

All Hospitals Large and Small

LIGHT AIRS

SOMETIMES A COLUMN writer might wonder whether anybody actually reads this stuff. Feedback is a rare thing, so it came as an unexpected surprise when a nurse in the Mullumbimby hospital ED commented on my article in a recent edition of GPSpeak.

Nurses deserve a special mention in despatches. They not only clean up all the messes, protect the doctors and rarely complain, but some of the more experienced have seen cases I have only read about and their direct ongoing patient contact gives nurses special knowledge.

However, in some cases, the system in hospitals stuffs things up and confuses outcomes.

Readers of this column may remember that this writer has recently become a grandfather for the first time. Dealing with grown up children and their spouses can require the skills of a chess player. When I offered to help with a labour in a Brisbane hospital my son firmly said, 'Mullumbimby is close enough thanks Dad.' The outcome was uneventfully good.

Even so, being used to a small hospital, I found that visiting as a relation to the big city hospital can be a disempowering experience. In contrast to Mullumbimby, where everybody seems to know what's going on at an organic grapevine level, communication in a larger hospitals can resemble the tower of Babel, crossed wires being more the norm. No-one seemed to know when to expect the first baby bath lesson, so we all went home rather than wait another day.

Very soon, another birth followed when my daughter had her baby in a large Sydney hospital, and suddenly I was the proud grandfather of two, first a girl, then a boy. All seemed well until the new mother developed some strange symptoms and had to be re-admitted 10 days post-partum



David Miller's grandchildren

through the emergency department.

The ED resident wrote "epidural abscess" in the notes, hence the anaesthetist was summoned. He in turn called the neurologist who ordered an MRI of the spine. This was delayed because someone forgot to add her case to the morning list. I knew nothing of these cascading events, politely waiting, as requested by my daughter, for visiting hours to go the hospital.

'The head nurse is very strict here Dad. Better not upset her,' I was told over the phone when I suggested tentatively that visiting hours need not always apply.

When I walked in that afternoon, I was shocked. My daughter was clearly toxic and dehydrated, her intravenous site was covered with many pieces of sticky tape but her arm was swollen and the IV had obviously been tissue for some time. The bag of fluid with antibiotic had not been administered all day. The giving set was coiled on the drip stand, not connected. There was no nurse or doctor in sight. Such could never happen in

Mullumbimby.

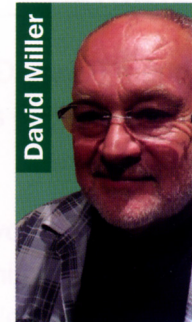
As a rural GP from a small town, I have to admit to feeling intimidated by the large hospital machine full of specialists, but I could not just stand by and watch my own daughter being sidelined in treatment.

'Would you like me to talk to somebody?' I asked her nervously, expecting to be told to not interfere. Surprisingly, in a small voice she said "Yes Dad!"

Time for a knight's move. I went and stood at the desk and waited. The usual flurry of people making notes and telephone calls ignored me for about five minutes as I felt a cold anger rising in my spine. Finally one raised her head and asked what I wanted.

'I want to see the registrar or consultant who is supposed to be looking after the woman in room 13 please. She is a doctor's daughter. She seems very unwell and I couldn't help noticing that the IV is not working'.

Suddenly all movement ceased behind the desk and I had full attention. A doctor stopped his phone talk and told me he was the consultant and was actually



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trying to work out if the neurologist had made a visit and come to an opinion but couldn't get anyone to answer the phone.

Things moved along quickly after that. Suddenly room 13 was full of people and treatment of the puerperal sepsis was immediately commenced.

Nurses and doctors everywhere are mostly very dedicated to their work, but remain under immense pressures from within the health system, compounded by the constant fear of being sued. This experience with my daughter is a reminder that communication difficulties and handover errors within our system constitute a major hazard in the delivery of healthcare.

When she finally got home and I was breathing an inward sigh of relief, she said to me, 'what a great hospital, Dad. Those doctors and nurses were so attentive.'

*Reader feedback is welcome:
theshipsdoctor@gmail.com*

