



PICADOR

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Twas the Nightshift Before Christmas

To my parents

(Not really to my parents, but they won't read beyond that page, and it's probably enough to get me back into the will.)

My publishers remain very keen that neither they nor I go to prison as a

result of my books. To best achieve this, names, dates, personal information and clinical details have been changed. In my last book, I substituted all real names for the names of minor Harry Potter characters. This is not

something I will be doing again. *

* This time they're all from *Home Alone*.

A NOTE REGARDING FOOTNOTES

Read the fucking footnotes.

Contents

[Introduction](#)

[First Christmas](#)

[Second Christmas](#)

[Third Christmas](#)

[Fourth Christmas](#)

[Fifth Christmas](#)

[Sixth Christmas](#)

[One Final Christmas](#)

[Alternative Christmas Message](#)

[Acknowledgements](#)



Introduction

Christmas is this pine-scented, tinsel-strewn timeout where, like it or

not, everything just . . . stops. It's a temporary apocalypse where everyday norms are replaced with a fever dream of cheer and goodwill, and for an

interminably long week, your daily grind goes out the window, replaced by weird, compulsory rituals.

You're forced into playing board games with your family, those blood-

strangers you spend the rest of the year wilfully avoiding. You eat food like it's a competitive sport in which every kilo of meat or cheese gets you to the next level. And in order to cope with the steadily increasing strain of

facetime with first-degree relatives, you don't so much flirt with alcoholism as fall into an S&M-heavy relationship with it.

It's a bizarro version of real life, an alternative reality where jollity is mandatory and apparently achieved only through a combination of

charades, acid reflux, anger management and couch-sores. And all this is

made possible because – thanks to the little baby Jesus – you no longer

have to go to work. Well, *most* of you don't.

The NHS front line sadly doesn't get invited to Christ's all-you-can-eat

birthday shindig. For medical personnel the world over, Christmas is just another day.

Coming but once a year – and thank fuck for that – the Yuletide brings

more than its rightful share of hospital drama. Festive flus and pneumonia keep the respiratory teams busy, while norovirus and food poisoning are the season's special guest stars for the gastro doctors. Endocrinologists drag patients out of their mince-pie-induced diabetic comas, and the orthopaedic wards heave with elderly patients who've gone full Jenga on the ice,

shattering their hips like bags of biscuits.

A&E departments are busier than turkey farms, thanks to black eyes

from carelessly popped champagne corks, fleshy forearms seared by

roasting tins, and children concussing themselves by hurtling down the

stairs in the box their Scalextric came in. Not to mention the fairy-light electrocutions, turkey bones trapped in tracheas, and finger amputations

from careless parsnip-chopping. Incidences of drunk driving go through the roof, often literally.

And then of course there's the carnage when families reach breaking

point – usually some time between the Queen's speech and the late-night

list shows. Under the influence of Christmas spirits and mistletoe, *crimes passionnels* erupt like violent genies in living rooms across the country, and still-sticky carving knives find their way into the nearest racist uncle.

I spent most of my medical career in obstetrics and gynaecology.

Labouring mothers don't really have the option of staying home for a

couple of days to 'see if it'll settle down' and, over in gynaecology, egged on by eggnog, there's a definite uptick in objects that have found

themselves in orifices and are struggling with the return journey.

And then there's the heart-wrenching stuff. The middle-class pastime of Christmas Eve granny-dumping – bringing one's elderly or infirm relatives into hospital with some vague, fabricated medical complaint, so the dumpers can dedicate the next few days to solid partying, unfettered by caring for their parents.

Pushed to extremes by John Lewis adverts, Instagram exaggerators, and that terrible Paul McCartney song insisting that everyone else is simply having a wonderful Christmas time, many patients find this time of year too much to bear, and need to make use of our cruelly underfunded mental health services. And while of course there is never a good time to lose a loved one, there is something all the more harrowing about grief during the festive period, oppressively surrounded by global joy.

The annual winter health crisis rightly makes headlines every year, but over the festive period, the media – not wanting to piss in your Baileys – turns a blind eye, instead feeding us feel-good stories about a polar bear who's done a forward roll or some royal toddler trotting off to church in fur-trimmed couture. But, just as putting your hands over your eyes won't make you invisible, the patients don't go anywhere and the ambulances are still lined up outside A&E like lorries at Calais. And the staff are still there too, putting vocation over vacation. There's no reserve service, no fleet of Green Goddesses to give the healthcare professions a bit of time off. Instead, 1.4 million NHS employees divvy up the shifts and put in absurdly unsociable hours to ensure the rest of us make it through to the New Year in one piece.

Of the seven Christmas Days I was a practising doctor, I ended up on

the wards for six of them. There were a few reasons for this, amounting to a perfect snowstorm. First of all, everyone thought I was Jewish, so assumed I wouldn't mind working on the least Jewish day of the year. In fairness to those people who thought I was Jewish, I *was* Jewish – and indeed still am

– but with the emphasis very much on the 'ish'. I'm the kind of Jew who

has a Christmas tree, doesn't go to synagogue, and in fact had to google the correct spelling of 'synagogue' when writing this sentence. Oh, and I don't believe in god, which I understand the more scrupulous practitioners

generally do. Still, as far as my colleagues were concerned, I was certainly Jewish enough that I would happily sacrifice the annual twenty-four-hour

TV-and-food-athon for the greater good. [*](#)

Added to this, I didn't – and indeed still don't – have any children.

Christmas being a time for kids and all, the medics with young families

would rise to the top of the Norway spruce and get the day off. I didn't

begrudge them this, though for a while I did consider inventing some

convenient yet imaginary offspring. The thankless toil of *actual* parenthood would probably have been an extremely expensive, stressful and inefficient way to get a free pass to eat sprouts on the same day as everyone else.

Due to the peripatetic nature of junior doctor training, I worked every

Christmas in a different hospital, so I couldn't really call foul and complain I'd worked the previous year. That would be like refusing to buy the first round of drinks because you'd bought the last round the week earlier, for a completely different set of friends. In a pub 85 miles away.

Of course, I might have had more luck if I'd arranged the rota myself –

the rota-organizers would always get a suspiciously easy set of shifts. But colour-coded spreadsheets were never my forte and the price the organizers

paid for this privilege didn't seem worth the bother. I preferred to spend my already scant free time with my partner, not fielding angry calls from hard-done-by colleagues and wrestling with #VALUE! errors on Excel. Besides, even if you do end up avoiding Christmas Day, you'll almost certainly be stuck with the nightshift, or Boxing Day, or New Year's Eve. Hospitals attempt to slim down Christmas staffing to the bare minimum of doctors to

provide safe care, but with 'bare minimum' generally representing the best-case scenario on a normal day, it's rather hard to tell the difference.

Ultimately, the shitty shifts still have to be filled and no one ever gets to avoid them all. There's about as much chance of a junior doctor getting the whole week off at Christmas as having enough cash to spend the time in

Mustique, sipping vodka stingers across the pool from Bernie Ecclestone.

Or Jeremy Hunt.

So here follow my diaries from those Christmases spent on the wards,

removing babies and baubles from the various places they found themselves stuck. † But it wasn't all bad. At least I had an excuse not to spend time with my family.

* Somehow my Jewish credentials didn't quite stretch to being able to skip work every Saturday. Talk about persecution.

† In my first book, *This is Going to Hurt*, the most common reasons for entries being omitted included 'too disgusting' or 'too Christmassy'. Here I make amends for both.



First Christmas

Twas the Christmas I had a urology job

Where bloke after bloke did weird shit to his knob



Monday, 20 December 2004

Patients generally have quite a few cards on their bedside tables and windowsills at this time of year, what with all the Get Well Soons and Merry Christmases.

Patient CG is recovering after a bowel resection, and his cubicle looks like a branch of Clintons.

On the ward round, my registrar Cliff chimes in with ‘Someone’s popular!’ a millisecond too soon for me to lean in and whisper, ‘Someone’s

[wife just died . . .](#) *

* Here are the medical ranks, and the corresponding level of servant as listed in Mrs Beeton's 1861 *Book of Household Management*:

House Officer – Scullery-maid/Stable boy

Senior House Officer – Maid/Groom

Registrar – Upper Housemaid/Footman

Senior Registrar – Housekeeper/House steward

Consultant – Master/Mistress of the house

At this stage I'm a house officer. According to Mrs B, the scullery-maid or stable boy would perform functions too menial or mucky for other members of the household – a fairly uncanny description of a house officer's role. Their annual salary was between £5 and £12 – again, not far off.

Wednesday, 22 December 2004

Sharing what I think is a top-level anecdote in the doctors' mess. I'm

delighted with my story of the twenty-year-old guy whose half-arsed

attempt at a costume for his Christmas party landed him in A&E. * It must have seemed a genius idea at the time, but he clearly didn't run it past

anyone with common sense. He had wrapped his arms, legs, torso and head

in layer upon layer of tinfoil, made a couple of holes for his eyes and one for his mouth, then dispatched himself to the party as a turkey. Several

hours later, he collapsed, having desiccated himself to the human equivalent of a Ryvita, and requiring hospital admission for intravenous rehydration.

Disappointingly, no one is particularly impressed by my turkey tale. †

One of the Senior House Officers, Frank, tries to salvage it for me: ‘Had he also crammed two kilos of stuffing up his arse?’ Alas not.

Frank counters with the story of a similar patient he had last year, who decided to cover every surface of his skin with gaffer tape. ‘Wasn’t for a party though . . .’ he adds.

I ask why, then remember why most people do most things, and thus find myself introduced – at the tender age of twenty-four – to the sexual kink of mummification.

Not much has changed in the three millennia since the process was pioneered by Ramesses and his pals, though these days people leave a couple of nostril holes for breathing. (And a third, rather larger hole on the reverse side.) Though, as this patient discovered, gaffer tape has its limitations as a mummification material. Upon ‘emergence’, as is apparently the term for unwrapping, it not only exfoliates effectively but also does a pretty thorough job of removing all body hair. Oh, and it circumcises.

*Fancy bloody dress. No one’s heart has ever leapt at that particular line on the party invite –

you’ll end up either being the only person who’s dressed up or the only person who hasn’t. Or you’ll pitch it colossally wrong, spunking an entire morning and two hundred quid in the National Theatre hire shop while every other guest has dug out some devil horns or a cardboard Prince Charles mask. And how the fuck is anyone meant to take a shit while dressed as Spider-Man?

† Doctors are a tough crowd at the best of times, and stories of patient idiocy are a bit like antibiotics: they lose their power in a population overexposed to them.

Saturday, 25 December 2004

So here it is, Merry Christmas, everybody's having fun. Somewhere else. I'm ringing in my first 25th December on the wards by doing an impression of a smiley doctor off the telly, but it grates any time a patient or colleague wishes me a happy Christmas.

I'm trying to forget what I'm missing and treat it like a normal day, but every few minutes there's a fresh reminder. Decorations hang limply around each corner, looking like they've come out of the same box every year since word came from Bethlehem about this exciting new festival. My phone

pulsates with jolly seasonal text messages, like I've got a malfunctioning dildo in my pocket.

Santa might be putting his feet up after a long night, but his pal the

Grim Reaper never gets the day off. And so I find myself sitting in a side room with a distressed family, having The Chat about mum/gran. They

know the punchline before I even start the story – a doctor is never going to summon an extended family to sit on uncomfortable chairs at short notice on Christmas Day to tell them they've won fifty grand on a scratch card.

Granny is outnumbered by E. coli bacteria in her bloodstream to the

tune of several billion to one, and there's now only one way this can end. It doesn't prevent her family holding out for a final dramatic plot twist.

'There must be more you can try,' begs a distraught son. Honestly, if

there was, I'd have already tried it to avoid discussions like this. Bad news is never easy to hear, but it's never easy to deliver either. Drawn faces, with sad, set mouths; eyes already dull and resigned; hands clenched together, knuckles straining at the skin. Some will sob, some will scream, some will just stare blankly into the abyss I've created. Here goes another one.

With every fibre of my calm and professionalism, I explain that, even

though she's been a fighter throughout, her organs have started to fail and she's deteriorating fast, despite the fluids and antibiotics we've been giving her. As their eyes well up, I tell them that we've already asked the ITU

doctors to review her and they agreed it wouldn't be kind to pursue

aggressive treatment that would ultimately have no chance of working.

Hoping to show empathy through my body language, I lean in to say all

we can do now is keep her comfortable and concentrate on her dignity. As I do so, I inadvertently lean on my tie.

It's a seasonal tie – a deep, night-sky blue with dear old Santa on his

sleigh perched right up near the knot. Moving down the tie we come to

Prancer and Dancer and the rest of the reindeer massive, with Rudolph

proudly front and centre. Crucially, and disastrously, underneath Rudolph's red nose – and now the pressure of my elbow – is a button that activates a tinny speaker to blast out a frantic MIDI rendition of 'Jingle Bells'.

I turn ketchup red, apologize and jab at my abdomen. But all I succeed

in doing is restarting the fucking tune. After half a dozen failed attempts to silence it, over the course of what feels like fifteen years, I run outside and hurl the tie onto the nursing station.

As I head back into the room, thinking of superlatives to add to my