

The oblique view



We continue our series in which Consultant Interventionist Dr Michael Norell takes a sideways look at life in the cath lab...and beyond. In this column, he looks at the changing fashion for neck wear in and out of the theatre.

The ties that bind us

It is unavoidable that the following piece will court danger by being seen as a 'man thing'. Nevertheless, I feel obliged to proceed in the interests of healthcare generally and infection control in particular.

A gradually emerging phenomenon concerning male neck wear has been evident for a few years. (Its subtlety may have escaped the larger proportion of gentlemen who leave for work only after the morning ritual of facing a mirror and securing a selected length of material around their neck. The knot – of variable size and shape – is centred directly under their Adam's apple before their shirt collar is turned back down with a triumphant 'flap'. Job done! Dressing was then complete.)

Well, not any more. The days of the neck tie – at least in hospital practice – are numbered.

Its origin, at least in terms of male tailoring fashion, is obscure. I speculate that, perhaps like the waistcoat, it was a device employed by the portly to give a more attractive impression of slimness. The roving eye of the interested female or less interest-

ed (hopefully) rival male professional would begin at the face and then be drawn all too rapidly down the mid-line under the chin to the lower limbs. Shirt buttons, straining to burst free, were hidden from view and sufficient attention would not be paid to the all too protuberant waist. This ploy would be even more effective if the tie was broad and particularly if flared at its end.

What's in a knot

More recently, fashion trends have disguised the original sartorial purpose, whilst the knot might be symmetrical and might discreetly cover the top shirt button, this arrangement does not apply to TV football pundits or rugby players interviewed fresh from the post-match shower. Here, the geometry of the knot is more of an irregular rhomboid than a triangle, and the dimensions are sufficient to completely obscure the entire neck (if indeed one was present in the first place).

As for design, there is no limit. We buy, or choose to wear, a particular pattern or motif depending on our mood at the time, but this moment may not necessarily

extend into the working day. It is a tad inappropriate, if not a little disconcerting, to have a major set-to about the clinical risk of closing HDU beds with a boardroom full of senior managers, while they can all see the words 'Smile if you're horny' hanging in front of your shirt.

Could it have been Sir Richard of-Branson, the annoyingly successful entrepreneur, balloonist and modern day 'adventurer', who first prompted this trend? Here is an infinitely wealthy individual, whose slight lack of charisma is made up for by an uncanny resemblance to the classical depiction of Robin Hood, and who chooses to be seen in all aspects of the media in an open-necked shirt and a woolly pullover. I suspect that robbing the poor to pay the rich allows indulgence in style although, admittedly, if he were to sport a patterned silk Hermes and a Windsor knot under his beard, he would indeed look ridiculous.

Well-respected colleagues have appeared – and even indeed, presented – at recent cardiological meetings, with the top button of their shirt unfastened. (What the . . .?!). You may have also observed

that the more flamboyant amongst them have adopted the combination of a jacket over either a polo shirt (acceptable) or, in some cases, a black (usually) T-shirt. The latter combination can look unfortunate as, with the imaginative addition of two cleverly positioned bolts, the result is something akin to Herman Munster.

Fashionably housing infection

Dressing etiquette apart, the wearing of ties is now a hot medical topic. Currently, hospital managers are seeing ties, in addition to other haute couture items, as clothing which may be cleaned sufficiently infrequently to provide a potential infective route of transmission for the more fashion-conscious superbug. That is not to deny the practical aspects of such accessories that can disadvantage certain medical specialities; gynaecology and gastroenterology are two well-recognised examples in which far-sighted (or more likely, short-sighted) enthusiasts have taken to sporting bow ties instead.

How is this to impact on cardiology? (Certainly ties have been banned from our

cath lab for some time as they often clash with the blue scrubs and get entangled during catheter exchanges.) As for the ward, however, I suspect that, in the near future, we shall see more hygiene-motivated changes, which will not only be confined to our dress sense. White coats, never as crisp, clean and starched as regularly as originally intended, are a thing of the past. The days of green medicuts (I guess venflons are the modern equivalent) gathering dust – and goodness only knows what else – in the top pockets of the ‘crash team’ are long gone. Perhaps stethoscopes,

pens and those old fashioned ‘ECG rulers’ (remember them?) should be individualised to patients’ beds rather than to their attending medics or nurses.

Bug-busting attire

Why stop at neck wear? Suits also may not be dry cleaned as frequently as our infection control matrons may demand. This will require ward-based staff to don scrubs, which is often the case now anyway. Rather than interpret these initiatives as threatening our individual right to express ourselves in the style of our choice, we might instead see

such directives as an opportunity to create a whole new NHS clothing range of ‘high performance’ ward attire. How about snazzy, Trust supplied, polo shirts – sporting an appropriate logo, of course? As with the track suits of football managers, they could also display the wearers’ initials, like JM for Jose Mourinho (just in case a Chelsea striker didn’t know it was actually his manager yelling at him). On the back and in even larger print, could be embossed words like ‘CONS’, ‘SPR’, ‘SIS’ or ‘SOCWR’ (social worker, of course), in order to avoid confusion during any fren-

zied clinical activity on the ward.

So what might one predict for 2007? I suspect more undone shirt buttons, an increase in open neck shirts and far fewer ties. Just as long as they are not replaced by medallions.

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