Ed Bonner considers
The case for... and against
Touching

We live in difficult times. Wherever you look, and often in places you don't, somebody with a vested interest in not being sued will be drafting a law. It will relate either against doing something particular, or ensuring that you do. Like taking kids to football in your car even if to school without a proper police clearance certificate, like having every electrical appliance in your practice certified as being safe every year. Like having to record every last detail of every conversation or deed if you are a professional.

We've got commissions for everything, and every time someone like Shrimpton or the Soham Two rear their ugly heads, the apes de luxe cacophony begins: we must protect our children; we must protect our precious places. Protection is the new antibody: whenever you can give someone a protection, then some nasty thing will not happen to them, or they will not be infected by an evil lurking out there.

We can no longer give our second-hand electric equipment to a charity store to sell, even if it is carrying a current certificate, because this is against the Rules of Health & Safety. I'm not against Health & Safety, I am simply saying we need rationality. Do not touch

There is a knock-on effect of this nannynism. It affects the way we relate to our patients. We can now only be carers verbally, not in a tactile way. If a little child comes in terrified and crying to your surgery (as they do), do not even think of putting your hand onto their heaving shoulders unless you want to appear before the GDC and become labelled as a molester. Or worse. Not only should you not rest your instruments for a fleeting second on your female patient’s chest, you should not go within a nautical mile of said area. Not unless you want to be charged with sexual assault and end up with a police charge in court. I am not a support of suggesting that it is proper to do such silly things, merely saying that in these troubled times one needs to be ultra-careful. One does not wish a brush with the GDC or the law.

I mentioned that being caring verbally was ok, but actually it’s not. If you make a remark to a patient that they can take out of context (or worse, in context), they will do exactly that and have your guts for garters. Comments of a racial or sexual or agist nature can land you in the hottest of waters. I have no problem with that, but be wary even of telling someone they have a beautiful smile lest the purpose of your complement be misconstrued.

By the same token, thou shalt not touch thy staff, lest they become discontented, and cause you to lose a friend, or even a patient. Keep your hands off their shoulders as they sit at their desk in front of you, even when you feel the need to show kindness, warmth, sympathy or gratitude.

A touch of nostalgia

I miss the days when I could be nice to my patients and staff, touch their arms reassuringly when they were in fear, and put my arm around a staff member who has just received bad news without fear of repercussion. I miss the days when doing such a thing did not land you in court, nor your name in the local newspaper, which is happy to pay the supposed victims for their stories. I miss the days when the first reaction of a patient or staff member was not mistrust. I miss the days when wearing a ‘white coat’ or its equivalent was a badge of honour, not an unpleasant incident about to happen. I miss the days when I thought the primary purpose of the GDC/GMC was to protect its practitioners as well as the public. I miss the days when what I did was appreciated rather than regarded with suspicion.