

by *John M. Embil, BSc (Hon), MD; David C. Spence, BSc (Hon), MD*

# So you want to be a doctor, eh?



**T**here are a number of “laws” that guide the day to day practice of physicians. In 1992, *CMAJ* published a list of these (*CMAJ* 1992:147(12); 1857-8). For those who *still* think they want to be a physician, we offer more theories on medical practice that seem to be in effect more often than not.

**Committees:** The less informed an individual on any committee is, the more likely he or she will be to contribute.

**Conferences:** When attending a conference in another country, the dates of the conference will invariably coincide with the lowest exchange rate on the Canadian dollar.

**Consultations:** The more complex the problems of the patient you have been asked to assess, the less likely the patient is to know why he or she was sent to you, and the greater the likelihood that the referral letter will arrive after the patient has come and gone. The more urgent the consultation, the more likely it is that the patient is either in the gift shop or smoking in the parking lot.

**Emergency departments:** The more disoriented the patient, the greater the likelihood that the accompanying family members left the hospital before you arrived. The less acute a patient’s problems, the louder he or she will be in the emergency department.

**Hospital access:** The urgency with which you must enter the hospital is inversely proportional to the distance you have to park from the entrance.

**Hospital administrators:** The rate of increase in the number of people in business suits and ergonomic chairs in the corporate office is directly proportional to the decline in numbers of people actually doing the work.

**Invasive investigations:** The likelihood of a catastrophic event occurring increases in proportion to the number of procedures performed on any given patient.

**Laboratory reports:** The more desperately lab results are needed, the more likely they are to be reported last, that is, if the machine needed to run that specific specimen is actually working and if the only technician who can operate it is not doing something more important.

**Length of stay:** The longer a stable patient languishes in hospital awaiting placement in an extended-care institution, the greater the likelihood that a complication precluding transfer will occur.

**Management consultants:** The magnitude of the budgetary cuts is directly proportional to the fee charged by the “out-of-town experts.”

**Medical journals:** The groundbreaking discovery reported in this week’s issue of the cutting-edge journal was invariably reported 6 months ago in the local newspaper. The rate at which a manuscript is written is inversely proportional to the number of authors involved.

**Medical records:** The longer the wait for a patient record that is stored off site, the more likely it will be that the information contained therein will be completely irrelevant to the problem at hand. The more important sections of old charts are, the more likely it is that they will be stored on microfilm and that the microfilm reader will be out of order.

**Pages:** The urgency with which a page has to be answered is directly proportional to the necessity to evacuate your bladder and to the number of other equally urgent pages received simultaneously.

**Patient accommodation:** The sicker the patient, the less likely it will be that a bed can actually be found, and if one is, the more likely it will be that it will be the farthest from the nursing station.

**Patient transfers:** When a patient is transferred from one institution to another, it is likely that family members will lose track of where their loved one has gone, critical laboratory investigations will get lost, old charts will never arrive at their destination, investigations and interventions will take even longer, and the patient will have to be transferred for that “special” investigation from the institution to which they were transferred to the institution at which they originally presented.

**Sinks:** As the distance from the bedside to a sink increases, the likelihood of washing one’s hands after contact with a patient decreases dramatically.

---

**Drs. Embil and Spence are both graduates of the Dalhousie School of Medicine. Little did they know what lay in store for them when they became doctors. When Dr. Embil is not discovering new things that thwart our existence in the practice of medicine he is an infectious diseases consultant at the University of Manitoba Teaching Hospitals and the Director of Infection Control at the Health Sciences Centre, Winnipeg, Man. Dr. Spence is a staff psychiatrist at the Alberta Hospital – Edmonton, who spends his days assessing and pontificating about various challenges that face us in carrying out our jobs.**