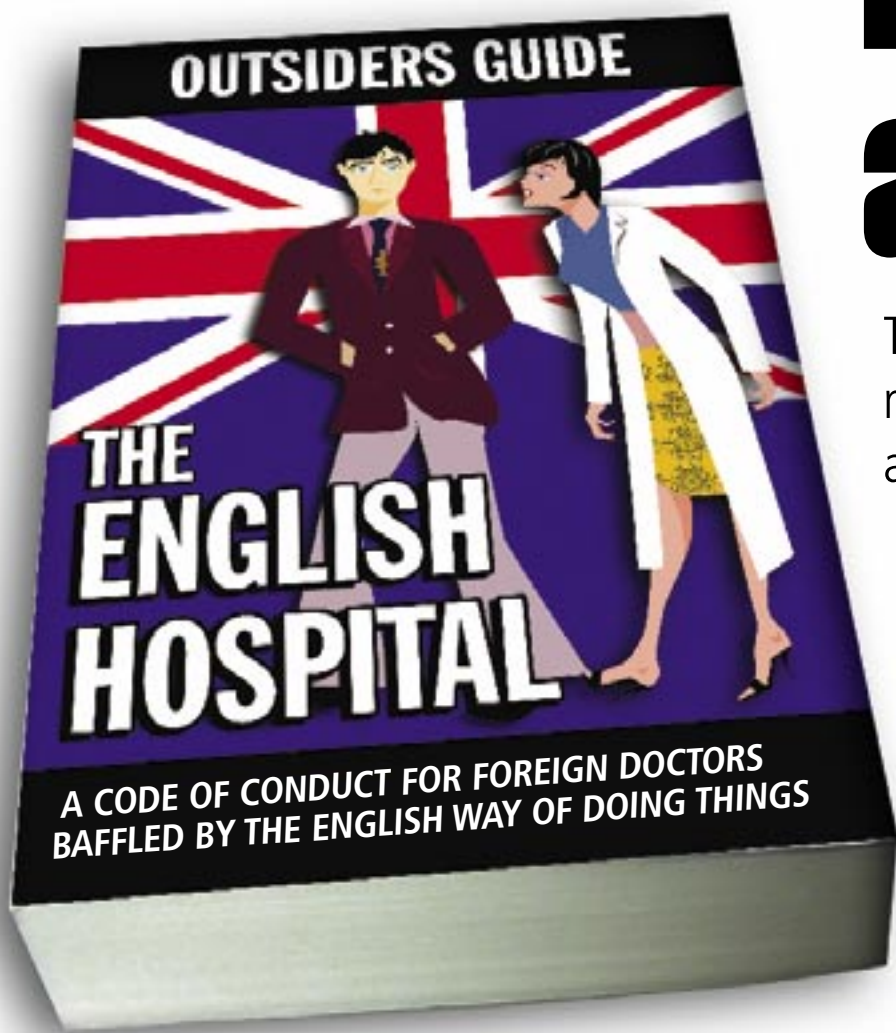


## MEDICAL ETIQUETTE



# How to get on as a foreigner

The behaviour patterns of English doctors have long mystified those arriving from foreign shores to work alongside them. Dr Monica Lalanda offers a guide

If you're an English doctor, drop this article now. This information is for outsiders only. The author takes no responsibility for hurting anybody's Englishness. You have been warned. And if you are a foreign doctor and think you will ever be able to fit in, drop this article too. You are just naive. No matter how long you spend in this country, the only people who ever fit in are the genetically English-born. However, you might be able to adapt by understanding and even emulating them. It is worth trying. In their favour, the English are

extremely tolerant people and do well to cope with so many of us. Bless them.

Here is some guidance for those who want to adjust:

#### Dress code

White coats are totally out of fashion, but theatre blues are popular in many specialties. Doctors in surgical teams love to walk around in full gear. If you are a surgical trainee, go for lunch wearing as many items as possible. Keep hat and face mask on. Drag your named white clogs. Splashes of blood are highly stylish. The exception is the orthopaedic team:

bone doctors take particular pride in their clothes. Wearing anything less than a Giorgio Armani suit is not in.

There is no strict dress code any more, so you can pretty much wear what you want. But take care to look English. If you are French, Nigerian or Italian, best leave your usual clothes at home. If you are German, you'll be OK. Here are a few fashion tips: ■ Young female doctors should show as much flesh as possible, regardless of the specialty or time of year. Belly piercings are good;

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■ Young male doctors should not own an iron. Spotless shirts are effeminate. If you have to buy a new tie, be sure to spill some coffee on it;

■ Flowery, loose skirts are good, particularly if you are overweight. But sandals are only good when combined with woolly socks.

#### Corridors and lifts

As you walk along the hospital corridors, keep your eyes fixed to the front. If you see somebody you've briefly met before, look to the opposite side and pretend you don't know them. If it is someone you know quite well, you should display a big smile and ask 'Are you OK?' The translation of this is: hello. Do not answer. This is not a real question. They don't want to know. To salute back, simply say a very effusive 'Fine, fine – and you?' Even if you have just been diagnosed with cancer a minute before or your husband has just left you for your best friend, you should never be less than 'fine'.

If you are in the lift, go in and out without saying hello. If you are Spanish, avoid starting the usual lift conversation and do not look strangers straight in the eye. That is very rude.

Any accidental physical contact should be immediately followed by a sheepish 'Oh, I am sorry'. This is crucial, particularly if bumping against somebody else wasn't your fault. Say 'excuse me', 'please' and 'sorry' all the time, particularly if you don't mean it.

If you are stuck in the lift with somebody you know and have to say something, the weather theme is always a winner. This is by far the favourite topic among English people. If you are Czech or Polish and you are used to extreme weather with little fuss, change your habit. Familiarise yourself with terms such as drizzly, damp, sticky and drenched.

#### Doctors' mess

The word 'mess' has a double application. It is a staff room for the doctors but should always look a complete mess, too. The coolest way to finish your sandwich is to make a ball with the wrapper and then throw it at the bin from your seat. If it falls to the floor, just crack a little joke, but under no circumstances pick it up. Leave your newspaper and empty cup on the table when you leave.

The hospital will be the only place where you can introduce yourself by name and job. Enjoy it. Outside the hospital, simple information like that is seen as highly confidential. Don't go into detail and never ask anybody about themselves. The only acceptable pieces of

information to share are those about pets and cars. Personal problems do not exist except in internet conversations. If you have a real itch to feel human, go to any doctors' forum. The same people who are always 'fine' suddenly come alive behind their computers and discuss the most unbelievably personal issues.

There is a lot of talk about exams and interviews in the mess. Remember that, for Englishness purposes, you are never studying enough, you are never well prepared. If you fail, make little jokes about it, but if you pass, say it was just pure luck.

#### Hospital canteen

Never jump the queue for food. This is an unspoken rule. However, if you ever risk it, you'll be surprised to find that nobody will dare to confront you. Refusing a cup of tea and jumping a queue are the biggest sins you can commit. A cup of tea (no sugar and a bit of milk, please) and joining the longest queue are good signs of adjustment.

Eating times are confusing. Breakfast is the only meal with clear timing. Lunch can be called dinner, but so can tea. Don't bother to ask for clarification. This is just like the rules of cricket – English and complicated.

When it comes to the food, remember that here you eat to survive. It is neither a social occasion nor something enjoyable. The best English food is the Italian, the Chinese and the Indian and always available at the hospital canteen. However, to blend in with local colleagues, have a large bag of crisps, a chocolate bar and a can of Coke. A sandwich is acceptable, but never home-made. Buy one and then moan about what a total rip-off it was.

#### Speaking to patients

The reaction when you introduce yourself tends to be pretty uniform. First the face moves into the 'Oh dear, you've got a funny accent' mode. This includes semi-closed eyes, frowned eyebrows, exposure of the upper teeth and slight but distinct movement of the head forward and upward (the sniffing position). It is a basic English reflex and means your accent requires extra attention and a big effort by the listener. They just have a congenital predisposition to struggle with accents. It is the E chromosome. Avoid long introductions. Use simple words and speak very slowly: 'He-llo-I- am-a-doc-tor.'

Get familiar with ways to describe intimate parts or embarrassing actions. This is all highly personal and so extremely difficult for English people to be open about. The 'down below' and



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the 'front' and 'back passages' are not caving terms. Having 'the runs' is not about a marathon. John Thomas and Willie are not relatives. A suppository has the same effect as offering a limb amputation. The days of the month are not the weekends and the waterworks aren't pipes.

Inpatients don't get visitors but lots of get-well cards. As a general rule, English people prefer printed cards to chat. The choice of cards is tremendous: 'Happy Birthday to my mother's third cousin', 'Good luck at the dentist', 'Condolences for the loss of your parrot' or 'Have a lovely funeral day'.


Patients' medical notes can be a complete nightmare. The problem is not the language, but the lack of it. You need to get familiar with the hundreds of usual, unusual and absurd medical abbreviations, for example NFN and FLK. If you are able to understand these non-PC ones, get yourself a cuppa.

#### Social activities

You'll find lots of organised nights out, birthdays and leaving dos. For the hospital ball, girls should get a disproportionately dressy ball gown and talk about it for weeks with the nurses. For guys, a bow tie is a must. To be dressy enough, imagine you are attending a royal evening wedding in your own country. You'll be just about right.

On any night out, drink like a horse and get so drunk that you cannot remember how you got home. Most importantly, talk about how drunk you got for the next few days. Boasting about being drunk (boozy, plastered, paralytic, stoned, legless, etc) is very English.

If you go out for a beer with other doctors, remember you are in for as many beers as all the others. There is no escape. But do not expect to make English friends. They live in a circle difficult to break into.

You are now living in England, working in an English hospital and treating English patients. Remember, English people are as good as anybody else but find it really hard to engage with other human beings. This is surely the biggest problem of living with the English. If you can't handle that, pack your suitcase and go back home 'cos they ain't gonna change, mate. 

#### Recommended reading

*Watching the English. The Hidden Rules of English Behaviour* – Kate Fox  
*A Manual of English for Overseas Doctors* – Joy Parkinson

*Dr Lalanda is a staff-grade doctor in A&E at Leeds General Infirmary and originally comes from Spain*



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