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Emergency room medicine: 1

Recent studies have shown that for many Americans the emergency room has become the main source of medical care. This issue has received attention largely in the context of care for the indigent, such care being perceived as unduly expensive, impersonal, episodic, and lacking in continuity. Hurried doctors seeing unfamiliar patients under stressed conditions will always order more tests than an unhurried evaluation of a known patient would require. Dissatisfied patients with unrelieved symptoms often wander on to the next emergency room, where the same tests are likely to be repeated.

Not so with middle class people, goes the prevailing wisdom, for they can contact their doctors at any time and thus do not have to wait for hours in emergency rooms. But most doctors nowadays no longer make house calls, nor do they see patients after hours in their offices or surgeries. For better or worse, then, the insured patient fares no better and still often ends up in the hospital emergency room.

This was best illustrated when my friend, a specialist physician, returned to his home town to visit his aged, widowed, and ailing mother, who lives alone. He found her slightly confused, surrounded by bottles of nitrites, tranquillizers, diuretics, hypoglycemic agents, digitalis, ß blockers, potassium chloride, and vitamins. He called her doctor--quite likely one of his former interns--asking if some of these pills could be put on hold, but her doctor insisted he take her to the hospital.

There, in a typical emergency room, she had a preliminary interview with a clerk; then with a nurse; both typing furiously on the computer. Then after a while an intern appeared, examined her, and insisted on ordering a battery of laboratory tests, even though my friend explained that everything had been done two weeks earlier. Returning after an hour, the intern said they were still trying to get a specimen of urine, and would he mind waiting a little longer.

So he waited, while television sets blared from each end of the room; a drunk wearing a woolen cap kept breaking into song; and new people walked in every few minutes. He noticed a young woman being interviewed at length by a clerk and made to sign various papers while water dripping on the floor collected in little puddles that the nurses kept mopping up. At last the interview came to an end; and the young woman whose membranes had ruptured was mercifully taken to the delivery room.

Then the clerk returned with a stack of forms and disclaimers. My friend waived his mother's right to have a Papanicolaou smear, at which time the nurse asked about her last menstrual period. He initialed various documents about cardiac resuscitation, living wills, responsibility for payment, and custodial arrangements for her clothes.

At last the intern reappeared and said the urine was a bit cloudy. He prescribed two tablets of double strength cotrimoxazole, and suggested she should see her doctor in the morning--which clearly should have happened in the first place, but which would require quite different arrangements.

No major changes in health care are being considered this year, the emphasis being on reducing deficits. But since many reformers continue wistfully to hold up the Canadian system as a better model, I will describe next time how emergency rooms function north of the border.