Personal Perspective

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Always on Call: Thoughts from a Neophyte Physician

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ABSTRACT

This commentary describes a new physician who encountered a patient in crisis in a nonmedical environment. It discusses professional obligations, ethical principles, errors committed, and reasoning behind such errors. Unusual circumstances, uncertainty about how to properly identify oneself as a physician, self-doubt, and discomfort with practicing outside one's scope of training are recognized as reasons behind these errors. Medical students should be reminded of their ethical obligation to offer emergency care within their limitations, instructed how to identify themselves, and guided to become competent team leaders. Resident doctors should continue to receive instruction as they internalize ethical principles and identify their scopes of practice. Practicing physicians should be competent in offering basic emergency care if needed.

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Returning to work after a recent visit with family, I was seated in the waiting area of a busy Washington, D.C., airport. Suddenly, I heard a disturbing thud behind me and turned to find an older man having a seizure. Arriving at his side, I was soon joined by flight attendants and other travelers who offered objects to insert in his mouth. After recalling basic first aid principles and convincing bystanders that this intervention was not appropriate, I requested that emergency medical services be alerted. The seizure finally ceased, and the man entered an expected period of confusion and mild agitation. Although I had been successful in preventing objects from being inserted in his mouth, I failed to prevent a passing police officer from misinterpreting his agitation and attempting to subdue him. The plane began to board, and eventually I found myself alone with the victim until I could describe the event and the man's medical status to paramedics before boarding my flight.

Following this event, I have reflected on professional obligations, ethical principles, errors committed, and reasons underlying such errors. This incident reminded me of my obligation as a physician to render medical care whenever possible, regardless of circumstance. Physicians are always "on call," even if retired or on vacation. In addition, while I had previously ascribed fundamental ethical principles to my own practice of medicine, I now realize that these principles apply to other people as well: I should persuade *others* to do good and prevent them from doing harm.

In addition, I have identified two embarrassing errors and have sought to understand how I committed them. These errors were not identifying myself as a physician, and not being more assertive in deterring the police officer's well-intentioned but potentially harmful intervention. Although I could attribute these mistakes to an initial sense of urgency, a desire for immediate intervention, or an awareness of the man's stable condition, perhaps my thoughts and actions were motivated more by an internal evaluation of myself rather than by an external evaluation of the patient and the circumstances.

I was unfamiliar with a novel situation where I was compelled to offer aid outside of the traditional medical setting. Second, I did not know when or how to identify myself, and I feared doing so in a way that could be perceived as overbearing or pretentious. Third, I was constrained by limited self-confidence as a newly minted doctor, so I was hesitant to call attention to myself or to assume responsibility for the patient's care. Fourth, I recognized that I was addressing an illness outside of my normal scope of practice. Without exposure to a wide variety of patients, medications, and illnesses, doctors may grow uncomfortable offering aid if they are unfamiliar with the patient's history or the presenting problem. An unfamiliar situation, uncertainty about how to identify myself, self-doubt as a new physician, and discomfort with practicing outside of my scope of training caused me to refrain from assuming a leadership role and intervening with greater confidence in the patient's best interest.

Medical students should be informed of their ethical obligations to reasonably assist in patient care when possible, instructed how to appropriately identify themselves, and guided to become respectful, confident, motivating team leaders. Residency training must foster this process as doctors grow in knowledge, develop additional self-confidence, identify "comfort zones" of practice, and internalize ethical principles. Practicing clinicians must be conscious that, from the perspective of many lay people, we are viewed as physicians first, regardless of specialty, with the knowledge and capability to offer basic first aid. With that in mind, doctors should maintain general knowledge about proper management of common emergencies.

Although I never learned the gentleman's name and could not follow his care, I learned ethical and practical lessons from an uncommon medical situation. Although these lessons are learned neither in the classroom nor at the bedside, they are nonetheless critical to professional development as physicians aspire, in the words of Hippocrates, to "cure sometimes, relieve often, comfort always."

MASKING OF THE CASE

This case has neither been masked nor fictionalized. No written informed consent was able to be obtained.

CONFLICT OF INTEREST

The authors disclose no conflict of interest and have received no financial support during the preparation of this article.