

ENCOUNTERS

Mirrored

I step out of the physician's room and grab the chart of the next patient on a busy night in the emergency room. "2-day hx of abdominal pain, vomiting, fever. Multiple BM tonight. No travel. No sick contacts." As I walk by a multitude of acute-care beds (occupied by admitted patients), an older gentleman cries out, "Excuse me, are you the doctor? I need more pain medication!"

I reply, "I'm one of the ER residents; let me get your nurse to help you."



A lifetime ago, I bustle along on a busy Saturday morning at Canadian Tire. It's early spring, bikes are for sale, and the store is bloated with crowds. I try in vain to keep filling the empty floor-space with more bikes, as the warehouse supply rapidly dwindles. As I duck into a housewares aisle, I notice a customer examining a heavy set of pots sitting on the top shelf.

"Excuse me, could you get that for me?"

I reply, "I work in sports. Let me get someone to help you."



Back in the ER, the patient's lab work and abdominal x-rays are normal.

"Sir, you have viral gastroenteritis. Treatment is symptomatic, as this is something your body has to fight."

"Is there an antibiotic I can take?"

"Unfortunately, no."

"How long will I be sick?"

"It can take up to a week for symptoms to resolve."

"Can I get a note for work?"



After all the bikes sell out, I spend the remainder of the day breaking bad news to patients customers.



Fred Sebastian

"I'm sorry ma'am, ~~the scan was not what we expected~~ we're sold out of bikes."

"Can I get a rain check?"

"Unfortunately, no."

"When will you get more?"

"It's hard to say with these things. Could be days, could be weeks."

"Well, what am I supposed to do until then?"



In a different month, I'm on my surgical rotation. Arriving at 6 am (the only time when parking spots are free at the hospital), I print off a list of patients, gather all the charts, and begin rounding. Tasks include adding KCl to IV fluids, advancing diet to full fluids, changing antibiotics to PO, and dis-

charging home. I think to myself: I wonder what I'll do this evening. Then I remember that I'm on call.



Back in high school, I arrive at Canadian Tire on a Sunday morning at 7 am. I naively consider this to be far too early to be awake, but am glad that the parking lot is fortuitously empty at this time of day. I grab a pick list, scanner and cart, and begin to peruse the warehouse. I think to myself: these back-to-back nine-hour weekend shifts are brutal.



We all know the patient. The one who is allergic to ibuprofen, intolerant of acetaminophen, and a codeine non-

converter. The one whose family doctor is on vacation. The one who complains of leg pain, but who will storm out of the ER in five minutes. Yes, you can see beyond the friendly façade. “Doc, I’m in a lot of pain. I was hoping you could help me today.”



In a different time, I worked as a cashier at a fast food restaurant.

“Would you like some ~~Tylenol #3s~~ fries with that?”

“I’ll take the ~~Perocets~~ onion rings instead.”



Already, their demeanor is starting to change.

“I don’t treat this kind of pain with hydromorphone.”

It starts in the eyes, always the eyes; a frown-like squint that quickly disappears.

“Well, what do you expect me to do?” he asks. Slightly louder. A little more pressured.

“You’re useless! What is wrong with you people?”

Now the last resort: make me silent, don’t cause a scene, assuage me with a Dilaudid script. Twenty will do.

“I’m sorry sir, I will not write you a prescription for narcotics.”

The coat is carried, the false gait forgotten, and the verbs voiced vulgar. Another happy customer. Another billion served.



It’s midsummer. The overhead page: “Robert to cash 7 for carryout please, Robert to cash 7.” A 65-year-old woman with a history of coronary artery disease,

chronic back pain and osteoporosis, who lives alone and drives a Honda Civic, just bought a 150-lb gazebo.



It’s past midnight. My pager goes off: “Consult in the ER.” A 35-year-old man with a two-day history of back pain has developed motor weakness and saddle anesthesia.

The pain began while helping his friend build a gazebo.

Robert Baraniecki MD
Family Medicine Resident
McMaster University
Hamilton, Ont.

All characters in this work are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

CMAJ 2012. DOI:10.1503/cmaj.112074