

Why Can't We Just All Get Along?!?

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7/18/14

I have always marveled at the relationships within the house of medicine. Providers behave like Middle Eastern countries, always taking shots at each other and attempting to make life more difficult than it should be. Why are we like that and why can't we all just get along?

Few of the lay public are cognoscente of the sheer breadth of medical specialties and how having an MD or DO after your name does not make you an expert at all things medicine. Even within the primary care field of Internal Medicine, there are a vast number of specialties. It's a simple fact that you don't want your cardiologist doing your colonoscopy. Assuming universal knowledge and capacity is like assuming a car dealership sells ALL makes and models of cars. Almost every area of commerce has specialization, strengths and weaknesses. Medicine is no different, and much like car dealerships, we treat other specialties as the enemy.

As an emergency physician, I make calls for consults and admissions on a regular basis. I realize that seeing the number for the ER in the pager is like getting a 69 on the test in which you needed a 70 to pass the semester. I remember those days as a surgery resident when I would look at the pager and want to see if it could successfully make it through a block wall if given enough motivational velocity. I'm sure many poor pagers have died a quick death with the same thoughts...and that's if they "don't accidentally drown in the toilet". Unfortunately, as physicians and specialists, working with others is our job and it's hopefully for the good of our patients that we chose our career path. Then why do we treat each other like excrement of a foul character?

Just last week, I got the "why the hell did you call me in the middle of the night for that?!?" Well, I was assuming that since you chose cardiology as a specialty, you would be interested in your patient that is in the ER with chest pain, EKG changes, and a rising troponin (though not **RED** yet). Silly assumptions, consults are for kids. These heated and adversarial conversations play themselves out throughout the house of medicine on a daily and hourly basis. In the end, we all pay for these types of interactions. Medicine is hard enough as it is, and that's without wanting to throat punch a consultant.

My thought, why can't we all just behave like big boys and girls? Why can't we cherish the opportunity to be called upon to display the fruits of our many years of educational labor? Why can't we keep the needs of our patients in the forefront of our thoughts, considerations, and reactions? As physicians we have dedicated many of our best years to learn and advance our skills. We owe it to the patients that we treat each other with gratitude, civility, and some shred of common decency. Otherwise, countless more phones, pagers, and keyboards will suffer the heavy hand of our angst.