



**A**m I allowed to be afraid? I ask this because I work in emergency departments, where decorum requires detachment: prized is the unruffled physician, the efficient doctor who can intubate in one room and reassure in the next. But it seems I'm just not capable of moving seamlessly from resuscitative encounters to counselling sessions. My hands shake as I insert the endotracheal tube; I worry about the perpetual waiting-room backlog; I struggle with inadequacy because my words of consolation (the consolation prize) often fail to relieve suffering. Patients come to the hospital hoping that a doctor will make their pain and worry go away, but usually I place only a name to their suffering and discharge them. More often, though, I'm baffled and merely offer the supposition that, whatever is happening, it is not "life-threatening."

Most aren't satisfied. Neither am I.

I believe psychiatrists refer to a plight like mine as "ego-dystonia." Instead of showing fear, I must show courage; instead of dithering, I must show leadership; instead of compassion, coolness. I've often thought that striving to be the best doctor one can be is an exercise in transcendence; becoming a better person. Now I think the best doctors must have learned an awful trick: how to suspend their humanity. But if humanity can be suspended — even for a moment — how long before it is forsaken?

I'd like to confess my fear when a critically

ill patient is brought in by ambulance. I'd like to tell others that I hope the patient doesn't die, that we save her life. If I did so, though, people would look at me as if I had gone crazy. I might even lose my job. I'm at the top of the point of the emergency team pyramid: I must make orders, I must perform procedures, I must not show weakness.

The great lie of the emergency department is that its entire staff looks to the physician to assuage their own fears, no matter how terrified that physician may be. Everyone is permitted to be human except the key person, who must exude a perpetual and synthetic confidence. To show fear would sow more of the same — for fear, naturally enough, is equated with ignorance or incompetence. Thus one must keep a veneer of shallow affability intact, else the imperfect system — dependent on such perfect doctors — would fail.

Instead of subverting my fear with feats of will, I'd like to work in an environment where being a little scared is permissible. I'd like to show that what happens in the department during a given shift *does* affect me, that I do respond to the distress and frustration of families. But the emergency department is large, and I am small; all I can do is try to live up to expectation. Perhaps the trick is to become comfortable with failing to do so. Maybe I would be less afraid if I were more resigned.

— Dr. Ursus

Anson Liaw