

**Reflections from ER**

## A Dolorous Note

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It is a busy shift in emergency department when you arrive. Chaos reigns everywhere. Your colleagues appear exhausted and tired. They did the best they could, and now it is time for you to shoulder the burden. After a quick patient hand-over, you look towards your team and let them know what is to be done. But before you are finished, a nurse comes running to inform you that one patient has just suffered cardiac arrest and they need help to do CPR and run the code. You have had barely enough time to register the news and instinctively move towards that patient when your jog is interrupted by an announcement from the resuscitation unit. Pre-hospital services just brought in a patient who is also in cardiac arrest. You decide to deal with your previous patient and let one of your colleagues take over in the resuscitation bay. You have just started going through the ACLS cardiac arrest algorithm when your heart sinks, another announcement from resuscitation bay. A peri-arrest patient is just being wheeled in. You let another of your colleagues deal with it, but things get messier. Before the full realization has dawned on your team, there are three rapid resuscitation announcements. Three more patients are brought in, two with a suspected CVA and potential candidates for thrombolysis, and one with STEMI.

What do you do in that situation to make a difference to each of these patients? More importantly, what does one have to avoid that might be harmful? What are the habits that translate into poor patient outcomes, specifically in emergency departments? There has been little talk about it and usually emergency physicians learn this by experience only.

Let us take that icy plunge. Time is high to educate young physicians about the darker side of the picture.

Being an emergency physician is a very tough job indeed. It comes with a lot of pitfalls and takes a lot of time to master this art. But the one thing that most young emergency physicians cannot realize is the importance of knowing our limitations. As a field, emergency medicine involves all the medical disciplines and requires mastery of a vast body of knowledge. To realize and to admit that we cannot master all of it is very important.

One of your colleagues may struggle to read an ECG but may have better insight and approach in a trauma patient. One may not be an expert in interpreting radiological studies but will be phenomenal in an ECG analysis. We all are subject to this, and we cannot all be equally good at everything.

To admit this is difficult, but it is for the best. This, in time will translate into better patient outcomes. Knowing our limits prevents us from being rash. As an emergency physician, we all have that inherent desire and a reflex to do everything ourselves, and although intentions are good, sometimes they do not translate as effectively. Armed with this self-awareness, an emergency physician will seek help early. Asking for help does not make us bad doctors or poor emergency physicians, rather it shows the maturity that comes with experience. It is the same situation when a surgeon calls in the internists to take charge of patient care. Because the surgeon is not trained to treat those medical ailments, but realizes that without proper treatment, his surgical intervention is unlikely to be a success. And the same holds true for emergency physicians. Our job is to do the best for the patients and if it involves seeking help, better to do it early than being late.

Emergency situations are dynamic. And often times emergency physicians are faced with difficult decisions, which, ultimately, leave us with two choices, to do or not to do. And these decisions are always hard. In these situations, it becomes of utmost importance for an emergency physician not to ignore his "gut-feeling". These decisions are always fraught with division among the treating team with arguments in favor of both lines of actions. Under such circumstances, ignoring one's clinical gestalt and not trusting the "gut-feeling" can be disastrous. Simply put, errors of commission are less dangerous than errors of omission, generally. But regardless of this, that sixth sense must not be ignored. With life and death in the balance, the simplest of things become important and must be weighed as such.

Another, rather important point, often overlooked by emergency physicians, is not knowing when to quit. Emergency physicians are trained to deal with anything, anytime. Being pragmatic is a job requirement. Yet, when we practice, we often overlook the fact that anything means anything. We have to deal with end-of-life situations, treat incurable illnesses, and a plethora of commonly uncommon scenarios.

This tends to make us very stubborn and at times, it becomes extremely hard to remain objective. Which in turn makes us utilize additional resources where none are needed or makes us put in a lot of emotion and effort, where the outcome is inevitably grim.

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The result of all this is emotional exhaustion and physical burn-out, which is detrimental to a physician's optimum performance. We need to know this. We must make it a priority to recognize those situations where the best of efforts will be fruitless. We must be actively, painfully, conscious of these observations. We must know when to quit. Drawing a line is just as important as going the extra mile. Without it, the emotional baggage we gain becomes too much to bear.

To be an emergency physician is an exciting job. Seeing patients in the most vulnerable condition while battling frightening illnesses, and helping them conquer those, is a privilege. Yet, if we do not seek help, ignore our own opinions, and fail to draw the line, that privilege, given to a few only, is wasted. We need to know our strengths, but more importantly, we need to be aware that we are not infallible. We need the humility that comes with this. Without that, we are no better than mere brutes playing messiahs.

P.S - The scene at the beginning is an actual situation faced by the writer. Thanks to the brilliant effort by the entire ED team, most of the patients made it.