Letters to the Editor

Conflicts in Casualty

Emergency care doctors face numerous hurdles preventing them from achieving optimal patient care. We are often reliant on the "on-call" doctor to admit or provide a second opinion and this process can become cumbersome and many a time, creates conflict between the Emergency care doctor and the relevant "on-call".

Some hospitals in South Africa, particular the smaller institutions have their casualty doctors admit patient's directly to the wards, whereas the bigger institutions have different options ranging from Emergency admission wards to having to call the "on-call" specialty doctor.

I have identified numerous problems and communication with other colleagues has revealed similar problems throughout South Africa.

1. Incomplete or erroneous call lists
   Solution: Call lists need to be submitted to casualty before the end of the month with the names of the **day time** and after hours on- call doctor preventing wasted calls and saving time.
2. Difficulty in obtaining the doctor on call.
   Solution: Hospitals should utilize either a bleep or speed-dial system, or have a number where the doctor can be easily reached
3. Refusal of the on-call doctor to come to the emergency department when called, dismissing the Emergency care doctor's assessment as "trivial."
   Solution: A senior to the doctor or Clinical manager should be called.
   A policy for disciplinary action should be in place.
4. Disagreement about to whom the patient needs to be assigned to. Solution: Discussion amongst colleagues with firm written reasons in patients file/ folder stating reason for referral.
5. Junior doctor's (interns) receiving ill patients and mismanaging the patient; ie) either inappropriately discharging the patient or admitting the patient on incorrect medication.
   Solution: Interns must be reminded to consult their immediate senior to avoid nasty complications.
6. Interns frequently being left alone to handle excessive workloads. eg, to cover the wards and casualty.
   Solutions: Immediate seniors must be physically present to assist their juniors and not simply be at home, "waiting to be called".
7. Unacceptable waiting times after being referred.
   Solution: Possible solutions include a waiting time limit be implemented by strict policy or more simply have seniors assist their junior. A frequent occurrence in South Africa is: "Don't call me, call the intern!"
8. Poor management of critically ill patients after been stabilized, or frequently "running away from a resuscitation" and failing to assist.
   Solution: Doctors are urged to take up additional courses such as ACLS, PALS/APLS/, ATLS, and AMLS.

In the end, it is pertinent that we always act in the patient's best interest. Many problems can be averted by simple communication, diplomacy and finding compromise in order to achieve "a better life for all".

Lahri S,
MBChB (UCT), PALS, ACLS, ATLS, AMLS
Community Service doctor- Emergency Medicine
Polokwane/Mankweng Hospital Complex

Failure to establish IV therapy

Case History 1:
Mr X, a 65 year- old male presented to his GP with a history of profuse diarrhoea. His practitioner noted him to be severely dehydrated with a BP of 60/40 and sent him to hospital for further management.

Case History 2:
Mr S, a 40 year-old HIV positive male presented to his specialist physician with a history of persistent vomiting and diarrhoea. Also noting the severe dehydration his physician referred him to hospital for further management with no mention of BP or Pulse.

In both instances the patients were severely dehydrated and were in shock. Mr S had a BP of 58/32 and an altered level of consciousness. Both practitioners did not initiate IV therapy before referral, the reasons of which were that "time would be wasted".

Failure to initiate IV fluid therapy in such urgent situations cannot be excused. Be the reason "financial" or "time" these case studies represent gross negligence and the benefit of establishing IV fluid therapy certainly would outweigh any other reason for failure to do so.

Sa'ad Lahri
MBChB (UCT), PALS, ACLS, AMLS, ATLS
Community Service Doctor
Polokwane - Mankweng Hospital Complex