



COLUMN: IT'S A BEAUTIFUL DAY TO SAVE LIVES

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When it was snowing and freezing earlier this year, my partner and I were out for a walk. We noticed how much we needed to mind our step on the frosty ground. Therefore, we decided to take a short trip around the block and return home via a different route. Us taking this route turned out to be a stroke of luck for someone else. As we made our way home, I faintly heard a voice calling out for help, and we turned around. Hunched up against a wall, sitting in a pile of snow and ice, was an elderly woman. She slipped, fell, and had difficulties getting up. She told us she had been there for about half an hour, calling out for help, but no one seemed to have heard her. As she was sitting in the snow out in the freezing cold, her temperature seemed to have dropped, and she was in a tremendous amount of pain. At least, that was my assessment even though she kept saying we did not need to stay because she did not want to burden us. When we realized she could not get up by herself, my medical mind began to race.

Chaotically, I tried to memorize and execute the emergency medical protocol, but I kept skipping parts and getting back to them later. We hoisted the woman onto a chair and tried to keep her warm, but I quickly realized she had probably broken her hip and needed professional medical attention. I ran to the nearest general practitioner (GP) office. On the way there, I realized I should have called an ambulance and did so while running back, without ever reaching the GP office. The emergency paramedics arrived on the scene within minutes, and I was thoroughly impressed with how they managed to get a grasp on the situation, assess the patient's health and background, and decide what needed to happen next while they were busy getting her in the ambulance. Within minutes they were gone, driving off to the nearest hospital, and I was sure never to hear from that sweet elderly lady again.

For me, the story above signifies a couple of things, but mainly how much respect I have for emergency medical care workers. In the UK, emergency departments are required to decide whether to admit or discharge a patient within four hours after arriving at the Emergency Department (ED) [1]. This means that within this limited time frame, doctors, nurses, and paramedics are supposed to treat acute life-threatening-injuries, get familiar with the situation, diagnose, and then make a decision that could seriously impact a patient's life. A book written by Paul Brand, my dad, calls every patient contact and consultation a dance [2]. If this applies to the ED as well, it should be regarded as a tango or a quickstep.

To add to this acute time pressure, not all patients in the ED are sweet elderly ladies who happened to slip and break their hip. Not all are thankful to be cared for, and certainly not all make a full recovery while in the ED. Working in an ED means being involved in a lot of human suffering and being exposed to death frequently. Patients may be verbally or physically aggressive and may resist care. All this can go on throughout the day. A recent review published in *Nature* found that one in five emergency care workers in the USA and Canada meet diagnostic criteria for PTSD, and this does not even take the COVID-19 pandemic into account [3].

I would like to take this opportunity to say thank you to all emergency department medical staff. You do fantastic work, and I have the utmost respect for your profession. It is my firm belief that you should be put in the spotlight more often. However, I do not envy you and feel anxious to start my clinical rotation in the ED because I think it would be hard for me to let a patient go and not know how they fared. Luckily for me, my elderly patient of more than ninety years old showed up on my doorstep just a few months later with a bouquet to thank us. She was almost fully recovered from her hip surgery and could walk without assistance.

Reaction

In his column, Guus Brand brings up a few topics. First, the quick, efficient and high-quality care that was provided by the paramedics in the prehospital situation. They take care of ill or injured patients, sometimes under difficult circumstances. Not only difficult because of the severity of injuries, but sometimes they have to deal with the aggression of patients or bystanders. Therefore, I support the message of Brand for being grateful for the work the paramedics are doing in the field.

Second, Brand referred to a study about the prevalence of PTSD in ED staff pre-COVID pandemic. This study was performed in the USA with a different medical health care system than the Netherlands, but also in the Netherlands, the workload in the emergency medical care is experienced as high. This feeling has grown in the current situation of the pandemic. Many health care professionals who deal with COVID-19 patients feel exhausted. The demands are high due to the high number of patients with COVID-19 while there is shortage of staff.

In the first wave of the pandemic, we experienced a great challenge. However, we took on the job as a team and felt a lot of support. This made that we could perform at our best. We have experienced that this support was of help. That is why I appreciate the thankfulness that Guus Brand shows in his last paragraph. Let us be thankful and give our support to everyone who needs this at the moment. You can think of medical staff, police, teachers but also your favourite bar or restaurant or whoever you think needs your support.

Wouldn't it be beautiful if we all say "Thank you!" to someone tomorrow?

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References

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