



James Drife

Moving house is recognised as being a stressful experience. There is some debate about exactly how bad it is in comparison with divorce, illness or watching your national rugby team lose, but all the experts agree it is a legitimate indication for tranquillisers and compassionate leave. By contrast, moving offices excites no sympathy. Male colleagues simply ask whether you're getting more space, as if you were trading your car in for a new one. Women assume you must be enthusiastic about choosing a new desk and colour scheme. None of them realises that for a man of a certain age, it's all a bit much.

For young doctors, changing jobs and moving house are part of normal life. They think nothing of it. They are trained in mobility at medical school, where today's complicated rotas send students from clinic to clinic and hospital to hospital with barely enough time to unhook the rucksack before moving on. In the old days, back in the 1960s, we used to stay as long as eight weeks on the same ward, but even then we had our domestic problems. My landlords, I recall, kept having family crises which required their young lodger to leave this very day, sir, or at least by the end of the week. No problem, ma'am: my possessions are few, so I and my duffel bag will soon be on our way.

After graduation, jobs lasted a whole six months and sometimes consecutive posts were in the same hospital. When that happened you got the chance to upgrade your accommodation at changeover time – an important matter for those of us who had no bed outside the doctors' residency. You got to know who had the best room and by borrowing a trolley from the porters you could transfer everything in one swift manoeuvre as soon as the previous incumbent left. 'Everything' consisted mainly of hi-fi equipment and a collection of vinyl long-playing records. It was considered cool at that time to have loudspeakers big enough for a football stadium, so you needed a strong trolley.

As a registrar and even as a young consultant I was still quite nimble in the workplace, but by this time family responsibilities had made moving house an expensive undertaking. My wife and I, with our children, pets, furniture, lawnmower and, in later years, an heirloom in the form of a grandfather clock, have lived through four of these nightmares and are agreed: never again.

Ten years after our last move we realised we had lost our medical diplomas and found them in a packing case in the garage. Now, nearly seventeen years on, we're hoping to get the pesky clock started again. But hey, there's no rush.

Unfortunately, at the hospital the pace of life has hotted up recently. The UK Health Service is under financial pressure and our managers have responded, as managers do, by shifting everyone around. So now, when I head for my outpatient clinic, I am often more than halfway there before I remember it is in a different hospital. Our postnatal ward is rarely in the same place from one week to the next: I think the midwives should be equipped with a large bell and we could simply head towards the sound.

I had known for some time that my office was also scheduled to move but I coped, as doctors do, by denial. Last week it finally happened. Elizabeth, my secretary, charming but determined, appeared with a plastic crate and said someone was coming to move my computer. I told her a man must disentangle his own cables and asked for a few moments alone. It wasn't so bad, actually. Computer ports are just about foolproof these days and by sundown, after a lot of crawling over and under desks and some quiet cursing, I was googling in my new office, a full thirty metres away from the old one.

In the future, perhaps, that will be where the story ends. Indeed, it should already have finished there. My computer gives me all the access I need to journals, the university library, college guidelines, hospital circulars and personal correspondence. But I had to go back to the old office to see if there were any more essentials I couldn't do without. Well, I shall certainly need the waste paper basket. And I had better take some books, especially ones with a chapter by me. And look, there are some books written by colleagues. And one that the author has dedicated to my predecessor But yes, I shall throw away all seventeen years of committee papers, scribbled on or not. What was it all about, eh? More crates, please, Elizabeth. And some sympathy.

James Drife is Professor of Obstetrics and Gynaecology at St James Hospital, Leeds, UK.