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Time to reflect; An Evening in the Resus Room.

01:32am. The hospital takes on a different form at night. Once the doors are locked after the last visitors leave and the lights are dimmed down so everything is covered in shadow, the atmosphere changes. It falls into a sort of limbo each night, where it's not really switched on or off, open or closed. There is an expectation that the patients should be resting, but they can't, not really. Not to the background noise of distressed neighbours and whirring machines and hushed conversations between the nurses.

But it's a different scene in the Accident and Emergency department. The harsh lights remain constantly illuminated thanks to the windowless bays, making it impossible to tell whether its day or night, light or dark. One thing you can't escape though is the Time. Its physical presence fills the department in the form of square black clocks fastened to every wall, red glowing numbers hanging morbidly over the patient's sprawled out on the trolleys below.

01:36am. I had been watching the minutes in the corner of the computer screen at the desk I was idly sitting behind at the nurse's station. I had opted, rather too keenly, to experience a nightshift whilst on placement so that I could witness the hospital in all of its various guises. There was very little happening. Normally it's quite possible to keep busy by simply people watching; all forms of human nature and character and fragility sweep through the emergency department. But now, in the middle of the night, there's not much to observe, and so I watch the Time instead.

On my way to go and make coffee I pass the area of the emergency room that captivates me more than anywhere else; the Resus room. Its located at the very end of the department, closest to the doors in front of the ambulance bay. It's only one room in this tiny A&E, divided into two areas by a thick partition made of lead with a trolley on either side. I feel calmed by its stability, its sharp edges and clean surfaces, a permanent unchanging fixture amongst uncertainty and doubt.

01:45am. It feels like everything in the Resus room is placed for efficiency. Cabinets and counters run the length of the outer walls, everything is the same shade of pure, blank white. The only dabs of colour in the room are the laminated guidance posters tessellated on the partition wall, displaying the flow charts and protocols of what to do for acute pancreatitis, strokes, cardiac arrests.

Two fat, cylindrical arms hang down from the middle of the ceiling, spread wide apart to embrace the trolley in the centre of the room, a reassuring hug to the patient below in the form of modern technology. On the left hand side is an anaesthetic machine. A network of tubes snake their way around the panels before disappearing back into the ceiling. From the right arm hangs the heart monitor, seemingly always on standby, ready to hook up for the next patient.

Along the right side of the wall is a set of cabinets and long, grey bench. On one side is a computer, the keyboard propped up at the side, it didn't look like it saw much use. Further along was a set of trays fully stocked with blood vials with multi-coloured tops. Yellow, purple, white, and pink. That was probably the worst. Personally I always think that's the worst one; if you need a blood transfusion it isn't looking that great for the patient.

A shelf lined with open fronted boxes holds an assortment of different sized needles, ready to penetrate when required. There's also bundles of suture kits, little sticks of disinfectant and

syringes. The main equipment used in the department is out on the corridor, opposite the nurse's station, but in an emergency that would take too long, so the resus room has its own supply.

On the back wall there are two whiteboards, divided into squares like a chequerboard. Time takes pride of place along the top at intervals, down the side are headings for vital signs readings. The letters are starting to fade, the edges missing on some of the letters after numerous coming and goings of patients, their inner workings splayed out on the board for anyone there to see. Here is a distinct smell of the emergency department, a mixture of alcohol gel and clean pressed scrubs, until the sluice room door is opened, and then the smell of old urine and wetness like damp upholstery permeates down the corridors until it dissipates up into the vents.

02:17am. The previous quietness of the department has dissipated. In resus two a figure lays hunched at an odd angle on the trolley in the middle of the room. The patient is an ashen grey lady with crepe papery skin and yellow eyes, too small for her nightie that can be wrapped around her twice. 76-year-old female. Collapse. The narrow area around the trolley is filled by two nurses, a healthcare assistant, and two doctors. I press myself into the corner between the cabinet and the wall. The corner is the repose of the medical student, the default position where one can observe without intrusion. I am acutely aware that I have no use in the ongoing situation, but nevertheless should be present.

It's comforting, this ritual, this ceremony that takes place when a new patient arrives. Religion and magic has little place in a modern hospital, save for the occasional whispered prayers of loved ones in the waiting room. There is no dark, rich history, no ancient manuscripts or ornate carvings or tapestries hung on thick stone walls. And I find myself struck with the same intrigue in the resus room as if I was observing some sacrosanct

ecclesiastical undertaking.

Patients must first undergo the initiation, identified by their name and date of birth. They're assigned a number and a sheet of stickers inside a folded sheet of A3 paper; an identity that follows them around the hospital. The number doesn't account for who they are or what they've done, it's simply their hospital name and their personality and limited to the neatly filed notes to be collated over their lifetime. Then there's the ceremonial cleanse of the hands before and after contacting the patient. Ablution is significant in religion, a powerful image of removing impurity. Here, in the hospital, sins take on the form of pathogens, ready to infect. The lavabo takes the form of a porcelain sink, above which hangs a poster giving instructions on how to properly perform the cleanse.

Next the intravenous line is placed to allow for fast access to deliver the potions and the remedies that will alleviate the suffering. Then the blood is taken. I've seen a lot of blood in the emergency department. It has become somewhat of a common commodity, taken freely, routinely. Blood-letting used to be an art, steeped in mystical symbolism; the passion of Christ, the need to remove bad spirits, of honour and kinship. Now it's sucked into glass vials, a thick, frothy crimson, labelled and packaged off to await the judgement of the analysis machine, whirring away in the underbelly of the hospital. Its sacrificial power hasn't been lost, just transferred.

Before the coming of the modern day hospital, the church has always been the repose of the sick. Under the eyes of God, they pray for forgiveness, believing that their illness is punishment for their sins, that they can be alleviated of their burdens through repentance. I suppose you could find similarities within the clean white walls of the emergency department. We've lost interest in religion, but it seems to be a human desire to place our faith into *something*. As doctors that something is science, with its empirical reasoning and

logical conclusions. As patients, naturally that faith is put into medicine, that it can cure ills and alleviate suffering.

We had a talk once, in medical school, about how medicine can take guidance from the aviation industry to minimise mistakes. That's what all the rituals are about really, to reduce harm to the patients. It takes some imagination to see the parallels between medicine and religious practice, because it's not practiced on blind faith. Instead best practice is taken from guidelines written based on fastidious interpretation of data and randomised trials and analysis of treatment outcomes, which is something that can be believed in.

02:22am. The patient that had been brought in a couple of hours earlier and had been laid in majors, groaning and swaying her legs from side to side. Every time we had gone in to examine her, she requested to go to the toilet. On the third occasion, a minute or so after the nurse had wheeled in the commode, there was a clear sharp call "can I have some help please".

There was a flurry of movement. The doctor I was sat next to stopped speaking abruptly and moved swiftly into the cubicle. Nurses appeared around corners, opening curtains, pulling trolleys, holding phones aloft in anticipation of putting out a cardiac arrest call. I moved with the small crowd towards the bay and the nurse who had called for help ushered me in before dragging the curtain across the front of the bay.

Her heart was still beating, she was still breathing, but that didn't stop the two doctors from looking down at her apprehensively, and so the decision was made to move her to resus. I trailed morbidly after the trolley down the corridor. I was acutely aware of the sadness of the situation, a level of fragility and weakness that made it impossible to look away. I feel like a voyeur, craning my neck to see better like a person passing a car crash. What do doctors get out of wanting to work around such misery for their whole lives? Part of me thought they are the same as people who get disappointed about relatively low body counts after natural

disasters, always seeking out the worst to satisfy their own morbid interests. I remember feeling the same distaste upon seeing for the first time a stack of coffins in the dissection room, ready to lay to rest the cadavers we had spent the best part of a year shredding apart.

Despite the stark sterility of the environment, there was something beautiful in the framing of the scene. The patient in the middle as the focal point, and everything around them, the people and the equipment, arranged around them. The doctors pouring over her, the same intense, concerned expressions like the doctor in the Fildes painting. The lamp that hung from the ceiling secured the similarity, providing a spotlight as though the patient was a sole actor on a stage.

The patient's pink dressing gown lay draped over the green plastic chair reserved for family members. It's half on the floor, pathetically trying to emulate a home comfort in an otherwise alien environment. Her nightie had been removed now, replaced by the standard issue hospital gown. It lay strewn on the floor, covered in old, brown blood that had started to crust.

02:45am. It's calm again. The old lady has been stabilised and is sleeping in the resus bay whilst her husband dozes next to her on one of the straight back chairs, holding her hand over the railing around the bed. The rest of the department is quiet. There's just one patient in the waiting area; a young man with bright green hair and a ripped t-shirt is sprawled across two seats, lolling nonchalantly against the wall scowling, waiting to be treated for an injured knee that he sustained whilst jumping from a shed roof.

From across the corridor in the CDU there is a gentle hum of snoring patients mingled with the sound of beeping IV machines and heart monitors. At the central desk a nurse sifts through paperwork and observation charts, reorganising files so the old lady can be taken out

of the resus unit back to one of the bays. When she's moved, the blood is mopped up and the trolley is wiped clean, in preparation for the next arrival.

There's no beauty in this scene, no vibrant descriptions of colours and sights and sounds that can be written. It's bleak and dirty. And yet, it doesn't seem to bother me. People don't find themselves in A&E because they want to be there. It's messy and sometimes incredibly depressing and time is always there, both in the clocks and the minds of the patient's and their families. It seems less harsh though, less helpless, when you look at the machines and the medicines, realising that it gives such hope as well, and that today won't be the day for loss, because maybe we can stave off the inevitable for just a little bit longer.

Word Count: 2158