Alternative Roles for the ER Physician

By Dr Oh Jen Jen, Editorial Board Member

Emergency medicine remains an exciting and rewarding specialty, and rotating through an ER is always a memorable and highly useful experience.

Being an emergency medicine trainee, I've had the opportunity to spend a significant amount of time in the A&E Department. Our main roles, of course, are as hospital gatekeepers and frontline personnel in the diagnoses and treatment of acute emergencies. However, anyone who's ever done such a rotation will tell you that this is only part of a bigger picture. Below are some "alternative roles" doctors in the ER inadvertently assume.

1. THE MC-DISPENSING MACHINE

The majority of patients visiting the A&E wants this all-important piece of paper. It is a thankless role for us, and on the odd occasion when we decide that medical leave is not warranted, I've seen patients kick up a major fuss, from threatening physical violence, to bawling their eyes out, or making up new complaints to gain more sympathy from the attending doctor (symptoms which we cannot dispute, such as headaches, stomachaches, vomiting and diarrhoea).

Once, a patient with a knee effusion (which I aspirated) claimed to be in so much pain that he couldn't even walk. After a sterling, Oscar-winning performance, I was convinced enough to grant him a week-long MC, only to receive a call from his employer two days later, telling me that the patient had been spotted shopping in Orchard Road. I alerted the rest of my department about this incident, but you can be sure that if he is unable to get medical leave from us, he will simply go elsewhere and get away with it yet again.

2. THE HUMAN PIN-CUSHION/PUNCHING BAG

The two are interchangeable, and probably the most traumatising experiences anyone can ever go through. The ER is a high-stress environment, and some patients come here expecting things to be done a certain way – i.e. the way it is done on *their planet*. They demand X-rays, blood tests and medications when there is absolutely no indication for them. Worse, when you explain why they're not needed, they react so irrationally, you worry for their mental health and the safety of those living with them.

Some of us are just unfortunate enough to be in the wrong place at the wrong time. One lady who fell and suffered a back sprain happened to see me during her third ER consultation. Each time, she had a different complaint, with the appropriate X-rays done to assess each in turn. By the time she got round to seeing me, her demeanour from the word go was sullen, rude and downright nasty. I suspect she had some personal issues to deal with as well, judging from an almost paranoid/ delusional ranting fit she threw when I asked her if she needed more painkillers. At the end of that episode, I felt as if I'd been run over by an MRT train, then beaten to a pulp and thrown into a putrid swamp for good measure. She even threatened to lodge a complaint against the department for, in her words, "incompetence".

3. DE FACTO GPS

Never underestimate the degree to which the A&E system is abused. A *significant* number of cases we see are, you guessed it, non-emergencies. The flu, backaches, rashes the size of a coin, athlete's foot and a blocked ear after showering do not belong in the ER, people! I did ask some of my patients why they didn't see the polyclinic or family doctor first, even though it was during office hours. Their replies ranged from our department's reputation for extremely short waiting times, to the fact that they stay close by, and my personal favourite: "I don't have to pay because I'm a civil servant/NS man."

It doesn't help that people here love to complain. Nurses inform me that it isn't unusual for patients in the low-priority area to start griping if they're not seen

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within 30 minutes of arriving at the ER. Maybe we should show them our queue system one of these days and highlight the fact that we have to get through five colds, three excessive burpings and one blocked ear before we can get to them.

4. GUMBY

For the benefit of the uninitiated, this is a famous American television character moulded from clay. ER doctors play the versatile, malleable Gumby role everyday, diagnosing and treating a wide range of conditions, whether medical, surgical or paediatric. But then there's the other side of the coin – being stretched beyond the extremes of human (sometimes superhuman) capacity when manpower shortage ensues. This is not an uncommon occurrence, and a busy ER is sometimes granted only 60% of its required MO number, while departments which don't really match up in terms of workload and overall urgency of management have more MOs than truly necessary.

Oh well, I suppose the next time patients get a little upset with the long waiting time in the A&E Department, we can helpfully highlight this little-known fact to them. Perhaps we'll garner some sympathy this way.

But fear not! Emergency medicine remains an exciting and rewarding specialty, and rotating through an ER is always a memorable and highly useful experience. Fortunately, many patients are actually quite nice, and help buffer the nonsense that occurs in between. Believe it or not, there are people out there who still respect and trust us doctors.

"Some are good days. Enjoy them when they come." – Kerry Weaver, "ER" ■