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He no look good

During the day hospitals are bustling places where armies of doctors, computer terminals, and people with suspect job descriptions constantly interact in many different languages and jargons. But at night the communication superhighway comes to an abrupt end; the armies melt away; and the cadets take over while their generals and aides de camp sleep.

Nor do they always appreciate having their sleep interrupted. A colleague of mine remembers how during her first week as an intern she had to take care at night of a patient with florid lupus erythematosus. Unable to find her resident, she phoned her attending physician-- a distinguished professor--at his home. She was screamed at and told never again to call after midnight. She then gave the patient 25 mg of prednisolone, and was again scolded in the morning by the same attending physician for not giving antibiotics and high doses of intravenous methylprednisolone and for not doing a lumbar puncture.

Now sometimes the lower ranks likewise fail to meaningfully wake up. "I called you several times but you must have remained asleep, because I could not understand what you were saying," once said a nurse to the intern on morning rounds. The same intern, now a graying surgeon, recalls being called in the middle of the night to restart a blocked intravenous drip. He told the nurse to connect the drip to the nasogastric tube, and was surprised to find the next morning that he had given such a bizarre order, and that indeed it had been carried out.

Some years ago I was a consultant to a small private hospital where most of the nurses came from the Far East. As I learned the local dialect I found that nothing would strike more terror in my heart than being told by a nurse on the phone that the patient was weak. "Weak" had many different connotations, the spectrum of clinical states ranging from mild fatigue and indisposition to obtundation, coma, and hypovolemic shock.

Then there was the well known Chicago teaching hospital where a certain nurse, also from the opposite side of the great Pacific Ocean, will never be forgotten. On a "dark and stormy night" she called for the intern, explaining that "the patient--he no look good." "No," she continued, "he no look good, he hanging." The intern rushed to the floor and found the patient hanging by his belt from the ceiling. He correctly concluded, as he was cutting him down, that this particular health care consumer had not looked good for several hours.

Some two decades earlier, in a district hospital in the greater London area, a nurse called the intern saying that a patient had cut himself. The intern finished his supper, then took his time getting to the ward. There he found the patient, a depressive and asthmatic, had indeed cut himself. Using a razor blade, he had committed the un-British act of hara-kiri by slicing open a large incisional ventral hernia. With loops of small intestine scattered among the bedclothes, he also did not look good.

But communications can be difficult even in sunny Florida. Here a man in his 80s was seen wandering about on Miami Beach saying "It is terrible, it is terrible." "It is terrible," he continued, "quite terrible to have such a wonderful young wife. It is terrible, because she is so beautiful and gentle and caring." "It is terrible," he said, because he had forgotten his address and could not remember where they lived.