



Nights Away from Home

By Dr Justinian Zai

Night calls.

It's amusing how these two words can elicit such dread in our fraternity. After all, one would think that doctors, with our noble ideals and burning desire to save and to serve, would have no problems weathering just a few hours without sleep. If calls were anything like how they were portrayed on *ER* or *Grey's Anatomy*, they'd be dramatic, entertaining, and possibly even productive. In more ways than one.

Instead, our lives revolve around them, and some of us have even chosen to avoid certain subspecialties to minimise the number of, if not completely avoid, calls. (Usually mistakenly, as almost all subspecialties have something similar.)

Speaking from personal experience, I'm just happy to survive. Sleep is an optional bonus. And to dispel the myths, aside from a few lucky individuals, nobody looks glamorous during or after a call. It's difficult enough not to collect various bodily fluids on your person, let alone maintain a perfect hairstyle and complexion.

Of preconceptions and understanding

We all hear stories from our seniors about night calls. Some are inspiring. Some are horrifying. Most are a mixture of the two. But there can be no denying that calls are character building.

Most of us have memories (perhaps partial) of literal sleepless nights spent answering phone calls as a house officer; trudging from patient to patient while puzzling out diagnoses, keeping them alive, performing procedures therapeutic and diagnostic (and occasionally painful), as well as explaining things to patients, their families and friends.

All part of our daily duties admittedly, but they do get a bit trying when you're part of the skeleton crew managing the hospital over the night, and the calls come fast and furious. It gets a bit worse as the night wears on, one's stamina runs down and the lack of sleep kicks in. Especially if there isn't time for a decent meal. Or a shower. The prospect of working the next day isn't particularly appealing either. Adding insult to injury, a 24-hour shift could potentially last for 30 hours. Or, in really really unlucky cases, close to 48 (rare, ugly, but real).

Going post-call entails a certain euphoria akin to a prison release, following which we try to recapture some semblance of life. Some of us go out and celebrate. Some of us do chores

and run errands. Some of us attempt to study, and pray that our powers of retention still work. Some of us go home and become violently sick. And we all mature to losing consciousness till the next morning.

On promotion to medical officer, we all thought that we'd be able to leave the grunt work to our juniors, and that night calls would be easier, perhaps. We were all, of course, rather mistaken.

In addition to our previous duties, we now had extra responsibilities of following up on the cases and making sure they had the right investigations, assisting our registrars in procedures or operations, and teaching and supervising our juniors as they learn. Watching our seniors on call didn't make it better. Granted, some specialties don't require consultants to stay in, but for others, the consultants worked side by side with everyone else till the wee hours and sometimes till dawn.

Rather hard work, *non?*

A necessary service

Why do we need to? The primary reason – simple necessity. Patients need us. We keep them happy, alive, or both, and some of us need to sacrifice a night or five to make sure they stay that way. They can't do it themselves, and since I've been trained to do so to some degree, I don't mind doing what I can.

The secondary reason is experience. Experience is the best teacher, if you would pardon the cliché, and calls are like an incubator, providing stress and pressure to force us to mature faster, while giving us the stimuli and the raw material for us to shape ourselves into the doctors we want to be. So how do we cope with the stress, fatigue and general insanity?

The maintenance of sanity

It was during one of my calls as a house officer in a medical posting that my medical officer reminded me of a very important fact. It was a bad night. The changes and admissions came in an unabating stream that left me little time to rest, and no time to eat. At about 3 am in the morning, while both of us were clerking yet another case, he quirked an eyebrow at me and asked if I had eaten dinner. My negative answer earned me an irritated glare and a brief rebuke as he told me to get something to eat before the next case arrived.



Take care of yourself.

Four simple words that we often tend to forget, despite their importance. We can't care for others when we are on the verge of collapse ourselves, and it is our duty to make sure we don't fall and give our colleagues even more work than they already have. Which leads to the next point –

Help our fellow man.

One can compare being on call to being in the army, almost. There are quite a few factors in common, foremost the performance of duty in extreme, hostile situations. Looking out for ourselves is a given, but learning to be unselfish and helping others when they're stuck between a rock and a hard place isn't a bad thing. It benefits the patients involved if their care is promptly seen to. Your fellow colleague on call has more room to breathe, and who knows? He might even help you in return sometimes. Friendships forged in adversity always do seem sweeter and stronger.

The night is finite.

Something that some of us concluded one night as we all sat around taking a short breather in between cases in the operating theatre. It's heartening to remember that no matter what manner of hell is unleashed and no matter the amount of work we need to slave through, it does last only for a finite time before our colleagues arrive the next day to take some of the load off. What happens post-call is a different story, of course, which means we need to –

Pace ourselves.

A notion that many marathoners and practitioners of endurance sports would be familiar with. No matter how highly we might rate our stamina, it is still finite, and will (and I do mean WILL) decrease as time goes on. Conserving energy and pacing ourselves through a call is important so we can –

Do what we can, and learn what we can't.

The recent events in Japan are rather sobering. The Fukushima 50 struggled to prevent the nuclear reactors from becoming another Chernobyl, but despite their best efforts to contain the situation, things didn't go as hoped. Being on call

can feel like that. Stuck in a hopeless situation, all we can do is what we can, and hope that things will work out in a satisfactory manner.

We are, contrary to what some would believe, human. We don't know everything, and we can't do everything, as much as we'd like to. Denying this would bring trouble to ourselves and our colleagues, and increase the suffering that our patients and their families experience. This is especially so in patients who are extremely sick and who require intervention of some form.

Accepting this and buckling down to learn more so our limits are greater would allow us to do more for our patients, and become more proficient and effective doctors. That also means learning to let go when certain things are beyond our skills, and when intervention would be futile and even harmful.

Be happy.

Easier said than done for some of us. I'm rather envious of people who can maintain their energy and optimism in the face of adversity. They are a source of cheer for all who suffer alongside them during the long nights and somehow, the suffering doesn't seem so bad when they're around.

For those of us not so blessed with the gift of optimism, we find other ways. Different things work for different people. I find it therapeutic to think about doing enjoyable things the next day after I manage to stagger out of the hospital – having a good meal, a hot bath, and a soft, warm bed (hopefully in that order), and spending time with friends and family.

Conclusions

Night calls, as much as we hate them, are an integral part of life for those of us still practising in hospitals, and are likely to stay so for a while. Despite our general dislike of them, it is for the sake of our patients that we spend the night in the hospitals, and that is something we should never lose sight of as we learn through our experiences.

At the same time, we should not forget that we are just as human as they are, and need to take care of ourselves just as much as we care for them. **SMA**

Justinian is a medical officer who currently spends his days watching enviously as his patients sleep while he can't.