VIEWPOINT

Some reasons not to leave all this behind

Algunas razones para no dejar esto

Ricardo Juárez

This Point of View corresponds to the Inaugural Conference of the SEMES 2017 Congress held in Alicante, which is reproduced with minimal editorial adjustments.

It is for me a great honour to be in front of you to commemorate the Inaugural Conference of the Twenty-Ninth National Congress of the Spanish Society of Emergency Medicine (SEMES)[1], entrusted this year to the Kingdom of Valencia and to celebrate in this wonderful city that is Alicante. I was never in such an important forum, nor did the inaugural speech of a SEMES congress fall in such humble hands. It will have to be like this! The man proposes and the organizing and scientific committees dispose. And therefore, I must thank Dr. Javier Millán, President of the Congress, for the opportunity provided.

Allow me to read a passage, four lines, of a novel: "The world of Juan Lobón", written by a colleague, Luis Berenguer, a story for hunters. It is the life of a furtive, told by himself. He says: "I am a hunter as I am brown, as the Sinta is cross-eyed. Good or bad is my thing and I'm addicted to it. Besides, what else could I be? The mule is hooked to the cart and pulls. I am a happy mule with my cart, and I know very well that taking away the job of doctor, which is the one that must be respected, everyone else's is worse than mine." And he continues: "There are male trades and female trades. Trades that are giving: hunt, sow, cure; and trades that are taking: keep, clean, entertain. For an uncle who does something, there are four who suck. Because I hunt, there are guards in La Zarza, and there is a guard in Cabrahigo and in El Tarajal, there are civilians and there is a judge. Because Miguel makes bread, picks up asparagus or piles eggs and pineapple, there is a recovero, there is a post in the plaza, there is a civil guard and there is a judge. Because Vitilus tills the soil and sows its grain, there are truck drivers, there are dealers, there is Montañés shop, there are civilians and there is a judge. There are doctor's offices, like Don Celestino, where God puts his hand; and there is trade of those of the lawsuits, like Don Senén, that without them nothing would be lost, and where they lay their hands everything goes to shit".

Well, I never thought of being anything other than a doctor. My father was a rural doctor; from here my most heartfelt tribute to those colleagues, who made so many emergencies on the backs of mules and horses. And I, since I had use of reason, was always there. What else could I be! If the gang of kids played Indians and Americans, the doctor of the fort was me. Of course, it always had to be "blue coat". The Indians, the poor, had no doctor. Ricardo, can you come, please? I fell and have a bleeding knee. Man, but you're Indian! But as General Guiote would say, the emergency is here and now. The Indian had to be attended.

The course of 1980 began and an event would change my professional life. One morning we met a colleague, friend, brother, Juancho "padrino" (he works at SAMUR) and I, professor Schuler Pérez. Don Amador, Head of the Department of Medical Pathologies, Professor of Internal Medicine and Grand Rector of the Complutense University (to whom we took the tickets for bullfighting in San Isidro, all must be said). He asked us: "You, in which professorship are you in?" "In none, sir. We have not passed the inmate exam. "We lied to him, because we had not showed up for the test. "Tomorrow at eight, before the session, in my office." And that's how I was assigned to a clinical chief. This, Dr. López Alonso, made it clear from the start that there were two places that could not be missed. One of them was the external consultations, on Thursdays, and the other, blessed be God, the Emergency Service, where he had his place, the days he had guard. So, in that way, I went to the emergency room of the Hospital Clínico San Carlos, one month in October 1980. It was another time. Take as an example the emergency figures of that Madrid, presented by Dr. Alted in volume 1, number 0 of our EMERGENCIAS[2] magazine. He says: "In the year 1984 there were 565,409 emergencies in Madrid, of which only 5.8% (33,000) - half of those currently occurring in Talavera de la Reina - were transferred to hospitals. In the emergency unit of the Hospital 1º de Octubre, 27.7% of the admissions arrived cadaver. "And since then until now, 37 years, with a small parenthesis of two years, I have worked in the emergency room. And here we are, with the illusion of the first day. The emergency service of the Hospital Clí-

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nico was distributed in trauma, paediatric, obstetric-gynaecological emergencies and the rest (that is, everything else). Of these last ones he was in charge to the complete internal medicine. I learned a lot, a lot.

Later I started working in the emergency service of the Hospital Nuestra Señora del Prado in Talavera de la Reina, where I continue to work, my lifelong hospital. But here they were doing general emergencies. Conclusion: I had no idea of traumatology, children, gynaecology and obstetrics. Ricardito, go and study! For a few years he combined the emergencies of the hospital with the care of a work accident clinic (Fremad). I got tired of learning and doing traumatology. As you all know, more than 30% of the general emergencies in our services. No emergency department should let traumatological emergencies escape. And we follow my colleagues and myself, the gerontocracy call us now, self-training ourselves. To the operating room to learn to intubate. Wow, but it is very easy when you are asleep and relaxed! Great teaching. A surgery as soon as you have to put a way in the subclavian. To the trauma room to help. In fact, during the guards, if a third doctor was needed in any operating room, we always went to the emergency room. Caesarean section of emergency, the emergency par excellence. Sometimes, on guard duty, we passed a query. "This is not urgent and it is also the endocrine, go tomorrow to the specialist's office and to regulate the sugar." And the next morning the patient came to the consultation of endocrinology and, magic pottery, there was the emergency doctor who had sent the endocrinologist. "Damn it!" The countryman said. And techniques and new courses began to arrive. And those from the critical units, the specialists in intensive medicine, brought the news from abroad and we had to learn from them. And did we learned! I want to remember at this time Dr. Julián Ortega, head of Intensives of the Hospital Complex of Ciudad Real, great visionary, magnificent trainer of emergency doctors, who left us a few years ago. One of the first discoverers of the "Corte Inglés" ground. Yes, because the emergency floor, is Corte Inglés ground. But I'll tell this story another day.

In the early days I remember traffic accidents with terror. The works of the motorway of Extremadura was not done and in the old motorway, the National V, a great amount of polytraumatized accidents occurred, many of them came in already dead. Dantesque scenes of when the emergency services did not exist, and poor volunteers of the Red Cross could not cope. Parents bleeding with deceased children between their legs, to take advantage of the trip. In that we must recognize that we have improved a lot. And Emergencies chose me. Yes, because one does not choose ER, it is ER that chooses one. I've talked to several colleagues. Meditate on it.

And we started to evolve and become specialized[3]. Yes, because we specialize in the specialty, around the world[4], in the five continents, because it is a new specialty[5], although as a Yankee colleague says: "The specialty is new, but some of us are older than you." I already commented on some occasion, during the professional life the emergency doctor experienced a magnificent evolution[6]. Studying, always studying. In the emergency department there are no tricks, even if it is a joke that I myself have used many times, to minimize the importance of a particular action before a patient. The emergency is immediacy, here there is no room for the: "Let the night pass and we will see", as in other businesses. Remember the motto of the first congress of SEMES in 1988, in Palencia[1,7]: "One minute, one life in expert hands". But one minute goes by fast and you cannot go around drooling, that is, drooling you. The emergency must be smelled! True, today, thanks to colleagues who think of us, such as Dr. Toni Juan, there are decision rules, guidelines and clinical pathways. Wells, SOFA, SRIS, qSOFA, LIBPAS[8] or Geneva. All the same, they all help. But what helps the most is being a true emergency physician. We study science, with art I would say that we are born with. The emergency, indeed, must be smelled: "How bad comes this patient, fast!" Emergency, like the rest of the medical sciences, is art.

The exercise of medicine is a trade that consists of the medical examination that leads to the diagnosis, in which the innate faculty or achieved by experience must not be lacking, which Marañón called the "clinical eye". But that quick vision must be assisted by art, because medicine, as an experimental science, is full of gaps and needs some wings - intuition - that allows it to fly where it cannot walk on foot. Splendid, Don Gregorio. And let me tell you one thing, already said in other occasions: the one who has not done an emergency at least in one occasion in his life, be it of whatever specialty, does not know what it is to be a doctor[9]. "Does it happen to you, physically, when you see a patient die and you have no idea why, Ricardo?" One of my teachers asked me. My hands sweat, he responded to himself, laughing out loud. "It's no joy, huh!" He added. And this is at odds with our profession? I mean the thirll and the feelings. Well, I think not, but friend, leave them in the bed in which this patient is, or with his family, or with his companions, because in the next bed there is a new patient, who expects a lot from you and you have to be whole, to give everything back[11].

For this we have to be worth, I have no doubt. "White blackbirds", rare avis, that's what I call you, you may have heard me sometimes. A clever emergency physician, knows that there are seasonal pathologies; Yes, yes, seasonal, like fruit and vegetables. No one in their right mind thinks of studying heat stroke in January, especially if you work in Teruel. Review the pathologies that are to come, I tell the residents. And not only seasonal, but also determined working hours. Whoever is a real emergency physician, of race, sometimes misses those pathologies that residents attend at four in the morning. Acute lung oedema (with maintained systolic, yes); frozen shoulder (that woman who enters crying, without having been able to close an eye on all night, and as we have time we infiltrate her, and she abandons the ER as if God had put her hand on

her shoulder); bronchospasm in a three-year-old child, with more anguish on his face than even his parents; or a biliary colic in a huge obese. Who said he does not like guards? I repeat: Who said he does not like guards? When will we have the opportunity to diagnose and treat these and other pathologies, with all the resources for ourselves? The night, confuse me! That's something an emergency physician cannot say. Here what there is much Dinio.

"Where is the beautiful, the exciting, of your work?" Some ask me. "Well look boy, passionate to realize that a patient with low level of consciousness, abdominal dilation and crackles in the right lung base, is all the result of a sepsis of respiratory origin. It is a passion to do the treatment at the same time as the diagnosis. Because all the arteries are born at the same time, as my father used to tell me, and the low cost is generalized. It is a pleasure to see that in a few hours the patient, who was dehydrated, is able to make an inflammatory focus and then the pneumonia appears on the chest plate that you already intuited. "You, who are not from the emergency room, will still think it is a vascular accident cerebral or an intestinal pseudo-obstruction. There is beauty! Because a patient with a systolic blood pressure lower than 90 mmHg, a heart rate of 120 bpm and a respiratory rate of 29 rpm can be a trauma, a septic shock or a stroke, for example. And if you do not see more than a tachycardia and you want to spark it, do not hesitate: go away son, go away. The urgency has not called you. Migrate, you'll be happy in another specialty. That this our, is not like that of the birds, that acclimate or migrate or die. Here the one who dies is the patient, my friend.

And you learn that each patient is a world and you have to make him a suit tailored, every day. Even if it's the same patient and with the same disease, it's new! Because your heart and your head have changed since the last guard. You are not the same and the patient is not either. Because doctors realize that there is a margin around each disorder, even the most organic, which is only allowed to be cut off by the ideal and mysterious gap of suggestion, and that each doctor, even knowing the same things and using the same recipes that others, carries a specific amount of healing energy, which he himself does not realize and which, ultimately, depends on their effectiveness as well as their experience and illustration. And that force, which I do not think should be called extra-scientific, depends, in the last analysis, on only one thing: the doctor's enthusiasm, his fervent desire to relieve his fellowmen; in short, of the rigor and emotion with which he feels his duty. Again D. Gregorio Marañón y Posadillo; Root and Decor of Spain. 2nd edition. Espasa Calpe 1941. Attentive! 2nd edition, 1941. Take it now! Humanize! For those who are, now, discovering gunpowder. But in addition, in our profession of emergency physician there is an addition, a super added. We have to try, before we know the diagnosis. And not only know "how", but know "when". And if it is possible for us, move forward, to avoid possible deterioration. Treat at the same time that we diagnose, always analgesic, try to save life, function, organ. And wake up. Unwind kid, wake up.

And in our evolution as emergency physicians, it is also convenient to be involved in the management of the service. You have to organize and program. And we continue learning and we remain hooked. Training, essential in this our: if all specialties grow, the strip that we must dominate their knowledge must be learned, we have to learn. The ten most interesting minutes of each specialty, says an American comedian...

Teaching, where you learn more than in training. When you squeeze the shoe, more is when you have to train the "Pythagoras", who now leave the MIR test. In my time at the Clinic, a ball told the boss: "You know you know everything." "No, no, I do not know everything. But what I do not know I invented it and you as you have no idea, because you swallow it. ", He replied. But now that's not the case anymore! The residents know a lot and you have to prepare your lessons a lot ... and we keep learning and we remain hooked.

And the investigation[9-11]. I want to make a point here and from my humble person and at this time, add me to the tribute to the EMERGENCIAS magazine and its various Editorial Boards, especially the current one[12,13]. What a pleasure to read each issue of our Magazine, from beginning to end. What a clear water source for the emergency physician. Do not get tired of drinking from that source, never. Thanks EMERGENCIAS!

And after the training, the teaching and research: management. Both clinical and service. So important, so necessary, so beautiful. Healthcare indicators, pharmaceutical expenditure, quality, patient safety, with a correct diagnosis and treatment, which are the first safety standard. Queue management, short-stay unit or prolonged observation, semi-critical rooms in some hospitals, pharmacist in emergencies[14], always and many and many things that we have learned from other colleagues, investigated and then published in EMERGENCIAS. Who is going to want to leave this, I wonder?

By the way, the Emergency Service of my Hospital, in Talavera, as I have said, is copied from the second draft of the Manual of Accreditation Standards for Emergency Services of Hospitals of SEMES[15]. Planes were already made, but things were missing, that when the architect saw them in the manual, he hallucinated in colours. And he made me promise to give him a copy of the first edition, as it was.

"You should be leaving urgently. I do not know how you endure, you are very old. "I always answered the same thing: Go to take wind! It will be that it is more fun yours, I'm sorry about you, it does not bother you. We are in the Emergency department because we like it, because we feel like it!6. And it is the heads of service, coordinators or heads of the different units that have to take care of having their professionals in suspense. Earrings, entertained, hooked. The urgency never ends! If you do not want. I have gone through this and I can assure you.

I am currently Coordinator of the Network of Experts and Emergency Professionals in Castilla la Mancha, together with Dr. Santiago Cortés, another colleague, companion and yet friend. We try, among a thousand other things (I can assure you that there is no lack of work), to standardize the emergency services, all of them, in our autonomous community. Another great experience I repeat: Who will want to leave this?

Likewise, nurses and technicians, who are so loyal in the different current emergency services[16], intra and extra hospital, at this time. They are our pride, at least mine of "Team Talavera". Thanks for what I have learned from you and with you, and for the large number of failures, which you have surely covered me.

And belonging to this Scientific Society, which protects us, probably the best thing that has happened to me in my working life. That number of congresses[17], I remember with special affection the one from Las Palmas[18], where the Certificate of Emergency Physician was set up, a general assembly from which they invited me to leave, kindly, because we entered smoking a huge cigar. And that of Zaragoza, that bullring, where we stepped on the arena to the compasses of a pasodoble, like bullfighters. Courses, days, especially the clinical cases of Castilla La Mancha-Madrid. Workshops, book publications, manuals ... They have been wonderful years. I want to dedicate an emotional memory to my colleagues, colleagues and friends, with whom I have shared the Board of Directors of SEMES Castilla La Mancha for so many years. Strong hug brothers.

But the best thing has been to meet you all. The most detached people and good people that I have dealt with in my life. Look, it was the year 1997, about 20 years ago and I was commissioned to organize a conference in Talavera de la Reina, from SEMES Castilla and La Mancha. The president of the Scientific Committee told me: "Who do we invite?" I gave him a series of names and their telephone numbers. He went to call and two hours later, he said a little stunned and surprised: They all come, it's awesome! So it was. And from then until now, you have never failed me.

In recent years and thanks to the outgoing National Board of Directors, with Dr. Juan González Armengol at the helm, we have taken giant steps, which I do not want to leave in the pipeline: suspension of the Royal Decree on the Troncalidad, won in the Court Supreme (I hope we do not have to fight in The Hague); Report of the Ombudsmen[19], in which I also participated and in which I greatly enjoyed; and the Specialty of Emergency in Defense[20], paving the way for us. Many more things, because this Society grows at a dizzying pace.

Anyway, I do not want to tire you too much, I suppose you'll want to go out and hug the companions that we have not seen for a while. Even so, I do not want to stop talking about three things. The first is that you do not stop stepping on the canvas, that is, seeing patients. Never. It is our thing and it is what keeps us grounded. I, you know, I keep doing it. The second: first we save lives and then we are nice. Remember: in the urgencies, we do not work costume jewellery. And a third and last: you cannot be a great doctor, without being a good person. Attentive: you cannot be a great doctor, without being a good person. As Juan Belmonte said: "He fights as he is!" And I would like to make a plea to you. The day you enter any emergency service of any hospital or any emergency medical service, from Spain, the first resident internal doctor of our specialty, please call me. Ricardo, "el mochuelo" is already here. That day I will be satisfied. Meanwhile, you do not have to give up. I want to say goodbye to you as that great person, did that President of SEMES National for 12 years, Dr. Pepe Millá, who said something like this: "I ask the Gods to be kind to you and grant you a long and full life, and I wish you, above all, that you are happy." And he added" I love you! "I love you too[21].

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