Next Slide, Please

Loren Crown

University of Tennessee Health Sciences Center, lorencrown@aol.com

Follow this and additional works at: http://ejournal.tnmed.org/home

Part of the Medicine and Health Sciences Commons

Recommended Citation

Available at: http://ejournal.tnmed.org/home/vol3/iss2/1

This Article is brought to you for free and open access by Tennessee Medicine e-Journal. It has been accepted for inclusion in Tennessee Medicine E-Journal by an authorized editor of Tennessee Medicine e-Journal.
For those who matriculated after lantern slides had become obsolete, but before PowerPoint presentations came about, this is an alert to be ready for the next phase of your life. Remember how you sat in a darkened auditorium waiting for the next revelation concerning the novel world you were just entering? After nearly five decades in the world of medicine, I am not only ready for the "next slide," but for a whole new dimension - retirement. Like most of my silvered peers, I have witnessed the advent of ICUs, the conquest of smallpox, the transformative developments in oncology (especially at St. Jude) and the miraculous arrivals of "Centers" (trauma, burn, OB, pediatrics, stroke, crisis and more to come). But I have also seen the increase in medical liability cases, the onslaught of the metabolic syndrome in our patients, the disappointment of "legislative medicine" whereby certain diseases get funding through focus group action while other disorders are controlled not by medical judgment but by the court or via congressional action. For every step forward there have been a few fallbacks; the greatest truth remains, however: this too shall pass.

When I started emergency medicine, there were few effective measures for things like pulmonary edema. We had rotating tourniquets, intravenous morphine, furosemide and digitoxin (the last part of the name indicates its lethality). Patients suffered through open cardiac massage, early models of automatic external chest compressors, IV aminophylline for asthma and intracardiac adrenaline (better than leeching, insulin shock for depression and lobectomies, but not much).

Early on in family medicine I did locums tenums for a practitioner who had a BMR apparatus that looked like H.G. Wells' time machine and who did office tonsillectomies. I've even seen, in a rural treatment room, a ceiling eye hook through which a rope could be attached to a dislocated hip then passed through a window to a waiting vehicle which supplied the necessary traction for reduction. In my childhood, I saw doctors promoting cigarette brands on TV and my first ED offered ashtrays for the use of the attendings (I hope to see a time where tobacco subsidies cease). I am now in an era where "mid-level" providers are probably destined to assume much primary care, especially in the rural areas, and physicians are required to function under the burden of EHR. But also, we are on the threshold of great advances in genetic medicine, monoclonal approaches to oncology, and the use of robotic-assisted surgery.
My grandmother had abdominal surgery performed on the kitchen table with the use of chloroform and restraint by relatives; my older brothers were home delivered (one breech), and I grew up filling cards with coins for the March of Dimes. We've come a long way to the present where my new ED colleagues show up proficient in the use of portable ultrasound machines which they use more often than stethoscopes. MRIs can discern fractures my generation only suspected but could not prove. And catheters extract clots from brains like we kids used to grab toys from machines at the county fair. I watched my family members suffer from polio and measles, but now we worry about HIV and Ebola (oops, now Zika). As I leave the craft to the younger generation, I gladly abandon issues such as call schedules (I have been more or less "on call" for 32 years), quality assurance meetings (never volunteer for any committee that has a "Q" in it) and the dilemma of the inequality of healthcare affecting the inhabitants of this country. I no longer have circadian rhythm disturbances from my 24 hour ED shifts, worries about office overhead, departmental staff disputes or concerns about CME shortages (did I forget that two hour controlled substance program again?).

I am now gloriously involved in shepherding nine grandchildren, in reading all those novels I never got around to (instead I scanned one to three journals daily) and in knocking off all those "bucket list" travel destinations abroad. No more office, hospital, emergency department, home visits or CPR courses. I do participate in a couple of teaching assignments and manage a low-pressure clinic or two (mostly voluntary). I also am involved in some non-medical community activities that help me adjust to "lay person" status while still helping my fellow citizens. And as with most of my age cohorts, I also find myself frequently held hostage as a patient; it is particularly revealing to find out what life is like on the other side of the admissions window. (I recommend it highly to enlighten those of you who have never experienced the role of a patient waiting for the "great ones" to administer their healing magic.

The "next slide" after retirement is coming soon, and that in addition to all the perils of aging will probably be the biggest wonderment yet; I hope to be alert enough to appreciate that part of existence as much as I enjoyed my first slide show in the amazing world of medical science.