

BMJ 1994;309:415 (6 August)

Attending physician abuse

Have you ever, dear house officer, been a victim of student abuse? Do you carry in your bosom the scars of months of demeaning remarks? If the embers of resentment are still flickering ever so faintly, then here are some confidential hints on how to get back at your attending physician. Try them slowly, like poison, one drop at a time, until you obtain the desired effect.

For openers make sure that the patients on your service or firm are scattered all over the hospital, on as many different floors as possible. Start rounds on the ground floor, preferably in the wing where the elevators have broken down. Make sure it takes at least five minutes to find the new patient, and try to arrive as he or she is taking a bath or has gone for a lymphangiogram. Move on to the next bed but leave the patient's chart behind. Wait till he asks for it - then look surprised and go back sheepishly looking for it. Let him stand there for a while - don't come back for 10 minutes. Program your beeper to go off at regular intervals, or wander off looking for a cardiac arrest and offer to help.

Try to drag out the rounds until lunch time, so that the clatter of the trays will unnerve him some more. Make sure there is never a chair by the bedside, especially if he likes to sit down when taking the history. Have the finance clerk come to interview the patient with stroke on the right, and the social worker the deaf one on the left. Instruct the head nurse to always go to lunch at the time when he is expected to make rounds. Make each patient watch a different television program with the volume turned on full blast, also have a radio blare away at the bedside of each comatose patient. At a minimum arrange for the cleaner with the buzzing floor polisher to drop in, but better still have a smoke detector go off or aim for a full dress fire drill as he comes.

Always stand on the same side of the bed as he when presenting a case and take a hefty dose of garlic the night before. Stand so close to him that you will literally chase him around the bed. Start the presentation at random, in the middle, emphasizing trivial details, then jump to the end, then to the beginning, dwell for 10 minutes on the social history, and always leave out essentials. Never give away too many facts and be intentionally vague to keep him confused. Never admit that you know why the patient came to the hospital in the first place. When he asks you a question take out your notebook and turn over the pages slowly, thoughtfully.

Make sure the patient is well wrapped and laced up so that the examination becomes an obstacle race. Arrange for the radiographs to be lost or signed out to the pulmonary service: it should take him at least 20 minutes to see one film. Then get him to climb back to the patient with the lymphangiogram. When you get there excuse yourself, say you have an emergency, and do not come back until you're sure he has finally given up on you and gone home.