

# Change of Shift

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## Letter From the Lady on Bed 3

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## Letter From the Lady on Bed 3

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Dear Editors:

Recently, you published a piece in the Change of Shift section entitled "A Bunker in the Storm."<sup>1</sup> In it, the doctor-author of the essay described "the kid on Bed 4 with the bee sting," a "cardiac room with ECG changes," "a seizure in the trauma room" bunking down next to a "tendon laceration," a "drunk on Bed 1 with an olecranon bursitis," and several other patients identified by either their injury, their diagnostic study, or their bed. I was the lady on Bed 3.

Actually, I was the subject of "A Bunker in the Storm," described acerbically as slowly leading my well-appearing child with a viral syndrome past the nurse's station (an interesting assessment, being that in the considerable length of time I spent in the emergency department, my son never did receive a medical screening examination). I was described as having waved off the doctor "with agility and disgust" as I departed the hospital after growing weary of waiting. According to the doctor, this embittered him, although I suspect he may have been embittered even before I walked in or out of that ED. I thought that perhaps your readers would like to hear my side of the story.

I am a single mother through no choice of my own. My 2 young children's father was senselessly killed in a hold-up on his way to work last year. To stay off of welfare, I have had to take a job and been forced to completely rearrange my life. My day begins around 5:30 in the morning. I begin by taking my shower, doing my hair, putting on a little makeup (just enough to cover the circles under my eyes), and getting dressed. Then I pack the lunch boxes. The kids are usually up by 7:00, at which time I get them dressed, make their breakfast, and read to them. I then drop one at day care and the other at school before head-

ing off to the coffee shop for my 9-hour shift. After work, I pick up the kids, buy some groceries, give them their supper and bath, read a few storybooks, say our prayers, and fall into bed.

On the night in question, the school had called me because my son had been vomiting and was complaining of a headache and a tummy ache. When I picked him up, I noticed that he was running a fever, so I gave him some Tylenol and sponged him down. The last thing I wanted to do was go to the ED, but later that evening, his temperature shot up to 104°F, he complained of a worsening headache, and he vomited again. I dropped my daughter off with a neighbor, gave my son another dose of Tylenol, and headed to the ED. Perhaps the readers should also know that I previously lost a child to a serious illness, but I will not go into that.

When I got to the ED, I got the definite feeling that the triage nurse and the rest of the staff did not think my son was sick enough to need to be there. I was told that “a virus” would have to wait for a while, and that was the last direct communication that I had from anyone. After a long while, we were put in Bed 3. In Bed 2 there was a woman moaning with abdominal pain who apparently was having a gallbladder attack. There were numerous other patients who we also heard or saw; some appeared sick and some did not. I thought my son was every bit of an emergency as the patient with the laceration that was being sewn up. I was not asking for some kind of long procedure to be done on my child. All he needed was to be examined.

Then they put the intoxicated patient (“the drunk”) into Bed 1. The author was right: the same “thin curtain that was partially surrounding gurney 3” that allegedly created a “bunker in the storm,” was hardly an adequate barrier to shield my young boy from the steady stream of obscenities coming from the drunken man’s mouth. As I went to comfort him and cover his ears, I noticed that my son’s fever had broken. He then looked at me and said he was feeling better. His headache was gone, and he had not vomited in the 4 hours since we had left the house. It was 1 AM, and I was due to be up again in 4½ hours. My son was tired and he missed his bed, so we decided to leave. How I wished that my husband would have been there to help me make the decision and to fend for us, but that was not possible on this cold night. I made the decision and left, only to be subjected to the scorn of the doctor and nurses, as was fully described in the article.

As it turns out, my son did only have a virus, but I did not know that when I brought him in. All I wanted was a little reassurance, which I never got. I only received deri-

sion, which continued even after I left with the publication of the story about my visit.

I suppose I could feel bitter about this experience, but rather, I would like to use it as an opportunity to make a few points to your readers from a patient’s perspective.

First, remember that your patients are human, with real lives, real feelings, and real problems. A patient is a mother or a father, a wife or a husband. Every patient is someone’s son or daughter. A patient is not a room or a bed or a disease or an organ. In the coffee shop where I work, if I referred to the hot dog on table 3 or the turkey at the front station, I would be fired. Even as a waitress, I respect my customers.

I hear from my doctor customers all about your problems: COBRA, malpractice, managed care, and all the rest. But yours is still a profession with power, privilege, prestige, and a standard of living better than that of 99% of the world. Stop feeling sorry for yourselves. I work hard too.

And stop being so egocentric. I was the one who spent 3 hours in your ED with my sick son while you were too busy to attend to me; you were the one who became indignant when I decided to leave.

In the restaurant everyone wants everything now. They expect service. Sometimes we get incredibly busy, and sometimes we are short-staffed. In the end, it is not the customer’s problem. The less angry I get at the customers, the happier I am. I love my customers.

Finally, look inside yourselves and make sure you are not getting burned out. This may be the case when the patients (customers) are perceived as the enemy and they are making you bitter. (I do not want to be judgmental either; perhaps it was just a bad night.) Even in my position, when I am feeling stressed, I get my mom to watch the kids, and I try to take some time off. A good long walk in the woods often helps.

Please, doctors, take this in the vein in which it is intended—from the perspective of a mother, a waitress, a customer, and a future patient. I do not exist in a bunker. I am not the enemy.

With love,

The Lady on Bed 3

1. Minadeo JP. A bunker in the storm. *Ann Emerg Med.* 1999;34:681-682.