



The pager went off at 4.00 am. 'Priority 1. Chest pain'. I recognised the name of the patient as an older woman who treats herself for hypertension by phoning in for repeat prescriptions.

A phone call to ambulance control to check the address and then off, out into the cold winter's night to drive 15 km to a small rural settlement. On the way the pager goes off again. 'Was I attending?' No point in responding as no cell phone coverage!

The house was easy to find. Fire engine (first response in this community), ambulance, people in uniform all milling around.

She was sitting up in bed groaning with chest pain. Her husband, fully dressed, had phoned 111. This didn't look like an MI and further questioning revealed that the pain, which was more in the back rather than the front of her chest, had started a couple of days earlier when she was reaching up to hang out the washing. Hubby had rubbed some balm in a few times but the pain got worse. Localised tenderness left T6, no other abnormalities. She said that she had a spray in her bedside table drawer but she hadn't used it because it was too old. When I looked,

the drawer was full of boxes of medication that she said that she was taking. To ease the distress I gave her a shot of pethidine (my most commonly used middle of the night therapeutic).

'Well', I said, sending the fire brigade and the ambulance volunteers home to bed, 'No need for a trip to hospital!' 'Just as well', said hubby, 'she doesn't like hospitals'.

I gave her a wink and said, 'You don't even like doctors much, do you?' This elicited a wry smile and a promise to come to see me within the next few days. Then home to bed to lie awake reflecting on all of the Priority 1 calls I have attended.

She did come to see me a few days later. Hubby said that she had been great for a couple of days after the pethidine but the pain had not settled completely. However, she didn't want to do anything more about it. I knew that she already had her blood pressure and cholesterol medication because I had seen it in the drawer. However she asked for another GTN spray. 'The last one must be about 12 years old', she said.

She came in for BP checks quite often after that. Not sure if it was the fright or the wink but we seem to be getting on quite well now.

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.