

## MEDICAL STUDENTS SPEAK

### Making choices in an emergency room

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We presented a hypothetical situation to six young medical personnel – two third-year medical students, two junior residents and two senior resident doctors, all at the emergency department of the All India Institute of Medical Sciences in Delhi – and then asked them some questions.

The hypothetical situation was as follows: You are working in the emergency room of a public hospital where the inflow of patients is higher than the available beds. You are treating an elderly man who is breathless and cyanosed. While you assess whether he has chronic obstructive pulmonary disease or heart failure, he becomes drowsy and starts gasping. You quickly intubate him with some difficulty, prolonging his period of hypoxia, and put him on ventilator support.

You then get a phone call from a senior consultant in the hospital that an important social activist is about to arrive with chest pain and will need to be admitted. You are directed to arrange a bed for him. The activist arrives; you walk up to him and make him comfortable on an examination couch. Your clinical acumen tells you that he is suffering from a benign disorder and does not need emergency attention. His aides are anxious and demanding.

A comatose woman is now brought in. You find out that she has a fulminant, post-partum illness for the previous three days. She is very sick and toxic.

*You have one vacant bed and three patients. What would you do?*

You decide to allot the vacant bed to the young woman. The senior consultant finds out that you had a vacant bed and did not allot it to the activist. He is unhappy with your discretion and disobedience. Just then another bed is vacated.

*Now you have two patients and one bed. What would you do?*

Your consultant comes to the emergency room and attends to the activist with chest pain over the next ten minutes. You feel confident that the patient has a benign condition. Your consultant thinks otherwise and asks you to start anti-anginal treatment.

*Would you follow the chief's orders or question him?*

The two medical students, two junior residents and one senior resident were firm that they would admit the girl with sepsis. The other senior resident was of the opinion that he would admit the activist.

He said, "It is easy for someone to stand on the perimeter and talk about ethics and preferences. The choice is not between the three patients. It is easy with such limited numbers. The choice is unnerving when the numbers are skewed as high as 35 patients waiting for one vacant bed. How do you decide when one patient is a four-year-old boy with pneumonia and no influential contacts? Another is an 18-year-old girl who has been in a road accident and is bleeding so badly that she will die if not operated within the hour? And there are also a 45-year-old alcoholic with liver failure, a pregnant mother with suicidal poisoning, and a 25-year-old boy with neuroparalytic snakebite, among scores of others? This, along with phone calls from your own hospital for someone and phone calls from bigwigs all over the country for somebody else and a couple of reference letters? With no policy on whom to admit, how does one decide? What is the harm if someone gets obliged by an admission rather than offended by another?"

The two students favoured the activist with chest pain over the elderly man with COPD, who had probably suffered brain damage due to the delay in intubation. Both junior residents preferred the elderly man with COPD because they felt sure that the consultant would see that the activist's condition was benign. One senior resident said he would give the bed to the elderly man with COPD. In his opinion the other patient did not merit admission. The other senior resident said that the second bed would go to the young girl and not the old man who had already lived his productive years while the girl had a reasonable chance to come out of her illness.

The medical students said they would question the consultant's orders and try to reason with their concerns. Both junior residents felt that they would follow the orders without question because the consultant had more experience and knowledge and the decision was his responsibility. One senior resident said that he would try to ask the chief about why he made such a decision, but if the chief insisted, he would comply with the orders. The other senior resident said that such a situation would not arise because he was sure of his own judgment and certain of the consultant's confidence in his judgment.

The responses suggest that young doctors do empathise with their patients and do not blindly follow instructions. These observations point to the need for more systematic study.