

### BREAKING BREAD TOGETHER

During a recent meeting at a major hospital, I visited the staff cafeteria, and was reminded of comments made some time ago by an eminent hospital doctor that "these cafeterias are meant to make us all one happy family".

But a happy place it certainly was not! There were few doctors, and hospital staff were scattered in small cliques. Conversation was muted, laughter was absent, and a sense of depressive detachment pervaded the place.

Now, backtrack to the 1960s and 1970s when most hospitals had doctors' dining rooms. Physicians and surgeons, visiting and full-time doctors, junior and senior resident staff all regularly "broke bread" at the same table. Conversations were animated and turned mostly on current clinical experiences and everyday management. Doctors learned from each other, sharing expertise and motivation. But, more importantly, the "breaking of bread" in the spirit of collegiality nurtured a sense of belonging.

The doctors' Common Room was another place for professional and social interaction. Doctors retired there after ward rounds, seeing outpatients or labouring in theatres. Consultations and other business was arranged, and doctors learned from sometimes heated debate and uninhibited questioning over tea or coffee and sandwiches. Tips for sitting the examinations of the Royal Colleges were passed on to younger aspirants, while battles were waged on the billiard table — the room forged the hospital's *esprit de corps*.

But no longer. The industrialisation of medicine and the egalitarianism of the workplace has destroyed all this. Now doctors are broken into small groups, meet perchance in the carpark, and rarely break bread together. *Esprit de corps* is practically extinct.

Is it not the time to reverse these eventualities? A "Return of the doctors' Common (and Dining) Room" campaign, perhaps?

  
Martin B Van Der Weyden

### LETTERS

- The expanding phenotype of cystic fibrosis**  
514 Janine M Smith, Edwin PE Kirk
- Obtaining consent affects the value of the Western Australian autism register**  
514 Emma J Glasson, John Wray
- Are the Australian guidelines asking too much of the Pneumonia Severity Index (PSI)?**  
515 Patrick G P Charles, Michelle Ananda-Rajah, Paul D R Johnson, M Lindsay Grayson
- 515 Kirsty L Buising, Karin A Thursky, James F Black, Graham V Brown
- The Australian Government's Review of Positron Emission Tomography: evidence-based policy decision-making in action**  
516 Nat Lenzo  
517 Robert E Ware, Hilton W Francis, Kenneth E Read
- Medical education and hard science**  
518 Kevin L Forbes  
518 Paul G McMenamin  
519 Martin B Van Der Weyden
- Managing medical indemnity: must we choose between quality assurance and risk management?**  
519 Lionel L Wilson  
520 Paul Nisselle
- Missed peptic ulcer: a salutary lesson**  
520 Kevin B Orr

### BOOK REVIEW

- 491 **The health of refugees. Public health perspectives from crisis to settlement**, reviewed by Rohan Vora

### OBITUARIES

- 503 George Michael Eckert by Allan J McLean, Lisa L Demos, Constantine G Berbatis  
504 Marcus ("Marc") de Laune Faunce by Bryan S Furnass

### 466 IN THIS ISSUE

### 485 BOOKS RECEIVED

### 513 IN OTHER JOURNALS

Cover image: Patient undergoing therapeutic hypothermia after out-of-hospital cardiac arrest.  
Courtesy: Dr Stephen Bernard, Dandenong Hospital, VIC.

**The Medical Directory of Australia • MDA CD**

With over 360,000 updates included and 99% of Australia's doctors listed, you can rely on the MDA CD even more for your medical contact information!

CD-ROM version of The Medical Directory of Australia is updated twice yearly, the latest CD contains the most accurate and comprehensive information about Australian healthcare. You will find information on over 55,000 doctors, over 4,000 Hospitals & Healthcare facilities.

Contact MDA CD Sales at AMPCO  
Phone: (02) 9562 6666 Fax: (02) 9562 6662 Email: sales@ampco.com.au