

Deleted Scenes – Bad Case of Loving You

Laney Cairo

Chapter Four

Five seconds in the index gave me the page I wanted. “Tell me what’s wrong with this passage,” I said, and I began to read: “Menstruation is the failure to achieve pregnancy. If the egg released at ovulation is not fertilized, the corpus luteum degenerates, the endometrium deteriorates and the necrotic tissue is lost through the vagina. Menstruation marks the termination of one uterine cycle and the beginning of another.”

I waited, and no one said anything. “Well?” I prompted.

Lin put up her hand reluctantly. “Um, Dr. Maynard, I think the language isn’t as clinical as it sounds.”

I banged the text down on the table, making them all jump. Poor Lin was pink with embarrassment, but she was going to have to lose her inhibitions about talking about menstruation some time or another.

“Yes!” I said. “Menstruation is the failure to achieve pregnancy? What sort of sexist rubbish is that? If a healthy woman menstruates 420 times in her life, and perhaps conceives three times, isn’t it more accurate to say that pregnancy is the failure to achieve menstruation?”

More silence, but at least it looked like some of them had got the point. “And what about the language? Failure? Degenerates? Deteriorates? Necrotic? Lost? Termination? This is entrenched prejudice, people. I want all of you to rewrite this passage...” I checked the page number, “on page 67 in culturally neutral terms. For tomorrow.”

I pushed Nevins’s book back across the table to him, picked up my files, and left them sitting around the table with looks of horror on their faces. They were going to have to grow some left-wing sensibilities if they were going to train in the public health system.

Chapter Ten

I led them down the stairs besides the elevators to the ground floor, buzzed us through the security doors at Casualty, and led them into the corridor there. The examination cubicles opened off the corridor, with yellow lights at each cubicle indicating occupancy. They were all full, of course.

And opposite the cubicles, completely filling the corridor, were at least twenty banked up gurneys, each one occupied. There were drip stands besides the gurneys, and oxygen cylinders, and nurses moving around the patients. Being Casualty, patients were crying or gasping, bleeding from untreated wounds or lying on their gurneys covered in vomit. God, I hated Emergency Medicine.

It really seemed unnecessary to say anything.

The CN walked up to us and stood with her arms crossed, defending her territory.

“GOMER?” I asked, and she nodded.

I led the students back out to the access hallway.

“Gomer?” Blake asked.

“Get Out Of My Emergency Room,” I explained, and used my swipe card to access another secure area. “This is the holding pen, where some more of the extra 4% of patients are.”

I took them into a temporary ward, holding about thirty patients. In it, the Casualty gurneys were packed side by side, as tight as they could be. The patients all looked up expectantly when we walked in, and I could understand their enthusiasm for getting out of there; the gurneys were notoriously uncomfortable. I nodded at them sympathetically and led the students back out.

“That’s the holding pen,” I said. “There’s more of Casualty than I showed you, in the Monitor and Resus. sections, and you’ll see them when you get rotated through there. Between Casualty, the corridor, the holding pen, and the Casualty waiting room, you can figure there’re probably 150 patients here who have been admitted but aren’t yet occupying beds. Where else do you think the hospital could put patients to free up beds?”

Lin pursed her lips. “At discharge. If you get people out of the beds quickly, you can put new patients in them straight away.”

I nodded. “Yep, there’s a Discharge waiting room, where people can sit and wait for their paperwork to be finalised and their discharge drugs to be made up. I don’t need to drag you all there, do I? It’s nowhere near as informative as where we’ve been.”

We caught the elevator back to the ward. The students were quiet and subdued, though I did catch Blake watching me in the elevator. I smiled at him slightly, just enough to let him know I’d noticed.

Chapter Seventeen (opening scene)

Jane glared at me when I sat down beside her at the nurses’ station, but since she was playing ‘Who Wants to be a Millionaire’ on the hospital’s PC I figured I could interrupt her.

“What?” she said.

“I want to know about decubitus ulcers,” I said. “Please.”

Her face softened a little. “Dr. Maynard?” she asked.

I nodded.

“All right,” she said, closing the screen asking her who was the Prime Minister of Malta in 1986 and pulling up the hospital’s library database. “There’re lots of references here, but I’ll talk you through the field, since you had the common sense to come and ask a nurse.”

She typed ‘decubitus ulcers’ into the search engine, and there were a thousand or so hits. I was going to need help weeding out the useless journal articles.

“Hospital policy here is that DuoDerm is the preferred dressing, but that is a decision not backed up by the research. Look,” she said, scrolling down the papers. “There’re quite a few papers here that suggest Sorbsan is better for exudating wounds. I’ve been nursing for 25 years, and I have to say that packing a Stage 4 wound with dressing soaked in normal saline is a better option than either commercial dressings.”

I stared at the screen. There was no way I could process this information in the half an hour or so I had free. “Where do I start?” I asked her. “What would you like the medical staff here to do to assist the nursing care of a patient with decubitus ulcers?”

She looked smug. “Stop telling us that it’s a nursing problem and we need to turn the patients more often. Give us a PCA trained in turning, allocate them to two or three wards, let them take over that job. Then we’d be able to turn a patient often enough. Stop amputating legs just because someone has a venous ulcer.” I must have looked appalled because she patted my arm. “Yeah, I really have seen it,” she said.

“What else?”

“I’ll let you into a secret,” she said. “You won’t find the articles in this database because the hospital censors what is added, but there’re journal articles out there that show that honey, particularly honey that hasn’t been pasteurized, is an effective treatment for decubitus ulcers.”

“The hospital censors the database?” I said. I couldn’t believe that they’d do such a thing. How was a doctor supposed to make valid decisions without access to all the information? “Are all hospitals like this?”

She shrugged. “Probably. Why don’t you write a paper on it? Someone should, and I’m too busy.” She yawned sleepily and said, “Good luck,” and pushed her chair away from the desk. “Think I’ll go and offer some emotional support to a patient,” she added, and she wandered off down the ward chuckling to herself, presumably at the idea that she might actually do that.

I opened the hospital directory. The hospital must have a librarian, someone who could tell me about the hospital policy with regard to what went into the database and what didn’t.

I found Claudia reasonably easily in the cafeteria. She was poring over her lap top, sandwich in her hand, seated right beside the Coke machine, just like she'd said she would be. I said, "Hi," sat down opposite her and took my own food out of my back pack. I'd raided Andrew's fridge since I knew I was too broke to buy any food, and had wound up bringing a strange assortment of stuff for lunch. I undid the jar of olives and fished one out, then cut a wedge of cheese off the block.

Claudia looked up at me and smiled. "Hi, you must be Blake. I've been researching around, rang a couple of people I met at the Medical Library Association Conference last year." She bit into her sandwich, and I could smell the raw onion across the table.

I opened the tin of pears I'd found in Andrew's cupboard and nodded. "Find anything out?"

"Sure did. I hope you weren't looking for some kind of grand conspiracy, because I don't think there is one. The policy governing what gets included in the database here is the same as at the other hospitals I contacted. If articles aren't evidence based, then they get filtered out. They've got to RUMBA."

I stared at her, pears forgotten. "Rumba? The dance of indecision?" The woman was unhinged. The database should not be in her hands.

She laughed, leaning back in her chair. She actually was quite attractive with her mouth closed, unlike at that moment.

"No, sorry. RUMBA is an acronym we stole from nursing. Reasonable, Unambiguous, Measurable, either Behaviourable or Bounded by time, depending what source you use, and Achievable. If a paper doesn't RUMBA, if it isn't evidence-based, then it doesn't get included in the hospital database. Your basic problem is that you're asking the hospital to include material that isn't evidence-based."

I frowned. "Anecdotal doesn't count? What if it's something that works?"

She shook her head. "Not if it can't be replicated or rationalized. You're asking the wrong person these questions; you need to look at the hospital's mission statement and medical policy documents."

"Oh," I said, and I must have sounded disappointed because she slid a stack of printouts across to me.

"Here you are. Thought you might wind up wanting to look at them."

"Thanks," I said, and she closed her lap top and bundled up her sandwich wrapper.

"No problem. Not often someone asks me a question of policy. Good luck with whatever assignment it is you're doing."

Chapter Nineteen

I talked.

First of all, about the physiology of ulcers, their causes and treatment. Then the cost: £1 500 to £15 000 per sore. The law suit payout for a nursing home for a decubitus ulcer death: £100 000. The cost of a low-air-loss bed to the hospital: £15 to £35 a day. The number of low-air-loss mattresses in the hospital: 4, all in the burns or intensive care units.

Then I talked about how I'd gone looking for journal articles on non-traditional treatment options for decubitus ulcers, and had found that the hospital had a policy of not making that type of research available to doctors.

I was hopelessly over time with this but Dr. M didn't stop me, he let me finish.

I was exhausted by then. I could feel sweat trickling down my back, and I couldn't look at Andrew without remembering how we had been the night before. Fuck.

"How much of what actually happens here, on the wards, is evidence-based?" he asked the others. "Blake? Did you find that statistic during your adventures in Wonderland?"

I shook my head. Damn, I should have found that out.

"Medical mythology has it that 10-15% of what we actually do is evidence based, that is it is grounded in sound scientific process. The figure isn't quite that low, though it's certainly not enough to make a claim for medicine being a science. You all probably want to write this down," Dr. M said. "And put it somewhere you can see it everyday."

There was a rustle of pens and our ubiquitous index cards, and Dr. M said, "According to the Institute of Medicine at the Washington Academy of Science in the US, 2% of all treatment decisions are based on solid science and have a consensus that they work. Another 2% are backed by solid science, and there's modest consensus about their use. Modest evidence and strong agreement that the treatment works accounts for 20% of what we do. Another 25% has modest evidence and some agreement. Another 20% of what we do has either very weak or no evidence to back it, but we all agree it's the right treatment. 25% of treatments have either weak or no evidence to support them, and we can't agree over them. And the last 6% has no evidence to support it, and none of us agree it's the right thing."

There was silence after we had stopped scribbling and Dr. M smiled at us all. "Feel better now?" he said.

Lin said, "By my reckoning, that means 51% of all medical care flies in the face of science. Why do we do it, then?"

“We’re learning about the American War of Independence. Apparently it was all about tax bases and stuff like that. Nobody ever told me that before,” Henry said. “People kept expecting me to know stuff about this, even the teacher. What do I know about the basis for constitutional authority to raise Federal taxes in America?”

“What else were you expected to know?” Andrew asked, and I found myself losing track of the conversation briefly as Andrew’s foot slid along my calf.

“Did you know that America could never have fought the War of Independence without the French? And that England and France have been at war for, like, forever?”

All right, this was something I knew about. “We stopped fighting the French a few years ago,” I pointed out. “In fact, we’ve not had more than verbal conflict with the French since what is now French Guiana fell to the French in 1814. The last time there was any organized attempts on the part of French and British nationals to kill each other was in 1892 in Uganda. The last time France thought long and hard about invading Britain was in 1900.”

Henry stared at me. “You know this stuff?” he said.

I nodded. “I can also tell you that there has been reasonably peaceful diplomatic relations between the two countries since after 1967, which was the last time Charles De Gaulle vetoed Britain’s entry into the Common Market, the forerunner of the European Union.”

Andrew said, “Go on, tell us some more.”

“All right,” I said. “Did you know that it was another Henry, the Fifth, who led the English army against the French at Agincourt in 1415? And that England and France spent the next four hundred years invading each other?”

Andrew’s foot was pressed against my ankle now, an invisible reminder of why we were doing this. I was getting to know his son.

“However,” I added, “The relative diplomatic détente between Britain and France is not indicative of either countries’ relationship with the rest of the world. Twenty years ago, French secret service agents committed an act of terrorism in New Zealand and bombed a Greenpeace ship. And in 1982, Britain and Argentina went to war over some lumps of rock in the South Atlantic. France seems to have learnt to stop invading other countries, and hasn’t staged any significant military intrusions since it pulled out of the whole mess in Vietnam in 1954, unless you include nuking some islands it owns in the Pacific. Britain, however, hasn’t learnt its lesson.”

Andrew’s eyes were on me. He smiled approvingly, and Henry groaned. “Now I know why Dad likes you,” he said. “You’re just like him.”

