afterwards adds insult to injury. To be allowed to legally park in the hospital car park requires the additional burden of an annual permit application – another energy sapping administrative task added to my life. Don’t get me started on the public car parks in Edinburgh. Okay, do get me started. They are all so expensive that remortgaging your house is required to secure a spot. It has been reported that it is actually cheaper to park illegally in Edinburgh on a yellow line and pay a parking ticket fine than it is to use some of the car parks. I would take the bus if that didn’t entail a whole host of other nightmares.

D – Drones: Traditionally a way of escaping from the hectic life has been to head into the wilderness to go hiking, scrambling and rock climbing. Reaching the top of a mountain to sit down and take in the view has always been a highlight for me. This summer, my eldest son and I travelled to Glencoe to climb one of the most iconic of Munros, Buchaille Etive Mor. As we sat down at the summit cairn with our packed lunch looking out over Glen Etive, the peace was interrupted by the sound of not one but three drones buzzing overhead. So much for escaping to the tranquillity of nature. Nowhere, it seems, is sacred from these devices. Not only are drones being used for breath-taking Instagram pics, but they are also being used in modern warfare. I expect that one day swarms of them will herald the arrival of the terminators in a future AI-initiated apocalypse. Yes, ban all drones now to save us from this Armageddon!

E – eHealth: This is the department in my hospital trust responsible for all things computer related. I often hark back to the days when I first started out in ophthalmology in the late 90s – it was much simpler then. The outpatient clinics involved turning up, reviewing the patients and dictating letters. Job done. Now we have computers in the clinic rooms with the purported benefit of facilitating the management of our patients. Admittedly there have been some benefits such as being able to access imaging remotely. However, others such as being required to document every action for each patient are just tiresome. One of the main problems is that each piece of software requires a different password. Furthermore, each password has to be updated every few weeks. I don’t know why this is the case as not even my bank account password needs updating. Ever. Anyway, the problem is that I can never remember my latest password, which means I am regularly on the phone to eHealth to get a new one. Then in the time it takes for me to consult a patient I have been logged out of the software again. Breathe and hold. Then exhale. And repeat. Now, what was my password again?

F – Fun size chocolate bars: As stated by every five-year-old, there is nothing fun about ‘fun size’ chocolate bars. They are small, not fun. An extra-large chocolate bar would be fun. F could also stand for ‘faulty advertising’. We are continually being sold false

dreams in all areas of life. See the many previous references to a career in medicine in the Pete’s Bogus Journey column.

G – Gantry signs on the motorway: I know you were all expecting G for General Medical Council (GMC) but that has already been covered in a nightmare of its own. Gantry signs are an unusual one I grant you. I spend quite a long time commuting and part of this is on the motorway. The messages which are displayed are either bad news related such as ‘Congestion ahead’ and ‘Accident – lane closure’ or ‘Can you see to drive?’ and ‘Keep a safe distance’. With regards to the health and safety messages, they all seem so pointless. Can you see to drive? Well, if the driver can’t see to drive, they will not be able to see the gantry sign. ‘Don’t take drugs and drive’ will not stop drug users from doing just that. The people in charge of the gantry sign messages would be better off displaying positive messages to cheer everyone up instead. Maybe, ‘Use the force’ or ‘Roads? Where we’re going, we don’t need roads’ would be suitable alternatives.

H – Health and safety: For this broad topic, I will concentrate on the Bare Below the Elbows (BBE) policy. This is the requirement for all healthcare workers to be BBE during direct patient care [6]. This was implemented throughout the NHS in January 2008 by Alan Johnson, the UK Secretary of State for Health. However, studies show no significant difference in bacterial counts or pathogen presence between healthcare workers adhering to BBE and those not [7]. There is also a lack of evidence that the policy actually reduces healthcare-associated infections. However, the policy is strictly adhered to and any lapses such as the careless wearing of a wristwatch are severely reprimanded. Therefore, we all adhere to this blanket policy despite it not being supported by any scientific evidence. It’s a good example of “It’s health and safety gone mad!”

I – Illness: No one enjoys being ill, but as a doctor there is an additional burden when you call in sick. The outpatient clinics and theatre lists that either need to be cancelled or taken on by your colleagues weigh heavy on your conscience. Whilst at home trying to recover, you think of all the jobs that you need to do. Once you recover, you are back to work, facing the extra

administration tasks that have accumulated whilst you were off sick. The best illness I ever had was when I was six years old and off school for a week with chicken pox. Just a few itchy spots and I got to lounge around all day. Drinking Lucozade, reading *Whizzer and Chips* comics and watching *The Flumps*, all whilst being pampered by my mum was perfect. Almost as good as Ferris Bueller’s fake illness-inspired day off. They don’t make illnesses like they used to.

There you have it, nine mini nightmares for this year’s Halloween. Next year’s Halloween instalment will be brought to you by the letters “J” through to “R”. Until then I will leave you with the quote from the filmmaker Tim Burton:

“Every day is Halloween, isn’t it? For some of us”

References

1. <https://www.youtube.com/watch?v=iKb3J9mctlo>
2. <https://www.youtube.com/watch?v=r2TiINcIT8k>
3. <https://www.youtube.com/watch?v=rIYMID5qCdE>
4. <https://www.youtube.com/watch?v=KkBIIzCLmQQ>
5. Cutting a cross in the base of the sprouts may have more to do with superstition than improved cooking as it was thought to drive evil spirits away in medieval times.
6. There are exceptions to the rule as wedding rings are not deemed to be an infection risk. Go figure!
7. Willis-Owen CA, Subramanian P, Kumari P, Houlihan-Burne D. Effects of ‘bare below the elbows’ policy on hand contamination of 92 hospital doctors in a district general hospital. *J Hosp Infect* 2010;**75**(2):116–9.

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