You ask why I came in today as opposed to yesterday or last week. Does it really matter to you? I am here now and want help in figuring out what is going on, or at least in making sure it isn’t something serious. There is no other place for me to go. I called my doctor’s office, but they can’t see me for several days or weeks. They told me to go to the emergency department. So, why do people treat me as if I am imposing on them by being here? Believe me, there are hundreds of places I would rather be right now than on this uncomfortable stretcher. I sense the subtle rolling of eyes or sighs from some after I tell them what is wrong. My problem may or may not be new, but that is why I am here — to try to figure out what is wrong. Sure, I might have been seen here before — last year, last month, or even last week. Heck, I might have been here yesterday. But now something feels wrong. The doctor told me to come back if anything changes or gets worse. The discharge instructions have that written on them. Why do I feel like I have to apologize for being here?

While sitting in this less than private room, I can hear the staff laughing and telling stories about other patients. I am not sure, but I think I can even hear the doctor joining in. It makes me embarrassed to tell you all of my story. I hesitate to divulge information that I think might be used in the next round of stories after I leave, even if that information might help you figure out what is wrong with me.

I am afraid to ask for more pain medication for fear of being labeled a drug seeker. Morphine really doesn’t work for some people, but god—forbid they say so and face the scowl of hospital workers assuming they are drug addicts. Instead I agree to try several rounds of less effective medications before I ask for the one that always works. I suffer longer, make more work for the nurse and doctor, and stay here longer — all so I am not labeled a drug-seeker.

You may think my chest pain or abdominal pain is run of the mill or a slam dunk, but for me it is the first time I’ve experienced something like this. Your cavalier attitude towards my complaint makes me feel stupid, and I don’t want to agree with anything that you have to say, let alone your diagnosis and plan to send me home. I expect you to be confident, not arrogant. I want your critical decision-making, not your criticism. Your assumptions really don’t help. I might have pancreatitis due to a prescribed medication rather than alcoholism. The way you asked that question is subtle, but tells me a lot about how to answer those that follow. Your judgment, though silent, is apparent.

I show up at the emergency department because I believe I will be seen and treated by the best doctors. If there is somewhere more appropriate for me to go, why doesn’t anyone tell me? I am forced to seek help in a broken system without anyone to point me in the right direction, so I’ll go to the place that I know can treat me. I know that you are busy and often see people who might not need to be here, but I am sure my condition is different. I wouldn’t be here if I knew this was just a cold. I am concerned about so much more. You might not ever understand.

You ask me what is wrong and I tell you my symptoms. If you were to ask what most concerns me or what matters to me the most, I would probably answer differently. If I was comfortable with you and you hadn’t rolled your eyes or sighed, I would admit that I Googled my symptoms and now I am terrified that I have cancer — or maybe something even worse. Without knowing this, you will never be able to satisfy me or address why I came in. If you were kind enough to ask and I thought you actually cared, I would admit what I am most afraid of and would appreciate your opinion — free of sneers or chuckles. Remember, this is what you do every day of your working life. I don’t know as much about the human body and I am scared.

I don’t understand the terms you use. What does benign tumor really mean? All I hear is tumor, which I know is bad. Why do you have to say otitis externa, when I understand swimmer’s ear or ear infection? If you make me feel uncomfortable I will not ask what your words mean, but will wait and look them up afterward, often getting them wrong.

I realize that you ordered a bunch of tests and did some scans or something, but if I leave without understanding what really happened or what you were thinking, in my mind you didn’t do anything for me. If my discharge diagnosis is the same as my initial complaint and I leave without understanding what has been ruled out — and just what “ruled out” means — then can you honestly say you did do anything of worth for me?

Just as with other purchases, I will eventually make a decision based on numerous factors. If the service I receive in your ED is not what I expect for what I pay, then I might not ever return to your department, even if I am having a heart attack or stroke. The way you make me feel will outlast anything that you say or do to me, so please think twice about treating me as if I don’t belong.

Certificate of Excellence in Emergency Department Workplace Fairness

The American Academy of Emergency Medicine strongly supports fair working practices for emergency physicians. Consequently, it will certify excellence in the ED workplace if ED physician employees are guaranteed the following five workplace conditions: due process, financial transparency, financial equity, political equity and no post-contractual restrictions.

Applicants pending receipt of the Certificate of Workplace Fairness include the following:

St. Mary’s Janesville Hospital — Janesville, WI

Emergency physicians are encouraged to contact AAEM (anonymously if desired) at http://www.aaem.org/forms/certificate-of-fairness-report.php to report a listed group that they believe is not in compliance along with an explanation.

Members interested in receiving the Certificate of Workplace Fairness for their group may apply online at http://www.aaem.org/benefits/certificate-of-workplace-fairness.