

Opinion

12 hours

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Life outside these 12 hours of ED was at a pace where you do not get enough palpitations, sweat-ing, shortness of breaths, falls and deaths. But inside these hours' life takes almost all the classi-cal turns written on the book of human lives. From new-borns not breathing well to frail elderly people dying of non-treatable diseases, all under these limited hours. A process between emer-gency births and sudden deaths is on the menu every day when others plan their holidays and leisure times.

The burden of the whole stressful sleepless night which numbs the feet start to fade away with the sight of next team's arrival. A handover often contains a new stroke, a cardiac patient unable to breathe, some broken bones, loss of consciousness and some people arguing and fighting about the death of their loved ones from cancer. The team goes home but only physically as most of them keep on thinking and asking what must have happened to the young patient who was arti-ficially ventilated and was not being transferred due to non-availability of bed or the resources.

The day patient count rises as high as a century with most of the burden being put on the doctors who are at the bottom of the emergency food chain. A patient being reverted for a tachycardia while he was pressurised for making a quick discharge for someone who's attendants are fussy. Meanwhile, there is a patient who was referred but is non-affordable and they want a doctor to talk to them. Somewhere there is another speciality which is not taking their patient in. This cycle continues for 12 hours, so is the maximum professional approach possible.

ED is the most stressful area in a hospital where the doctors, nursing staff, ward boys and co-or-dinators all work under pressing conditions but maintaining a standard of care up to a suitable level. This is not without the impacts on their own physical as well as mental health. They deal with the sickest patients and the worst hostile behaviours at time. People working in such environments often develop work-related anxiety and depression. Most of times they feel they are having symptoms of raised potassium in blood because they handled a similar patient. Loss of controlled behaviour is one of the consequences of being continuously overworked, pressured and bearing ill behaviours.

There is a strong need more than ever to develop the psychologically suitable environment for the ED doctors and the other staff. This area typically is neglected in the major service providing areas in our country. The regular screening tools should be applied time to time in order to pick the problem early and manage accordingly. The occupational health should be strengthened in these parts of hospitals. The environment to be created as such so that the ED staff can affectively communicate and raise their concerns of any sort. The expert psychiatric help must be available round the clock and this is the area where the research is also lacking in our emergency depart-ments.

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