Out of Hours

Viewpoint

"We wait until we are sick before ... getting our bearings."

TIA: view from the patient's chair

In the twinkling of an eye I am changed; from experienced GP into a meek and bleating patient in the queue.

"... TIAs" ran the strapline on the February 2013 issue of the BJGP,1 to be tossed by the bed as a must-read, promptly forgotten.

The next day, flushed from the February chill, I pulled off my cycling gear and bent down to get something that had fallen onto the floor. As I stood up a butterfly danced across the wintry sky through our bathroom window. Migraine spectra, I wondered? But I don't get migraines. I held up a finger and could not see it, yes left eye, but now the quivering wing cleanly cut out the lower visual field. At that moment a 3-hour clock began running down. The vision pixelated back to normal and I stood there wondering, 'Call the GP out of hours? No, takes too long'.

Munching an aspirin I went down to tell my wife. She pressed 'Go' on the blood pressure box as I clamped the phone to my ear:

'Get me the "Neuromed" Regi on call please. Two-hours 55 minutes and falling. 'I am a GP, but no, I am calling as a patient

'You did right, its amaurosis,' replied a brisk far eastern female. 'But amaurosis from what? That's the question.

'Quite, but how about that ... clot-busting idea?' 'Thrombolysis' as a word would not come out, had I stroked already?'

Well its 4 hours nowadays.

'141/80,' intoned my wife.

'Your ABCD2 score is 0 from the history; we will see you tomorrow 8.30 am ... yes that's right don't drive.

The night held plenty of waking hours to be gloomy: 'Father dies at 58 — was that common? So melodramatic ...' Thus the internal debate ran on.

I love hospitals; it's that thrill of quiet cooperation. Then the nurse knocked the needle out: blood everywhere. A registrar put the ophthalmoscope to my eye and muttered about MRI scans and Doppler's NOW. The fantastic NHS was in action. I thought of Dr Christopher Addison the Sheffield Christian doctor whose photograph hung in the medical school downstairs. He saw the poor after World War I and entered parliament arguing everyone needed free care: it was the seed of the NHS.

The day wore on as I sat with the silent patients awaiting news in the TIA clinic. The consultant waved me into the other chair saying, 'Yes, classic TIA symptoms. But less than 50% narrowing of the left internal carotid; no need for urgent endarterectomy'.

On the way out, surprised to feel rather weary and shaken by a day of reassurance, I drifted through the open door of the hospital chapel and picked up a book:

'All travellers ... find it necessary to check their course ..

We wait until we are sick before we do the commonplace things of getting our bearings. 2

'Two weeks off work,' the consultant had answered, with that momentary hesitation we use before plucking a number from our heads. It needed all that — distracted and tired — my patients also needed protection. Back home I noticed a reluctance to bend for things on the floor; would a spike in blood pressure provoke a hemiplegia? I took to the bent knees, head up approach.

'Dad, have you seen Roo?'

'The floor is lying on the cat,' - then I laughed nervously at my word jumble was this it; the stroke arriving?

Inevitably the simvastatin and clopidogrel pills spilled at the side of the bed. Forgetting myself I bent right down and saw a familiar blue and yellow journal cover poking out with the strapline: '... TIAs.' — the perfect moment to relax and read it properly.

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