

doc2doc @ONE

Compiled by Sabreena Malik



doc2doc is now one year old and, thanks to our 20 000 members, it is one of the fastest growing medical communities in the world.

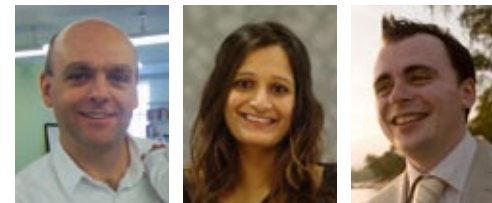
The main purpose of doc2doc is the exchange of opinions on topics relevant to medicine and doctors' lives. Panos

To celebrate doc2doc's first birthday, and as a thank-you to everyone who has contributed towards creating this thriving community, we have produced this e-book, highlighting some of our funniest, saddest, most interesting, and most controversial discussions and blogs. We've got love,

flu, death, palpation, Twitter, TV, and snow. We hope you enjoy it and keep the great content coming. See you on doc2doc!

Special thanks to Matiram Pun for helping select the most captivating blogs and discussions from the year, and also to Isabelle Jeanson for her inspirational blogs from the field in the aftermath of the Haiti earthquake.

Where else can you contact so many colleagues and ask for advice whenever you want a second opinion or are simply at your wits end? Eva Marie



David Payne, doc2doc editor; Sabreena Malik, doc2doc clinical editor; and David Isaacson, doc2doc community manager

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There have been reports of operations being tweeted—by doctors and by patients.
lisagualtieri

My husband's iPhone is permanently attached to his person ... help, I'm an iPhone widow! *charlie*

Was it Facebook whose subscribers regularly got one full academic grade lower than non-users? Or was it Orkut? *Prashant S*

The utility of Twitter as an educational tool is exciting: the instant recording of Patients' Unmet Needs (PUNs) and Doctors' Educational Needs (DENs), the posing of concise clinical conundrums to a group of peers, to name but a few. If I receive a tweet that contains a learning gem, I mark it as a favourite. As the list of favourites grows, an easily accessible record of my continuous professional

development (CPD) reading begins to take shape. Enter delicious.com, which provides a means of categorising your favourite links. Your collection of useful links becomes a resource in itself.

Tauseef Mehrali

It's fascinating how the simplicity of Twitter has bred a whole load of new social conventions. If you want someone to notice you—i.e. "follow" you—you must follow them first. This is the equivalent of stalking. Very odd, but I love it. *helen*

Guidance on how to use the medical blogosphere effectively: remain relatively impartial; engage health professionals in knowledge sharing, reflection, and debate; and engender the drawing together of individuals interested in common and specific topic. The most wide reaching tools, such as Google, will give mixed results and tend to cause information overload for doctors.

Benjamin Hughes

Facebook lying down game: docs suspended for posting pictures of themselves "lying down" at work

My, oh my, NHS staff lying down: don't think they should be sacked unless it can be proved that they were actually asleep on the job. *Dionysus*

As social networking gets more common, people will come to realise that professionals (including doctors) are human too: they like to have fun. *Oliver Ellis*

There are enough closed forums for medics to be able to post silly threads, but I suggest they don't put them on Facebook, Twitter, Bebo, etc. Some of us are members of all of these and occasionally "bump into" our juniors that way. *Handyhip*



ijoshi's thoughts

By introducing patients to online communities to discuss their condition with other patients, physicians, or health professionals, they can get real life, real time answers.

You're in A&E, it's early in the morning, your reg has disappeared, and you're not sure what to do in a particular situation ... now, with the emergence of Web 2.0 technologies, harnessed intelligence is at your fingertips, and the brains of hundreds of specialists are available at the touch of a button! All you need is for the IT department to permit access to those sites
Inevitable conversation when my friends start dating new people: "Are they on Facebook? Have you googled them?"

Thanks to the evolution of online social networking, gaining access to "quick heal solutions" has never been simpler.
ShawnChurchgate

When I worked in Nepal, Himalayas, I used telemedicine to consult doctors in the capital (Kathmandu) about cases. *Matiram Pun*

Digital competence is not so difficult, but you need to have a helpdesk in the neighbourhood. *tjaard hoogenraad*

Being a bit of a computer geek helps in so many areas of medical life (consultations, presentations, communication, etc). *Neil G*

Some undergraduate curriculums have introduced information technology as an essential part in the first or second semester of the medical degree. *gowri*

IT competence must be part of all levels of training, if only to emphasise its importance in communication, patient care, and hospital/GP based services.

Saleem Khwaja

New generations of doctors are quite net-savvy ... and podcasts, videos, and music are useful to attract the older ones to the shores of the digital world. *BrainIt*

I joined Twitter with a frown, but now it is the main social network I use, and it is quite addictive. *Tiago Villanueva*

We could have LCD screens at the head of the patients' beds so medical students can send a live Twitter feed through to their clinical tutors. *Dean Jenkins*

I'm still slightly uncomfortable with the idea of having people "follow me." *dhaigh*

Computers are tools just like pens and pencils, but with more capabilities. *Jayan*



IS THERE A DOCTOR ON BOARD?

Ever heard those dreaded words?

On a trip back to New Zealand from the UK an elderly man had lost consciousness and sustained a laceration to his head in a fall. I diagnosed a simple faint from being hot, old, and getting up too fast, with a resulting minor head injury. My gripe was that I got not so much as a thank you from the Air New Zealand staff. I'm 64" and would have appreciated an upgrade to business class. *kawidoc*

Flying to Egypt, I (a female doctor) was led to a man in his seat who was very obviously dead (motionless, pulseless, cold, blue, glazed corneas). Along came a man who started external chest compressions as the deceased passenger remained upright in his soft aircraft seat. I was tapped on the back by the stewardess and told I could sit down as a doctor had arrived. I quietly asked the man whether he was a doctor—he replied

that he was a nurse. I took the coward's way out and returned to my seat. Sometimes it is useful that the general public assumes that men are more likely to be doctors than women. *Northermdoc*

When I have felt compelled to come forward, I've almost always been shoved out of the way by a highly efficient, confident, and undoubtedly better qualified paramedic. However, on a Eurostar train to Paris, the woman opposite me had a seizure triggered by the strobe effect of light through the window as we whizzed through Kent. My friend and I sat with her while she came round. When she did, she promptly vomited all over my mate. For our brilliant diagnosis and lap full of vomit ... not even a free ticket from Eurostar. *ann robinson*

On a cross channel ferry, a lady with severe abdominal pain was given a provisional diagnosis of appendicitis by the crew. I diagnosed a probable ectopic pregnancy—an intrauterine device was in situ and her period was late—and ensured an ambulance met the ferry at Dover. A couple of weeks later the patient wrote to me, informing me she was recovering well from her ectopic. I was a bit miffed not to have anything from the ferry company, but when my husband wrote to them, asking for a prize for the church fete, they sent us tickets and we were able to have a "win a trip to France" banner. *audreyb*

When a flight attendant asked for a doctor on a flight to Europe from Brisbane, I dutifully went to the patient's aid, only to find another doctor had arrived at the same time. I looked at him again, and we laughed. He was a former resident medical officer of mine from several years earlier. *Odysseus*



IS THERE A DOCTOR ON BOARD?

The air stewardess asked me to prove I was doctor, which I couldn't. She then called me irresponsible for not carrying ID! *Kate*

It has happened to me on three separate occasions. When you don't have a sphygmomanometer, saturation machine, or a stethoscope—you do feel somewhat metaphorically naked. Flying back on transit via Doha, another gentleman and myself made ourselves known. He was a consultant physician, I was a surgical senior SHO, and there was a sick baby. No prizes for guessing who confirmed an RLL chest infection. Nice what you can do on a plane with a stethoscope.

Imran Qureshi

When I responded on a flight to the UK I was asked for my qualifications (FRCS Ed) and where I practice (Delhi). I was told my services were not required—without even a word of thanks. I will definitely think twice before offering help again in such a situation.

Sheila

On a Virgin train to Liverpool, a passenger had acute pancreatitis. Without access to therapy, I spent my time sitting on the floor with him and ensured an ambulance was waiting on the platform at Lime Street station. I chair GMC Fitness to Practise Panels. It is expected that GMC registered doctors follow the advice in *Good Medical Practice*. *Rferg10186*



Be very cautious of formally pronouncing life extinct in international air space or at a foreign airport. Local laws may require you to stay in that country until after a postmortem examination or the local equivalent of an inquest.

Dochines

We should understand if a tertiary care specialist does not respond (immediately) to a call. I also know that he/she might be torn up inside about not responding. We have to get away from the idea that doctors are the polycompetent people society thinks we are.

Dick Hooper

According to a study in the *Journal of Applied Psychology*, traits such as extraversion and conscientiousness might be better predictors of who makes a good doctor than high scores on standardised multiple choice questions tests. While extraversion and conscientiousness are desirable traits, neuroticism and getting upset easily typically predict poor performance.



Obsessional traits are clearly advantageous in the medical profession up to a point. So are daring, lateral thinking, honesty, compassion, and courage. *Odyseus*

Perfectionists achieve little but take a longtime to do one thing to “their” standard. Doctors cannot afford to have that expectation if they want to survive. *Maura*

There are specialties to suit all personality types, and I guess with that logic in mind all personality types should be allowed to enter medical school.

I wonder if personality tests could play a part in by helping us choose our specialties? *Prizzi*

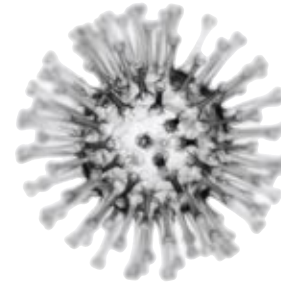
Adaptive behaviours of coping with certain



kinds of stress, asserting oneself, attention to detail, and maintaining a sense of self worth are better predictors of being a good doctor, and they are strategies, not traits. Things like objective structured clinical exams and interviews test these already. Similar people tend to go for particular specialties for several reasons, but that doesn't mean that there aren't exceptions. A senior house officer who isn't so good at talking to the visitors of a stricken patient in intensive care might be encouraged to go into microbiology, but they might quietly and assertively save that patient when they crash. *Ijos*

Sometimes only the years of study at medical school will tell more, but even then you will find people who continue to blossom into fine doctors and others who just fade away despite their achievements in personality tests. With medicine, there is a constant urge to learn new things, curiosity, and compassion. *yoram chaiter*

Are most doctors perfectionists, driven by wanting to be perfect, or are they driven by fear of litigation? Rather than being perfect, is it OK to be “good enough”? *Susan Kersley*



As swine flu dominated most health agendas last year, the pandemic flu forum was a hive of activity: swine flu parties, the “sneeze and click” NHS national pandemic flu service, extra payment for GPs, and, of course, Tamiflu.

Put sore throat, runny nose, no temperature through the symptom checker, result—a green square with a tick and “swine flu.” Same result if I declare a fever. Makes me worry whether the same algorithm is used for issuing antivirals. *wisley*

Administering the swine flu vaccine (two shots, three weeks apart) to groups at risk, in addition to the seasonal flu vaccine, creates a huge workload for GPs. As if we aren't busy enough. My practice is struggling to recruit an additional nurse and will need to buy in additional agency nurse time to help implement this. Let's not forget GPs are small businesses. *Kate*

Swine flu is one of the more unpleasant illnesses one can have. Taking Tamiflu is worse than that. *Raddoc*

The government and the media have succeeded in scaring the crapola out of everybody. You can almost hear people shaking with fear as they phone up to ask for their Tamiflu. *davebergie*

According to *Natural News*, an investigative journalist has filed charges with the FBI, accusing the US government, World Health Organization, and United Nations of attempting to commit mass murder through forced vaccination against swine flu. *tnolan*

People are throwing swine flu parties to help get immunity against the virus by interacting with infected people. *Athena*

We have always treated our seasonal flu with symptomatic treatment—why all of a sudden are we pressured by the public to change our treatment, in view of little evidence of effectiveness? *Dr Dossary*

The pandemic strain seems to be displacing seasonal flu variants with higher overall lethality. We should be giving H1N1a warm welcome, if only it didn't kill young people preferentially. *Richard Lehman*

An Ode to Tamiflu, written by a child at one of the first schools affected by swine flu: *GreenGirl*

I fall asleep and wake up feeling queasy
And ev'rything's reeling,
It's not very pretty,
I'll have to go ... to the loo again.
I remember they gave us pills
Saying: “This is so you won't get ill.”
But now I know
This is worse than any cold.
Oh Tamiflu, it's down to you
That I'm feeling slightly nauseous,
And now I've got a pain in my head
So I think I'd better stay in bed.

So, is palpation of the chest really a forgotten practice?

Get palpating

Patients with chest wall pain pitch up because it's the chest that hurts. Add a bit of panic and you've got quite a lot of features of cardiac chest pain. However, the palpation gap is worse than suggested. My particular favourites are: "loin" tenderness, where the paravertebral muscle margins are clearly tender and the loins are certainly not; "abdo" pain arising from either the costal margin, anterior superior iliac crests, or rectus sheath aponeuroses (provided other diagnoses are unlikely it's the reverse guarding that is the giveaway—pain on palpation worse when straining than when relaxing the abdo wall); headaches arising from occipital insertion points. My advice is palpate away—you'll be amazed by what you find.

Andrew Morrice

To be a good GP in the NHS, you must learn to diagnose chest infections while patients are sitting in a chair fully clothed and forget all you learnt in medical school about inspection, palpation, percussion and auscultation.

Srivatsa

A gripe I have with medical training is that students and graduates rarely seem to palpate the chest in cases of chest pain. As a student we were taught palpation of the abdomen almost like a religious ritual, but never the palpation of the chest. Percussion yes, vocal fremitus and auscultation yes, but not palpation. It's all too often overlooked because technology seems more sexy.

Odysseus

A low point in my career was with a particularly harsh (but fair) consultant who, when I mentioned costochondritis as a differential diagnosis, asked me if there was any tenderness. When I said no he said: "If you were a medical student, I'd fail you." *tnolan*

Palpation is essential in India, especially at the rural level. We cannot miss a case which needs referral, as we can rarely investigate further in rural healthcare settings.

Ron Thomas Varghese

Kneeling during palpation of the abdomen is an evidence based tradition. *ak*



A paper published in *Archives of Internal Medicine* says that doctors whose performance is partly measured by patient satisfaction surveys are more likely to send an elderly patient with back pain for imaging. The unavoidable truth is patients score doctors highly if they give them what they want.

In older patients I have a much lower threshold if there are "red flags," such as persistence and night pain. If an older man presents with back pain I do a PSA test. The radiation risk is significant—50 times that of a chest x ray—I seem to recall.

Kate

In the 1960s, crooked backs were manipulated, then acupuncture and well lubricated with snake oil. Patients mainly recovered in time, despite what was done. The fault in most over-investigations is a combination of poor training and easy patient access to the internet.

david lieberman

One shouldn't, but there are those who do more to satisfy patients, even at the expense of correct treatment. Imaging for low back pain is in dispute.

yoram chaiter

General practice these days entails negotiating the relative satisfaction of several competing parties: the patient, the primary care trust/NHS, and one's own personal requirements for integrity and sanity. Sometimes even a back x ray can be part of the negotiation process. Radiography of the lumbosacral spine is a useful first investigation in an older person with pain

Radiography for low back pain is a form of radiotherapy. It is like an elaborate placebo and is probably as effective as acupuncture seems to be. "Your x ray film looks normal, Mrs Jones!" ... "Ah, thank you, Doctor, I feel better already."

Dean Jenkins

in the low back. It can show osteoarthritis, lytic or sclerotic lesions, spondylolisthesis, or osteoporotic collapse.

davebergie

Imaging is a moral hazard for physicians. In the US, most primary care providers have no disincentive to image, but if their patient satisfaction scores are measured they certainly have disincentives not to image.

Coelho

"My back's been hurting all week—can I have an x ray?" "No." If a back needs imaging it usually needs an MRI scan (for disc pathologies) or a bone scan (for secondaries). A plain x ray has no value in most cases. Sometimes that conflicts with what the patient wants. Too bad.

Asclepius

Sometimes patients die—that's life. But with the advent of groups such as Dignitas, is there a need for assisted dying? And then there's the matter of hospital killing seasons.

It still hurts every time a patient dies, and I feel a failure for not saving them. I feel annoyed at the futility of some of our treatments, and I feel gutted that the best I could do was not good enough.
dai sams

Everyone dies eventually, despite us, and, of course, some die because of us. It's challenge enough to do no harm or at least no major harm.
ann robinson

I've been asked by patients to end their suffering (a euphemism for euthanasia). Naturally I do all that is legally possible, but I decline from killing them, and relatives may say: "You wouldn't let an animal suffer like this." I do not think this is a reflection of my palliative care skills; none the less, sometimes people do suffer.
Asclepius

The hardest part of breaking bad news is finding the right words that don't make you sound "heartless." Looking someone in the eye and telling them that they are slowly dying needs courage and empathy; there are no perfect words for death.
fatmaMD



I've saved the occasional life, rather more in A&E than as a GP, but it does happen. My best Christmas present was a hug from a saved patient, but it doesn't happen often.
Asclepius

We could reflect on how we might implement ground rules that prevent us from abandoning patients when they most need human warmth and empathy.
Dick Hooper

The more I think about it the more people I can recall having gradually Cheyne-Stoked their way to death with the odd rattle on the way.
Andrew Morrice

Alas, the "good death" of history has become a "quick death" of euthanasia advocates.
Tomkoch

Death anxiety is much less marked in the Eastern world. I wonder if belief in reincarnation plays a part.
Mahesh

Frequent, senior led ward rounds (at least daily) are a key determinant of mortality. *Hugh Rogers*

Although it's nice to explore scientific means of prolonging life, the immediate areas of research should be how to achieve world peace and eliminate poverty, diseases, disasters, wars, suffering, and hunger, which are making millions of people's short lives miserable.
agbo

If I had motor neurone disease knowing what I know as a doctor, I, like Professor Craig Ewert, would choose Dignitas, before life became too intolerable if legal avenues weren't available in the UK.
Kate

The question whether assisted dying should be introduced into modern medicine is knocking loudly on the door.
ebrencicova

Personal loss

Our dog, a Scottish deerhound called Merlin, had severe heart failure for over a year. After all our best efforts, we had him put down. There was no palliative care team, no hospice, no psychiatrist, and he had not been on narcotics for his dyspnoea. My father had severe heart failure. He was ill for several years. We did not have him put down. My memory of his death, although sad, was a quiet passing. He was 83, like his father. I loved him dearly.
Odysseus

Palliative care and assisted suicide are often seen in the same light as part of the spectrum of "end of life care," but they are separate modes of treatment.
Nickopotamus

Resisting the call for a service which assesses humans in the terrible situation of requesting termination could be compared to the behaviour of a herd of ostriches.
andrew field

Suicidal ideation in patients with incurable disease should be treated with the same respectful approach as that in other patients; we do not simply collude and prescribe the killer pill.
Emily Collis

It seems obvious that increased mortality in hospitals is due to a large cohort of doctors without clinical skills arriving on 1 August. Mortality on our roads is also highest for an hour or two after pub closing time.
Dionysus

One of the most challenging tasks I had to face in the first week of my internship was to declare a patient clinically dead. The initial pulse, blood pressure and pupil check was daunting enough, but stating the death to the relatives was the toughest part. It is important doctors realise relatives may not be prepared to comprehend such a stark reality.
Ron Thomas Varghese

DOCTORS' BEST FRIENDS



Folding bikes work really well for GP visits—take the bike inside rather than leaving it out on the street. *Haddock*

I cycle to work every day on my specialised tricross that I got through a bicycle scheme. I am starting A&E next and am hoping to cycling 60 miles per day—obviously depending on my capacity for work when I get there. *Keith Moffat*

Since 1950 the stethoscope has been my old best friend, accompanying me through all of life's adventures. Now that I am a retired GP, rather than an extension of my ears, it is my symbol, my alter ego. *Stagnaro*



I had a red stethoscope, and a friend knitted me this thing to go over it to keep it warm. *luisad*

The stethoscope is often more than just a set of tubes, the bike, more than a pair of wheels, and the handshake ...

My stethoscope had done me proud since medical school, when I was very much a “was that a murmur?” sort of student, until it went missing at work! *tnolan*



I have always found the handshake to be of profound diagnostic assistance. *Shrunk*

I recently bought a new bike and have cycled to work every day since. It's much better than taking the train: quicker, more enjoyable, and it really wakes me up. Plus, after a stressful day I can take it out on the pedals! *tnolan*

My parents made the mistake of offering to buy my stethoscope, so I'm now in the “I'm better than you crowd,” with a cardiology Littman, despite the fact I've no idea what all the little sounds I can hear actually are. *Nickopotamus*



Everyone on *Grey's Anatomy* spends all their (clothed) time in surgical blues, and as it's a medical drama there's plenty of sex to ensure that isn't all the time. *Deborah Kirklín*

In *Grey's Anatomy*, patient confidentiality is never observed. Patients are always coerced and sometimes even forced to undergo surgery without proper counselling. Patients are often verbally abused by doctors, who also have somewhat sadistic predispositions—such as waiting at the emergency bay and “praying” that someone will get into a serious injury just to make their time at the bay worth while. *House*, on the other hand, portrays an arrogant doctor who is a drug addict and consistently abuses his patients and colleagues while happening to be the only doctor in the hospital who reads enough to make a diagnosis. *Daveejibe*

Most youngsters interested in following a medical career are motivated by these series. The shows are popular with viewers, and as a result producers don't care about medical ethics or patient confidentiality. *basitlonbl*

The telly is completely to blame for portraying birth and death as oh-so-terribly clean affairs. *Kal*

MEDICINE ON TV

I don't think anyone will forget *Casualty's* Charlie, *Holby's* Connie, *ER's* Doug, or *Scrubs' JD*, but it seems *Grey House* and *Meredith Grey* have come out on top.



As a devoted *House* fan I am disappointed with Dr House's incarceration in a mental asylum; it just doesn't cut it for me. *Dionysus*

It's only recently that I've started watching medical dramas, and *House* is certainly spurring me along to become an ID physician. *Adam Asghar*



I always thought *ER* is the best medical drama, capturing issues of work politics, practice of medicine, and patient-doctor relations. Patient work-ups can be incredibly brief, but the pressures of time constraints create an entertaining story; after all, nobody would enjoy watching an hour of a doctor writing out discharge summaries and undertaking venesection. *codesuufy*

I'm sure an addiction to *ER* may have contributed to my reasons for becoming a medic. *Tauseef Mehrali*



The individual may or may not be a human, never mind doctor! *Dionysus*

The love for medicine, rather than a partner—whether a doctor or not—is the reason why a person is an outstanding physician. *Stagnaro*

If you want heart stopping have a look at the picture of Patrick Dempsey. After all, the best way to brush up on anatomy must surely be to choose a body and study it very, very carefully.



Deborah Kirklín

Even though the symptoms mimic those of a heart attack—such as chest pain and shortness of breath—broken heart syndrome (*Takotsubo cardiomyopathy*) does seem to be temporary and completely reversible. *DrS*



Now to matters of the heart. So, who is actually best suited to be a doctor's life partner?

In other words, “doc-2-doc” or “doc-2-no-doc”? *csn@csn*

I'm married to a doctor. Doctors are less shockable. *davebergie*

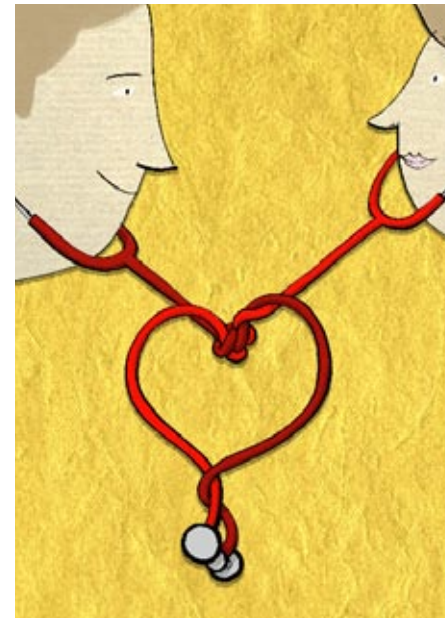
When I need to let off steam about a new hospital guideline, poor referral, or problematic patient I can waffle in medical terms and know he understands what the heck I'm on about. *DrS*

Divorce rates are highest among surgeons and psychiatrists. *Dionysus*

At medical school they told us we were not only much more likely to marry people from our year, but we were also more likely to marry people with surnames close to ours alphabetically, because of the way placements and groups are assigned.

Oliver Ellis

The partner is the person who completes the other half of life (family, child, enjoyment ...) *soulaiman*



Old saying: beauty, brains, and money are needed for career success. What you don't have, marry.

Pappworth

A typical ad on the matrimonial page of the classified section in any newspaper in Pakistan reads like this: “A 35 year old, educated, and very, very, very qualified (MBBS, MRCP, FRCP, MD. ABC ... XYZ) doctor is looking for a bride.”

It fails to mention that in his quest to become very, very, very qualified, the dear doctor has lost hair, uses glasses with -4.5 prescription, and has a backache most of the time.

drrathore

To keep your marriage brimming,
With love in the loving cup,
Whenever you're wrong, admit it;
Whenever you're right, shut up.

Louis K Anspacher said:
“Marriage is that relation between a man and woman in which the independence is equal, the dependence is mutual and the obligation reciprocal.”

Helen Rowland said:
“To be happy with a man you must understand him a lot and love him a little. To be happy with a woman, you must love her a lot and try not to understand her at all.”

And an unknown said:
“Marriage is a romance in which the hero dies in the first chapter.”

csn@csn



Top posters

Matiram Pun: 599 posts
 Odysseus: 306 posts
 yoram chaiter: 271 posts
 davebergie: 243
 Dr S: 243 posts
 Tiago Villanueva: 229 posts
 Asclepius: 233 posts
 Dionysus: 167 posts
 Kate: 155 posts
 GreenGirl:133

Founder members

Adam Asghar
 Alexandre Gouveia
 Ann Robinson
 Carlos Alberto Cuello-Garcia
 Charlie
 David Samuel
 Dean Jenkins
 Emily Collis
 Sarah Jones
 Emily Pull
 Gayathri Rabindra
 Indra Joshi
 Imran Qureshi
 Kieran Walsh
 Lorna Powell
 Matiram Pun
 Neil Graham
 Ohad Oren
 Panagiotis Dimitriadis
 Peter Martin
 Parker Morgan
 Roger K.A.Allen
 Ron Thomas Varghese
 Ronak Rajani
 Elizabeth Evans
 Danilo di Diodoro
 Tiago Villanueva
 Yoram Chaiter

Top Five discussions

- 1 Why did you become a doctor?
- 2 10% of health workers to take the swine flu jab. Will you?
- 3 Who is best suited to be a doctor's life partner?
- 4 Is there a doctor on board?
- 5 Should prescribing be confined to doctors?

Charity

doc2doc is not only a platform for clinical and life discussion, many of our members are also advocates of charity work and have succeeded in inspiring other members, and doc2doc staff themselves, to get involved.

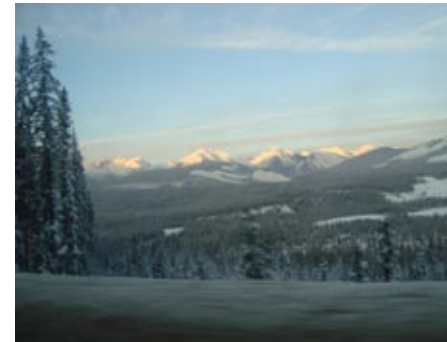


First MSF report since arriving in Haiti ... The situation remains critical, few aid agencies in place, still hundreds of bodies stuck in buildings. I've only seen about four or five trucks and cranes trying to remove buildings to get people out in the whole city!
ijeanson, MSF

When you are out volunteering in the field you know how satisfying it is. The irony is that people think you are volunteering because you have plenty of time/spare time and money. This is just not true.
Matiram Pun

Donate your old bikes to Bikes for the World, a sponsored project of the Washington Area Bicyclist Association whose mission is to collect valuable but unwanted bicycles and related material in the US and deliver them to community development programs in developing countries.
 csm@csmsm → www.bikesfortheworld.org

And finally, here are some of doc2doc's best 2009-2010 snow pictures ...



Rocky Mountains, Canada, 2010 *Matiram Pun*



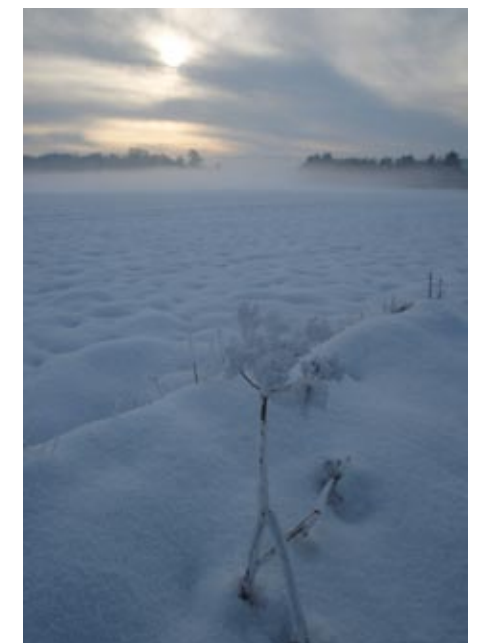
Kanchenzonga peak, Himalayas, 2009
getzsusheel



London, UK, 2010 *Birte*



Lincolnshire, UK, 2009 *DrS*



Norfolk, UK, 2009 *AndyK*