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## VIEW FROM PRIMARY CARE

## “UR WLCM”

P C MacBerry

“So, well, it’s like, well book innit.” Through my headphones I’m expecting to hear a university-educated voice ask me to “Please repeat this phrase”, just like when trying to learn any new language. I’ve been forced to try this method in an attempt to understand what the ‘yoof’ of today are talking about. This way I can help them and also can satisfy the demands of the NHS’s ‘You’re Welcome’ strategy that wants us all to “improve our services and be more young people friendly”.

There’s no way I can do this unless I understand what on earth they are saying and, indeed, ‘where they’re coming from’ – which I’m sure is usually straight from their bed, if their state of dress, general coiffure and vocal clarity is anything to go by. Which is why I’m now listening to an iPod™ – I’d of course heard of these but had no idea what they actually were, or did – and to phrases my teenage god-daughter has kindly recorded, blue-toothed and podcasted to me, or so she says. I’ve no idea what any of this means either. I’ve acquired this iPod courtesy of registering with an online medical education site. Well, I didn’t actually register; my neighbour’s 9-year-old sorted that for me.

So we have to make health services more friendly and get in tune with the kids of today, do we? I’m struggling with this. Removing my tie and leaving my top shirt button undone has left me feeling rather exposed. In all the confusion I forgot my trouser belt the other day only to be greeted by whoops of laughter and cries of “Easi, Doc”, “You looking buff, man. Serious” and “Appreciate” from the young people in the waiting room. Apparently my trousers clinging for dear life to my hips, exposing my undergarment elastic, had ‘made it large’ – I wasn’t going to complain about that kind of compliment I thought. But honestly, I don’t know how those lads manage to keep their trousers where they are, and whilst moving too, albeit in a way that adds epididymo-orchitis to the list of differentials. Extraordinary. I came close to more ‘priceless’ moments like this until I managed to find yet another use for a stretched condom.

Forget all this ‘make them feel welcome and at ease’ lark, what young people need is to smarten up, sit up straight, and speak clearly. A year or two in the military wouldn’t go amiss. It would teach them some discipline and the skills of appropriate penetration, timely

withdrawal, and the importance of barrier protection. After all, there’s a war on apparently, between two local gangs it would seem. Not the most dangerous by all accounts if their ‘tags’ are anything to go by: the ‘Apples’ and the ‘Blackberries’. Obviously there’s some serious rivalry and point-scoring going on here because it’s becoming the norm for some of these youngsters to want their STI test results sent to their ‘Blackberry’. I daren’t ask which gang a person belongs to but I do hope that their request for this is a demonstration of some responsibility, making sure those they may have exposed to infection are alerted and contact traced. Of course, if they belong to the ‘Apples’ then this is only going to discharge further inflammation.

I do realise that coming to a clinic such as ours may be intimidating and embarrassing for some. So one step we took to make things easier was to place chlamydia tests in the ladies’ and in the gents’ with a ‘Please take one’ sign. Five minutes later they were all gone. We subsequently learned they were being sold on eBay™, where you can allegedly buy anything. Another innovation was to encourage young people to bring a friend along, for support and to help them feel more in control. Of course that doesn’t always work either. I was pleased to reassure one young lady that her problem was thrush, and that it was easily treated. She understandably felt a little taken aback when I explained the treatment was a pessary. I had hoped that her friend would have been a help here, but no “He says you gotta put it up in you tube” was her response. My patient looked even more alarmed: “I don’t want everyone to see what I’m doing!”.

Since the trouser escapade had been so surprisingly positive I did try repositioning my comb-over so it flopped over one eye but it really didn’t achieve the desired effect. It behaved like an elderly penis rather than a youthful one that springs about as you move. I couldn’t see half of what was in front of me anyway, and I looked a right ‘tweet’ I think someone said.

Whilst this latest NHS strategy remains non-mandatory I’ll continue to do what I’ve always done: to do my best for my younger patients with what knowledge and skills I have. As always, I’ll offer them the widest choice of services but I’ll still persevere with getting to grips with the barriers that come between us. OK, back to the ‘Avatar Patient–Doctor Consultation Training Programme’:

“Oi. You ‘aving a LARC?”

“Fank you, Doc.”

“UR WLCM.”

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