

CONFESSIONS OF A PROFESSIONAL HOSPITAL PATIENT

Coping, Surviving and Laughing with Crohn's Disease – IN and OUT of the Hospital

Chapter 7

THE EMERGENCY ROOM

No hand-holding, no cuddling, no candles and no promises. Beer instead of wine and “McDonalds” instead of a well-cooked steak dinner. The emergency room is the fast food, no-nonsense department of the hospital. The staff’s philosophy is akin to “Lov’em and Leav’em.” It is an area of the hospital which brings out the best and worst in medical care. However, in this era of managed care where physicians won’t admit a patient unless a butcher knife is ten (10) inches embedded into the chest cavity, more people than ever before are familiar with the hospital setting through their interaction with emergency room. To that extent, the emergency room has emerged from the “front lines” of medical care to becoming both a source of primary care and a substitute for patients who ordinarily should be hospitalized. The consequential over-crowding, pressure, eclectic patient population and increased expectations make for a unique environment that requires distinct coping skills.

TIPS ON GETTING TREATED

The definition of success as a patient in the emergency room is merely “To Be Treated.” To that end, I suggest the following:

1. Be persistent;
2. Whenever possible, vomit on hospital personnel;
3. Irregardless of your degree of pain, scream as if you just found out your mother-in-law is moving in; and
4. Faint or hyperventilate.

There is no emergency room busy season or slow time since people have accidents and do stupid things all the time. Whether it’s an unfortunate victim of a car crash or a cute, but incredibly stupid, little boy with a piece of a crayon stuck up his nose (I was cute though), the emergency room is always busy. To that extent, you will need to follow the above instructions in order to obtain prioritized care. While I doubt this is printed in medical school textbooks, the general rule in the emergency room is that the loudest person gets treated first. Exceptions are made for those patients who faint, hyperventilate or vomit. However, the vomit must actually strike a member of the emergency room staff to be prioritized ahead of the “fainters” and “hyperventilators.” Exceptions are also made for patients who persistently scream of pain. However, “Oh My God, It’s Killing Me” won’t rise to the exception level. You will need to be more creative such as, “I’m In So Much Pain, I Could Sit Through Two (2) Hours Of PBS Television Programming!” or “If You Don’t Give Me Something For The Pain Soon, I Will Leave, Quit My Job At The Post Office And Come Back!”

Seriously, I have tremendous respect for emergency room personnel because of what they are required to do and the conditions in which they are required to function. I also admire their willingness to accept the awesome responsibility of being in the “front lines.” However, my “prioritized care” suggestions are not far-fetched and are actually based on personal experience.

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Take the feeling of “pain” as an example. It is a typical complaint of emergency room patients but is usually intermittent and does not occur every second. Sometimes a movement or activity triggers it, other times it is spasmodic. However, once you acknowledge to emergency room personnel that the pain “comes and goes,” your priority will have “came and went.” It’s funny but it’s logical as emergency room personnel must be initially concerned with only the life-threatening or most serious cases. Therefore, if you have pain, scream! I am not encouraging you to lie or exaggerate your condition. I am just suggesting that you clearly emphasize the severity of your condition. However, if another patient seems more deserving of immediate care, be considerate and tell the attendant.

My first truly life-threatening but non-ambulance visit to an emergency room was due to an intestinal “obstruction.” While shut down for business, the natural peristalsis of my intestine nonetheless forced air and fluid to continue through and attempt to penetrate the occluded or “obstructed” portion of my intestine. When I began to experience the resulting child labor-like pain, I was at my parent’s house. They called my gastroenterologist and were told to immediately take me to the hospital in Manhattan at which he had admitting privileges. According to my doctor, my condition warranted immediate attention because the obstruction could cause an intestinal perforation. If that happened, he emphasized that I could die. When we arrived at the emergency room, it was filled-to-capacity with a broad range of patients. There were people bleeding from stab wounds, children crying and weekend warriors with knee and back problems. Given my perilous condition, my doctor had called ahead to notify the emergency

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room of my arrival. Despite my hair-raising screams and his instructions to admit me, I was told to sit in the waiting room.

My father, not being able to tolerate my suffering, literally carried me to the front desk and begged for the attendant to reconsider and facilitate my treatment and admission. She hardly flinched, however, and with the calmness of a librarian asked me for my insurance card. When I started to reach for my wallet, the pain made me double-over and I continued screaming. My father reached for my wallet and tried to find my insurance card. At the same time he pleaded for the attendant to summon a doctor immediately. The attendant said that there was an approximate one (1) hour wait. As my pain was spasmodic, I had several lucid pain-free intervals. During one, I sarcastically remarked, “Boy, the food must be really good!” She gave me a puzzled look. I then yelled, “I’m not here for dinner reservations, I am having an intestinal obstruction!” Before she countered with a snide remark, the pain kicked in again. However, this time it reached an unprecedented level.

WHEN ALL ELSE FAILS, VOMIT!

Along with the unprecedented pain came that strange anticipatory feeling in my gut. I sensed that something was about to projectile out of my body, I just couldn’t pinpoint the exact second. (In case you’ve never vomited, that strange anticipatory feeling is the exact opposite as the one immediately prior to male orgasm.) As I was attempting to bear down on the pain and maintain my composure, the attendant began asking me mundane medical background questions. I felt like my body was about to explode. Much to the chagrin of the attendant, I was right. I vomited all over her desk but, luckily, some rebounded and landed on her blouse. Then I passed out. When I awoke several hours later, I was in a bed admitted to the medical floor. I’m not sure whether it was my screaming, vomiting or fainting but I have a feeling either one on its own would have gotten me that room. However, I’m not sure the vomiting would have worked without the fortuitous rebound. Ergo, my advice to aim!

LISTEN TO YOUR BODY

While vomiting, fainting and creative screaming will usually get you treated, persistency is medically important. Although emergency room personnel routinely save lives, sometimes their care is designed to temporarily resolve symptoms rather than alleviate problems. They are certainly capable of solving problems. It's just that often they can't because of too many patients and too little time. As a result, you must be persistent in your pursuit of a resolution to a problem even if you must go to the emergency room several times for the same problem. This persistency is even more important with the advent of managed care because many patients seeking primary care now look to the emergency room. However, don't forget that being discharged from the emergency room does not necessarily mean that your problem has been solved. Some patients mistakenly make this assumption because emergency room personnel are extremely competent, comforting and thorough. Others make the assumption because they are lazy or cost-conscious and don't want to follow-up with their primary care physician.

By way of example, I was recently “rushed” to the hospital by my secretary for severe back pain. I suspected that I had a kidney stone because I was unable to urinate and was experiencing intense pain in a specific area of my lower back. I begged my secretary to drive 100 miles an hour and “rush” me to the hospital but probably because I was paying her by the hour she wouldn't drive faster than the speed limit. When we arrived in the emergency room, the staff quickly attended to me since I had classic kidney stone symptoms. Due to my inability to urinate, they immediately catheterized me and the pain was substantially reduced. However, all diagnostic tests for kidney stones were negative. The assumption was that I had probably passed an almost microscopic stone while I was catheterized. I was fine with that conclusion since the pain was gone.

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After a few hours, a nurse took out the catheter and told me that I would be discharged after I “voided.” As soon as the urge to urinate came upon me, I went to the bathroom. Just as I was about to enter the bathroom, the nurse whispered to me that I might experience a little “discomfort” due to irritation from the Foley Catheter. When nurses, as opposed to physicians, use the word “discomfort” it is usually just that - an accurate description of minor irritation or pain. Having had several Foley Catheters in the past, I was familiar with this slight “after-effect” discomfort. Much to my surprise, however, when I began to urinate it felt as if razor blades were coming out of my penis! Hearing my screams, the nurse came into the bathroom and assumed that either I was acting out a scene from the movie “Something About Mary,” or I was simply extremely sensitive to pain. I complained of the “razor blade” abnormality, but she just thought I was a wimp who couldn’t handle the minor “discomfort” after-effect. She was obviously studying to be a physician as she had a firm grasp of their arrogant “discomfort” description. As a result, I was discharged but told to follow-up with a urologist. Despite my razor blade description, my urologist couldn’t fit me in to his schedule for a few days. I suppose his schedule was booked up with more serious patients like those urinating jagged-edged javelons!

I went to sleep when I can home but was awakened in the middle of the night with the urge to “void.” When I went to the bathroom I began to urinate and that good old nostalgic “razor blade” feeling came upon me once again. Obviously there was something seriously wrong but I initially felt uncomfortable going back to the emergency room since the staff concluded that I was fine. Nevertheless, I telephoned an ambulance and was back at the hospital within fifteen minutes. Luckily, tests revealed that I had a kidney stone lodged in my urethra thus explaining the “razor blade” sensation. The stone was apparently undetectable during my first emergency room visit because it was midway between my kidney and urethra.

I imagine there were more sophisticated tests that could have nevertheless correctly diagnosed my condition during the first visit. However, the combination of the difficult

diagnosis, time constraints, high number of patients and limited supply of personnel made it unreasonable to expect such testing to be performed in the emergency room. Besides, during the first visit my primary complaints were only severe pain in my lower back and an inability to urinate. These complaints were addressed and completely resolved. The resulting “razor blade” sensation could have been, as they suspected, simply an overreaction to the removal of the catheter. However, my persistency was the difference. Thanks to my urologist not comprehending the sensation of a razor blade emanating from my penis, this story is also a good example of the increasing use of the emergency room for both urgent and primary care. In short, don't be afraid to go back to the emergency room for the same problem even if doing so is embarrassing.

CALL YOUR PHYSICIAN BEFORE ARRIVING

It is also a good idea to phone both your physician and the emergency room before you arrive so that both are aware of your intended arrival. Such notification can expedite your care. However, depending upon the time of day or night, this can also annoy physicians. Do not be concerned, however, because if they did not want to be bothered in the middle of the night they would have chosen another occupation. Nevertheless, be prepared for an attitude when you arrive at the hospital particularly if it is 3:00 AM and your ailment seems to have a history of inconvenient timing. Obstetricians are comfortable with this type of inconvenient timing because women give birth on nature's timetable. Strangely, other doctors do not share this logical perspective about appendicitis, kidney stones, intestinal obstructions, asthma attacks, etc. Are you not supposed to have a heart attack in the middle of the night? Is your ulcer not allowed to bleed whenever it wants? This is a touchy issue with me because I have had horrible experiences with physicians in the middle of the night as my Crohn's Disease has a mind of its own and often flares up with a total disregard for appropriate timing.

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While I might appear critical of specialty physicians with respect to emergency room visits, most of the difficulties can be avoided if patients are considerate. Do not page your doctor at 3:00 AM if you think you are bloated and feeling constipated. Do not page your doctor at 3:00 AM if you need cough medicine. However, do page your doctor at 3:00 AM if you have shortness of breath, severe abdominal pain or shooting pains down your arm. Be smart. Take advantage of your physician’s 24-hour accessibility but do not abuse the privilege.

My cynicism aside, I have had some pleasant experiences after being met in the emergency room at the most inconvenient times by the friendly face of my specialty physician. While he or she did not enjoy waking up in the middle of the night, they understood my illness and their job with respect thereto. Their compassion under the adverse circumstances was remarkable. However, I had one experience with a physician meeting me in the emergency room that to this day still concerns me about being a patient in need of emergency care. In keeping with the design of this book, this story could have been included in the “Physician” chapter but it belongs here because it occurred in an emergency room - a place I have come to count on for vital health care - 24 hours a day, 365 days a year.

AN ABBERRATION: MY ONE TRULY HORRIBLE EXPERIENCE

This story is not an accurate reflection upon my experiences in the emergency room because, other than long waiting periods and the vomit episode, it is the only negative experience I can remember. This is significant because I have been brought to emergency rooms on at least thirty-five occasions, for a variety of conditions, in several different parts of the country, and at many different times of the day and night. Some visits were life threatening, others were merely run-of-the-mill ailments. In every instance, however, no matter where I went, the quality and consistency of care was excellent. Matter of fact, it is for this reason that people like myself with chronic illnesses that require unpredictable hospitalizations have been able to conduct normal

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social and professional lives (e.g. traveling). We do not live in fear of being hospitalized specifically because of the quality and dependability of emergency rooms and emergency room personnel. Therefore, try to look at the following story as the rare exception exposed for the benefit of spotlighting the high quality, consistent, compassionate and courteous care provided in emergency rooms around the country.

It was 1993 and I had been having a very difficult time with my Crohn’s Disease. I had been obstructing almost on a daily basis. As a result, I was rushed by ambulance to the local New Jersey hospital on two different occasions within the same week at 2:00 AM and 4:00 AM, respectively. Unfortunately, each time the same gastroenterologist was “on call.” He was not the physician I routinely saw in that “group” but he was the covering physician on these two occasions. Usually such established specialty groups had residents or fellows handling overnight “call.” But this group, for some reason, was simply comprised of a few partners who shared overnight call in some pre-planned rotational schedule.

The first night he treated me competently. The second night, he was irritated. His irritation bothered me because it implied that I had some control over the circumstances. In fact, my lack of control was psychologically devastating to me. This in turn exacerbated my condition. While administering various medications during the second visit, he began to question the legitimacy of my complaints as if I actually enjoyed getting up at 4:00 AM for my second ride to the hospital in an ambulance within a week. I felt his accusations did not deserve to be legitimized by a denial so I just said nothing. In the “uncomfortability” of silence, I noticed I showed up both nights in torn sweat pants and old t-shirts while he was impeccably dressed in Gucci shoes, designer slacks, expensive shirts and natty ties. I was his cash cow - a chronically ill patient with disposable income. My mind began to race as his inhumane treatment of me apparently struck a nerve. I was acutely aware that patients like me made his life as financially comfortable as it was.

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As the administration of medication was unsuccessful in relieving my pain, he grew extremely frustrated and began directly attacking my manhood by virtue of my inability to deal with the pain. At first, I was unable to verbally defend myself because narcotics and the continuing onset of intense spasmodic pain compromised my thought process and made me completely emotional. However, he persisted and did so in front of my parents, several nurses and other emergency room personnel. His words were biting and his tone was nasty. As if my pain, frustration and nightly ordeals weren't enough, a physician who suspected I enjoyed the attention, drugs or overall sensation of being a patient was treating me. While I imagine there are patients who fall into those categories, I clearly was not. Finally, the pain, utter frustration, emotional sensitivity and complete embarrassment made me cry. He then increased the intensity of his tirade and scolded me as if my crying somehow indicated my admission of guilt as to his allegations.

I eventually summoned up the strength to stand up and look him eye-to-eye hoping that eye contact would somehow convey my genuine pain and horror. Nevertheless, he continued to berate me like I was a little boy caught playing with matches. I pleaded with him to stop yelling at me but he was so intensely agitated that the veins were popping out of his neck. Out of total frustration, I attempted to punch him in the face. The nurses interceded and somehow he got away unscathed. I subsequently left the emergency room and made plans to see a new gastroenterology group in New York a few days later. For fear of encountering him again in the emergency room, I stopped eating until my New York appointment. The New York doctor conducted several diagnostic tests and discovered I had eight intestinal obstructions. He was surprised I was still alive and walking not to mention functioning as an attorney! Within a few hours of the results, I scheduled surgery to repair the obstructions. Thanks to an excellent surgeon, I got my life back.

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Some people take solace in being able to say “I Told You So,” but I never got that opportunity because that gastroenterologist who mistreated me in the emergency room was part of a group practice represented by the law firm at which I was an associate. Not only was he dangerously wrong in his diagnosis but his actions made me fearful of being treated in emergency rooms. Nevertheless, as a peon at the law firm, I was dissuaded from filing a formal complaint with the appropriate authorities. That didn’t stop me from thinking about him though. In fact, I thought about him when I contemplated writing this book. I also thought about him whenever I was too tired to finish paragraphs, pages and chapters. However, the resulting anger got me through and fueled my desire to finish this book and share my experiences with other patients. Looking back, with the publication of this book I guess I finally reported him to the proper authorities after all.