

Life of an ER Doctor

As an emergency room doctor, it is hard to explain some of the cases we see. We see and hear so much that is difficult to talk about to people who weren't there in that situation. Over the past several years, there has been a change in what it means to be an ER doctor. Emergency rooms have become so busy and crowded because they are the easiest way to access the health care system. Anyone can walk into any ER in the United States and be seen by a provider. ER's are also easily accessible to those who want to seek medications under false pretenses. Emergency rooms are a target for people seeking drugs. Fifteen years ago, this was not the case.

Hospitals and physician groups have realized this problem. ER doctors are getting more support from national, state, and local agencies to question whether someone is seeking drugs. Sadly, sometimes the task for an ER doctor when evaluating a patient is to sort out if they are really in pain, or if they are seeking some prescription drugs to get high or to relieve withdrawal symptoms because their drug supply ran out. This puts emergency room doctors in a tough position. Hospitals and physicians are evaluated on customer satisfaction scores, and one of the questions they are rated on is, "How did they treat your pain?" On one hand, doctors are trying to alleviate pain and give compassionate care, but on the other hand they have to be on the lookout for someone just seeking drugs.

One of the main tools that physicians have been given to check for drug seeking behavior is a website called INSPECT. INSPECT allows doctors to look up prescription histories of patients. Doctors register for this service through the state. With a patient's name and date of birth, we can look up all the controlled substance prescriptions that they have been given over a period of time. If the patient has been given the same medication from multiple different providers, we can ask the patient about it and see if there is an explanation.

For a while, I have heard people say about the use of drugs like heroin, "Well that's a problem in the next town over, or in big cities." We can't say that anymore. We definitely have a problem. We definitely have lots of people in the community who are abusing prescription medications and people who are using heroin and overdosing. To say that this problem is somewhere else, we can't say that anymore.

Heroin is scary from a public health standpoint because the addiction potential is so high. The availability of prescription medications like hydrocodone and oxycodone in the community gives an alternative to heroin. That is part of why it is a big problem.

When an overdose patient comes into the ER, we try to get as much history as possible from the patient's family, friends, and anyone who was present at the time of overdose. This information gives us a starting point to treat the patient. When patients come in unresponsive, we treat them using medical protocols. We also look for other issues that may be causing the patient to be unresponsive. One problem with overdose patients is that there is no readily available test to check for all the possible drugs, especially the newer synthetic drugs. With

opiates like heroin, we can check for those in the urine. And even before we check the urine, we get a rapid response when we administer Narcan, which will reverse the effects of opiates.

The overdose numbers are so much greater than they have been before. And there are more and more resources all the time to get help. None offer a guarantee that they will overcome their addiction, but there are definitely options for treatment.

Commonly with teenagers, it is the use of drugs like Spice that leads to an ER visit. They either have horrible consequences or they get lucky and they don't have any long-term problems. Sometimes they overdose to the point that they need admitted to the hospital. But, they usually haven't been addicted the way people get addicted to heroin.

We see adults who come into the ER over and over and struggle with addiction. They have periods where they do well and periods where they fall back into drug use.

We also see people who come in with overdoses over and over and then, one time they don't survive. Recently, this has been the case too often.

As told to Abbey Jauregui