QUERY

How much sacrifice is too much? Take this example, a tale of two doctors I remember from my medical school days. Dr. A was older, male, single and pathologically dedicated to his practice. Dr. B was young, female, married and unwilling to give her life over to medicine. Situated in adjacent small towns in rural Canada, they shared a call group of two. Dr. A responded to any phone call after hours with a house visit, no matter what time of night; Dr. B triaged calls to determine what complaints could wait until morning. The two styles conflicted in obvious ways: patients came to expect different things depending on whether Dr. A or B was on call. In fact, they expected *everything* when Dr. A was on, from free acetaminophen to simply having someone to talk to. I did a few nights of call with him; we wiped a lot of kids' noses, dully repeated "I think it's a virus," and went off into the night, ready to be summoned to another Kleenex call. I did nights of call with Dr. B, too, and slept through to morning each time. The next day I'd find that she had fielded multiple calls, but half the patients hung up when they realized which doctor they were talking to. The other half were reassurance calls; one patient wanted to know what time it was.

It's not that simple, though.

In our midnight travels, Dr. A and I found one of our callers half dead; although Mrs. Complaire had inquired about a "slight cough," it was obvious to us on arrival that she was having a heart attack. We arranged for an ambulance to take her to the hospital over an hour away.

During her shift, Dr. B recommended that Mr. Delire appear at the clinic the next morning to ensure that everything was all right. It became apparent at that visit that everything wasn't; he'd neglected to mention that his "throat tickle" was causing him to cough up great gobs of blood.

If Dr. A had put off Mrs. Complaire, she might have died. But the rest of his calls were trivial; I couldn't have lasted in a job wiping noses. During her shift, Dr. B had taken a history — I knew from observation that she was thorough — and had been misled to the judgement that Mr. Delire's problem could wait.

If this were a lesson about the nefariousness of phone calls I might be satisfied. But it's not just that. I want to relocate to a small town. I want to work in the area where I grew up. But I'm going to have to answer the phone, and I'm going to have to be part of a shrinking physician complement. I'm going to have to sort through simple and complicated calls amidst inquiries — God preserve me — about the time of day. Picking between emulating Dr. A or B *is harder than it seems*. Dr. A was loved by his community — "some good doctor" one fellow told me — whereas Dr. B was despised as a "lazy moneybag." I watched them both practise good medicine. One was a human being who happened to be a doctor; the other was a doctor who happened to be a human being. Choosing "between" is too easy in theory; in practice, when I'm on the end of the phone after a long, bad day, I'd like to think I blend both approaches. But I'm not sure I can be so comfortably cavalier and decide that the middle ground — seeing patients who "need seeing" and sitting on those who "can wait" —is defensible when the next day comes and my decisions turn out to be wrong.

— Dr. Ursus

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