



Traffic patterns

Rory O'Sullivan MD CCFP(EM)

I am a family doctor, but today I am a patient. I sit in a back hallway in the emergency department. It is the middle of a sleepy Sunday afternoon. I press a bandage to a laceration across the top of my right hand and keep my right arm elevated. A minor cut, but a deep one. Here I sit, squirming within a through-the-looking-glass feeling.

An elderly man shuffles down the grimy hallway into the examination room directly opposite. He stoops low and wears a battered old coat. He has a large gauze pack inserted in his nose. It is soaked with blood, and dried blood cakes the left side of his face. He looks weary. I suspect he is probably taking blood-thinning medications that have made his situation worse. It's funny how your professional intuition builds over time. I have no basis to say so, but he looks like a man who needs blood thinners.

A middle-aged woman I take to be his daughter trails him into the room, exuding a different shade of weariness. She is concerned about him, but this is not her first visit to the hospital. She produces his medication bottles from her gigantic, worn purse. They speak to each other in hushed tones, in a language I can't quite place. It strikes me as eastern European in origin. Maybe I've seen too many movies, but my mind conjures up images of fur hats and coats, Cossacks on horseback, bitter winter winds, a bubbling stew on an old stovetop. The man would not be out of place in these scenes.

A harried-looking resident doctor barrels up the hall into the room. Sloppy hair and a day's worth of stubble. He does not knock and leaves the door open. He snaps latex gloves into place as he moves, head down. "OK," he announces, "let's have a look." He intends to inspect the nasal packing and moves to the wall to look for his equipment. He doesn't find what he's looking for. "Just a sec."

He swishes out of the room and moves up and down the hallway 3 times, 4 times, wearing an expression of grim, irritated determination that I instantly recognize. I have felt the way he looks many times. Things in the emergency department are often not easy to find, and the clock is ticking.

Finally, the resident is back, and he quickly inspects the bloodied and bewildered older gentleman. "OK, good.

Dr O'Sullivan's story is the winning story of the 2022 Mimi Divinsky Award for History and Narrative in Family Medicine sponsored by the Foundation for Advancing Family Medicine of the College of Family Physicians of Canada. This award is named in memory of the late Dr Mimi Divinsky for her role as a pioneer in narrative medicine in Canada. It recognizes the best submitted narrative account of experiences in family medicine.

It looks like it did the trick. You'll have to come back on Tuesday to have that removed." He scribbles a note on a piece of paper. "You should have a follow-up in the ENT clinic. You'll have to call them for an appointment." He hands the paper off to the daughter. He pivots on the balls of his feet. She nods her thanks.

"Uh, he wants to know if he can take Tylenol."

The resident nods. "Sure. Regular or extra-strength, either is fine."

"How much can he take?"

"Regular 325 mg." He is speaking quickly now. "One to 2 tablets every 4 to 6 hours to a maximum of 4 g per day or extra-strength 500 mg 1 to 2 tablets every 4 to 6 hours to a maximum of 4 g per day." A long beat passes between them. "It will say on the bottle. Tylenol is fine."

The daughter processes this and looks grateful. She takes a breath. "And what about his bloodwork? Everything was fine?"

The resident looks blank. "I'm sure it was fine. I'll check." I blink and he has disappeared. Father and daughter return to speaking quietly about the wind coming over the Russian steppes.

A new doctor enters the room. He is only a few years older than the resident, but he walks slowly and speaks loudly. It occurs to me that he possesses an economy of movement born of experience. He speaks loudly, not from a place of authority, but because it is more efficient to be heard the first time. He must be the attending physician.

"OK, let's have a look," says the new doctor. "Looks like it did the trick. You'll have to come back to have this out on Wednesday."

The daughter pauses. "Wednesday or Tuesday?"

"Wednesday would be best. We'll ask for a follow-up in the ENT clinic. You'll have to call them for an appointment."

She nods. "And what about his bloodwork. Was it OK?"

He looks blank for a second. "Yeah, we'll have a look at that."

The second doctor leaves the room. The old man leans over and spits a blood clot into the garbage can. He sits back and sighs. I wonder what waits for him at home. Maybe a warm little apartment, a comfy chair, a cup of tea or a scotch with ice. Maybe wrestling on the television, or opera on the radio. Maybe the buzz of big-family conversation, or maybe a melancholy silence.

A nurse enters the room. "OK, you're all set to go!" He hands over more paperwork and leads them out into the hall. "It looks like you've been referred to the ENT clinic for follow-up. So you just have to wait for them to call you."


“We call them, or they call us?”

The nurse considers for a moment. “They call you ... but it’s not a bad idea for you to call them, too.”

A momentary silence settles over the hallway. I play the vignette I’ve just witnessed back in my mind’s eye. I marvel at how this man and his daughter have navigated the Swiss cheese that is our health system. Rushed, brisk, fragmented, unsatisfying.

There is a busy intersection near my office. None of the traffic lanes line up, and there is an unusual, esoteric pattern of signs and lights. The way the streetcar pulls up practically begs pedestrians to dart across the road. The design might have made sense 50 years ago, but it is not suited to the complexity of today’s traffic. The result is a constant honking of horns, frustration, anger, near misses, and sometimes serious accidents. Periodically there is a half-hearted proposal to do something: rearrange the signage, or change the direction

of flow, or dig up the street entirely. But there are too many moving pieces, too many granular details, and too many other, bigger things to worry about. Yet the granular details are what matter. They add up to a calamity greater than the sum of its parts.

A custodian quietly slips into the empty examination room. Quickly, the paper covering on the table is changed, the garbage can liner is whisked away, the floor is swept. A different nurse helps an elderly lady in to sit down. The lady has a patch over one eye. The nurse leaves, the door hangs open, and the new patient looks into the middle distance and waits. 

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