

# Q U E R Y

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**T**wo convenience stores: a duelling Irving and Esso. A single supermarket. Two schools. One arena. One cottage hospital perennially understaffed with physicians. Everywhereville.

I'm doing a locum for a week in a strange yet familiar land. My living quarters are a hospital-appointed bungalow; the remains of last week's doc can still be seen in the kitchen sink, the shower, the living room. I'm here because I wanted a change of scenery, a break in the monotony; but switching venues only reinforces my understanding of how much my job is the same, relentlessly the same.

This morning I saw an ingrown toenail, osteoarthritic knees, an itchy generic rash, a well child, several sore throats, a cough, and a case of fatigue. This afternoon I have a wart clinic: all the patients will have their verrucous growths burnt off with liquid nitrogen. Dip Q-tip. Apply. Repeat. Five minutes allotted per person, tops.

After my thousandth wart (balloons may fall from the ceiling and I'll win a cash prize) I'm coming to understand how much of medicine is the mere perfection of routine; to perform well, one must practise, practise, practise. I figured that a new locale would demand the acquisition of new skills, but instead I've found that it's the locale that must adjust to me. The small office I've been provided with by the hospital administration is staffed by a secretary and nurse who have learned, via turnover, to quickly adapt to each new face. I've been told that this office has been manned by twenty different doctors this year, some of them pleasant (the secretary moons over one fellow, praising him to no end) and some difficult (she rolls her eyes when describing these guys). My nurse is quiet and efficient, interested in running through as many people as is reasonable. My

patients are grateful, and desperate to recruit me; when they hear I'm planning to stay only temporarily, they persist and try to convince me that Everywhereville is really a nice place to live, a great place to work. I think: *It puts the every in everywhere*. Then I smile and say the same thing to each: *I'm sorry, but I can't*.

No one believes me.

I make the same kind of referrals as last week, last month, last year. I cut the same things off, look and listen to the same places, watch the same gaits, review the same test results. The information I impart is the same information, imparted in the same way. I write the same prescriptions. So little of what I do will actually change patient outcomes; most of my occupation is high-dose reassurance. Only a small proportion actually matters: the melanoma I sometimes find, the extra heart sound I auscult, surprised.

I must be growing old. Medicine itself has become a thing in stasis; despite perpetual advances in knowledge, on the ground I provide the same old reassurances for the same old niggling conditions. Our hearts still fail, our livers still quit, our brains still weaken, we imbibe and cheat and deny and succumb in unchanging ways. Pathophysiology may get tweaked, treatments may mildly improve. Yet there is no difference: I see patients, I refer, prescribe, listen, challenge and chasten them. I am a citizen of Everywhereville.

I'll visit that supermarket this week and stock up on dry goods. I'll pick a service station and fill up my car with gas. At the end of the week I'll drive away from here and return to my own practice, a doppelgänger to this one. And on the drive I'll wonder if it's me, if I'm an everywhereman grown too susceptible to cynicism.

— Dr. Ursus