A life in the day of a duty consultant

G Hughes

doi:10.1136/emj.2006.042812

Updated information and services can be found at:
http://emj.bmj.com/cgi/content/full/23/12/892

These include:

Rapid responses
You can respond to this article at:
http://emj.bmj.com/cgi/eletter-submit/23/12/892

Email alerting service
Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

Notes

To order reprints of this article go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to Emergency Medicine Journal go to:
http://journals.bmj.com/subscriptions/
A life in the day of a duty consultant

G Hughes

It’s 5:00 am.
The metallic trill of your mobile phone wakes you, sounding like clanging dustbin lids. You never sleep well when you are on call; the subliminal anxiety of awaiting a call constantly nibbles away, never letting you relax properly. The department is overloaded with patients. The 4 hour target is the stuff of legend. The staff need your help. Perversely, it’s almost a relief to get called in; the unbearable lightness of being available is answered.

Feeling guilty to take a shower, you grab something to drink and drive in. The roads are quiet, but then it is Sunday morning. As you walk into the hospital you can see the waiting room is very crowded. The smiles from your medical, nursing and clerical colleagues reflect their relief that a member of the cavalry has arrived. You exchange greetings and ask a few pertinent questions about the volume and acuity of the night’s work. There are no surprises. You go to your office, grab a pen and your stethoscope metaphorically if not physically roll up your sleeves, take a big sigh and you’re off. You work steadily physically roll up your sleeves, take a big sigh and you’re off. You work steadily, mentally roll up your sleeves, take a big sight and you’re off. You work steadily. There are no surprises. You know that you have day and night cover? Should I just concede with grace that it is a general thing and there is little you can do about it.

What concerns you is that the few times a year when you have to work with such intensity you feel you become clinically unsafe. Are you a risk for the patient and ultimately for yourself? Your ability to handle days like this will weaken as you age, it has to be said. Are you a genuine gripe? Is it possible to rethink how we provide an on-call service and support the department in times of severe stress? Can we limit the number of hours of consistent high-pressure work? Can we have a second on-call? Can we have day and night cover? Should I just accept it? It’s all quite complex and you don’t know the solution. Surely you are not the only person thinking like this.

Then you have an idea. You contact the EMJ to ask if they will consider publishing an editorial on the topic. The journal agrees to do it, anonymising the source.

You think about the modern working conditions for junior doctors. The European Working Times Directive is clear and prescriptive, but does it apply to consultants? You reflect that something seems to have been lost, but you cannot quite put your finger on it; then it comes to you; flexibility, and true camaraderie. Organisational loyalty? Professionalism? Do junior doctors these days only work to the letter of their contract and that’s it? Are consultants the fall guys who will always have to fill the gaps? You curse yourself because you sound like an old fart. You inwardly groan with embarrassment to hear yourself thinking the cliche you heard in your own junior days: “in my day we had to………,” “you don’t know what hard work is………”. You sound like a sun-dried, retired Colonel Blimp from Bagshot. You laugh at yourself and concede with grace that it is a generational thing and there is little you can do about it.

Professionalism? Do junior doctors these days only work to the letter of their contract and that’s it? Are consultants the fall guys who will always have to fill the gaps? You curse yourself because you sound like an old fart. You inwardly groan with embarrassment to hear yourself thinking the cliche you heard in your own junior days: “in my day we had to………,” “you don’t know what hard work is………”. You sound like a sun-dried, retired Colonel Blimp from Bagshot. You laugh at yourself and concede with grace that it is a generational thing and there is little you can do about it.

What concerns you is that the few times a year when you have to work with such intensity you feel you become clinically unsafe. Are you a risk for the patient and ultimately for yourself? Your ability to handle days like this will weaken as you age, it has to be said. Are you whining and self-pitying or do you have a genuine gripe?

Correspondence to: Geoffrey Hughes, The Emergency Department, Royal Adelaide Hospital, North Terrace, Adelaide 5000, Australia; chchhgb@yahoo.com

Accepted 10 October 2006
Competing interests: None declared.