



Verbal Abuse

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I started yet another job at a small critical access hospital somewhere else in the northwest this past week. Most small towns are pretty proud of their local hospital. They appreciate the personalized

care, and they are glad that they don't have to drive all the way to the next town or several towns away to seek medical care. I'm learning that the dynamic at this facility is quite different. For whatever reason, the hospital seems to have a bad reputation and quite a few patients and their families walk in with a chip on their shoulder, announcing how much they dislike the place in opening remarks.

Saturday was my second solo day there. I had a shadow shift on Thursday to learn the ropes and then Friday was my first day. We had a critically ill patient in need of higher-level care stuck in the emergency department for nearly 24 hours. Not only was air transport grounded, but a major winter storm closed all the highways leading to any higher care facility. I had taken care of him the night before, signed him out to the night doc, and picked him back up in the morning. Strangely, we were able to get the airport plowed and then de-iced before the roads opened. I was on the phone with the intensivist at the tertiary care facility fine-tuning his care before transport when I got handed an EKG from a new patient. "I have a STEMI, I've got to go."

I walk into the room and see a gruff looking older man with shaggy hair and a long beard. I introduce myself and ask him to tell me about his symptoms this morning.

"Well, I started getting this pain some time ago. I was just sitting on the couch. So I drink some apple juice and then ate a bear claw and that didn't help so I called my landlord who brought me here."

"When did it become okay to treat another person like this?"

"In a situation where things are usually pretty clear, straightforward, and efficient: it was just frustratingly sticky."

"You said 'some time ago,' can you give me an estimate of when your pain started?" This unfortunately leads to the patient screaming at me about 'how is he supposed to know when the pain started, why am I bothering him' etc. Then he won't even talk to me until he pulls up his call log to see when his call was to his landlord. This was 10:17am...so I try again.

"Would it be fair to estimate perhaps 30 minutes before the call is when your pain started?"

This unfortunately leads to another round of screaming. Now I'm being yelled at because he found the time of the landlord call, isn't that what I was looking for? I remind him it's not, because you told me you drank some apple juice and had a bear claw and I assumed that took some time. But he's just screaming and screaming at me at this point and I'm not going to get any information out of him regarding the time. So I take my estimate and move on to my next task.

"Did you take aspirin this morning?"

"My pills are in the bag over there..."

This is not what I asked. Knowing his medication list does not tell me if he took them this morning. When you're taking care of a STEMI especially at a critical access place, you need to be doing several things simultaneously. Getting a history and starting initial therapy. Reviewing the rhythm strip and watching for arrhythmias. Contacting the transfer, arranging air or ground transport, discussing with cardiology who will generally activate the cath lab. This guy doesn't seem able or willing to answer a direct question so while he's still talking about his medicines and all the things that he's packed in his little bag, I asked the nurse to get him some aspirin and nitroglycerin. This incites another round of yelling. He starts murmuring under his breath how I'm not listening to him, I don't care, what kind of doctor am I etc. etc. To the point where my nurse actually pulls him up short and tells him under no uncertain terms he needs to be more respectful. I let him know, again, that he's having a heart attack and because time is of the essence I need to initiate therapy and transfer at the same time I'm getting a history and I apologize for any perceived inattention. In a situation where things are usually pretty clear, straightforward, and efficient: it was just frustratingly sticky. But despite everything, we got him taken care of and out of there pretty quickly.

My next verbal attack of the day was a mother with a sick baby. She got angry with me at the outset because I wouldn't pay attention to her ridiculous Google diagnosis. I just couldn't. I did let her know that her infant's symptoms were because he was dehydrated, and it was not meningococcus like she found on Google. But she kept shoving her phone in my face and I was just not interested. Couldn't even pretend. Unfortunately

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we had a difficult time getting the IV and it took a while to get her kid feeling better so she was pretty snarky and rude. But hey it's a sick baby right? Those are always tough on the parents.

The third one takes the cake though. A young man comes in with Coronavirus symptoms. Some respiratory and some GI. His wife is in the room with him. I let them know that I think this is Coronavirus, I'm planning on an X-ray and giving him some medicine for nausea. If that doesn't work we can talk about an IV. As I walk out of the room his wife starts muttering, "Oh so we're here for an hour and we're finally getting medicine for nausea, boy that's something..." I can actually hear her eyes rolling.

“Nobody goes into medicine to be a punching bag, yet that's what I felt like all day.”

Later the nurse updates me and lets me know that the oral medicine worked and he's keeping down fluids. Vitals remain stable and I'm getting ready to discharge them. I walk into the room to let them know I'm preparing the discharge. His wife asks me about the X-ray results. I told her I just looked at three X-rays I thought it was okay, but let me double check it so I don't give her misinformation. She starts muttering again, "Oh sure you did the X-ray, oh yeah right you looked at it etc. etc." I double checked the film, it was fine so I go back to the room to let them know the X-ray was clear.

"So you're saying he can go to work at 2:30. That's what you're saying? It's fine for him to go to work?"

I actually look behind me because I'm trying to figure out who she's had this conversation with. Nobody is there. I look back at her and say, "Did somebody tell you it was okay for him to go to work?"

"You just did. That's what you said right, it's fine for him to go to work: everything is fine and he can go to work at 2:30."

I try to clarify. "No, I did not say that. What I said was that his X-ray is clear. I'm worried about Coronavirus so it'll be some time before he can go back to work even if his test is negative, because of the high false negative rate."

"Well it's not like you're really a doctor so I'm certainly not going to ask for a doctor's note."

No exaggeration. She said those exact words to me. I let her know that it was clear she wasn't interested in anything I had to say, but I wrote explicit discharge instructions and they could follow them if they wished. And of course I wrote a doctor's note for work.

When did it become okay to treat another person like this? Not only okay, but somewhat expected and acceptable apparently. And the worst part is that if I even try to defend myself or call out her rude and inappropriate behavior, I will get nailed to the wall for not bowing to the patient satisfaction score, not creating a positive customer experience, and somehow it becomes my mistake. This isn't even wanting to be treated with respect because I'm a doctor and have more training and education and experience. This just comes down to simple human decency. Which is clearly lacking. Nobody goes into medicine to be a punching bag, yet that's what I felt like all day. It's disheartening. People talk about moral injury in medicine and how it contributes to escalating burnout; it's moments like this that contribute to that. And dozens and hundreds of them over the years that just make you cynical, and feel like a robot at work.

I don't know when it became okay to verbally assault your doctor. I don't know when defending yourself became inappropriate and expecting basic human decency or courtesy was a pie in the sky thing. I know even when I was in pre-med in the early '80s people were telling me, "Don't be a doctor it's not like it used to be." So I think it's been a slippery slope for a long time.

I am grateful that this is not the small town that I live in. I can take pride that my ethics and belief in basic human decency still exist. If I can still believe in people, then it is okay to expect more. Courtesy and civility still belong in public discourse, The Golden rule applies to all of us. ●

AAEM Wellness Resources

AAEM recognizes the burnout that emergency physicians can feel. Our jobs are demanding under normal conditions, and COVID has just increased that demand and feeling of burnout. The AAEM Wellness Committee works on resources and efforts to decrease burnout and increase well-being. Examples of Wellness Committee projects include:

- Wellness activities at the Annual Scientific Assembly
- AAEM Position Statement on Interruptions in the Emergency Department
- Suicide Prevention and Awareness Efforts
- Articles in the AAEM member magazine, *Common Sense*

To access these wellness resources, please visit:
www.aaem.org/get-involved/committees/committee-groups/wellness

