



There are times when I question my altruistic belief that personally attending to out of hours calls is part of my job. Unlike some of my colleagues, I have been unable to unbundle this part of my work from the rest of my general practice. I got to thinking about this at around 3.00am this morning. I had received a call from ambulance control asking me if I would meet the ambulance at the medical centre as they had picked up a woman who had a headache and pain and photosynthesis in her left leg. I have seen a lot of strange things growing on legs over the years but I do not recall ever having seen a chlorophyll-producing lesion. So I went. She had a headache and sciatica and was distressed, so I gave her some fairly powerful analgesia while reasoning that it was not unreasonable for a layperson to confuse paraesthesia with photosynthesis. Lying awake, following this desperate act of human kindness, I pondered on some of my more unusual night call-outs.

Many years ago, when general practice was even less poorly paid than it is now, I took on police work, obstetrics, and a one in four call-out roster. I recall sitting up on the edge of my bed early one morning, after several interrupted nights, trying to remember whether I had just been called by the maternity unit, the po-

lice or a patient. I figured that I probably would have remembered a few details if it had been a patient, so it must have been one of the other two. I phoned the maternity unit, as this was the least embarrassing option, and found that it wasn't them who wanted me. I then got up and drove down to the police station, on the premise that the call was real and not dreamed, and examined an inebriated driver. I'm not sure that, in my state of semi-consciousness, I was any safer to drive than the person that I was called to examine.

Even now, many years later, I still have not developed the habit of taking a pen and paper to bed with me, to write down the essential elements of middle of the night telephone conversations. Despite being warned that I should record these medical conversations for medico-legal purposes, I do not. It is difficult enough to just answer the phone.

However, it is not always the doctor who has problems with clarity and creates confusion with middle of the night calls. A call that stands out in my mind is the one that I received some years ago. I had been asleep for an hour or two (always the worst time to be woken up) and the phone rang: 'Giddyay. Is that you doc? It's me here. Can you come over?' Fortunately I had the presence of mind to shout 'No, don't hang up!'

This is a column written from the swamp. The term is taken from the book by Donald Schon<sup>1</sup> where he talks about the crisis of confidence in professional knowledge thus:

*In the varied topography of professional practice, there is a high, hard ground overlooking a swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solutions.*

1. Schon DA. Educating the reflective practitioner. Jossey-Bass Publishers 1990.

## Contributions

We invite amusing contributions to this column which should be relevant to the swamp and not more than 600 words.