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Corrections and clarifications

Endpiece
In this short item by A P Radford (29 May, p 1450) the date should have been given as 1729, not 1929.

Developments have been made on cardiac surgical audit in Bristol
In this letter by B E Keogh and colleagues (26 June, p 1760) the website address for finding the risk stratified data (given near the beginning of the fifth paragraph) was wrong. The correct address is www.ubht.org.uk.

Medicopolitical digest
In the report of the senior medical staffs conference in the section headed "Racism in the NHS must be eradicated" (12 June, pp 1628-30), the first sentence of the second paragraph should have started "I'm white and I'm aware that I racially [not rationally] discriminate... ."

A lesson learnt

A view from the other side

I was 18 and had just entered medical school when I visited my aunt and uncle who lived in the same city. After an evening's shopping we returned home, and just as my uncle was getting out of the car, he broke out in sweat and went very pale. He then became so short of breath that he was unable to walk from the car to the house. Realising that he was very ill, my aunt and I quickly rushed him to his local doctor in the next street. He gave him a couple of intravenous injections, whispered something to my aunt, and minutes later we were speeding along to the casualty department at my medical school.

By the time we arrived his breathing had become still more laboured and he was looking very grey. My aunt and I were then interrogated by a tired and irritable medical officer. "Has he had a heart attack before?" "Does he have any other diseases?" "What are his regular medications?" The questions were coming thick and fast. My aunt was too shocked and distressed to give any coherent reply. I suddenly remembered that my uncle had diabetes and I passed this information on and in response I was battered by another series of questions. "Is he on insulin?" "When did he have his last dose?" "Does he have any diabetic complications?" I had no answers. My apparent stupidity irritated the medical officer and he went away muttering about "useless relatives who are unable to provide any information."

In the meantime an electrocardiogram had been performed and within seconds we were hurrying down a long corridor and then up in a lift to the coronary care unit. Within minutes of his being transferred on to a bed there, his breathing seemed to become quieter. No one had given me the faintest idea of what, or indeed how serious, the problem was, and so when I saw him take a deep sigh and flop his head to one side, in my innocence I thought, "The injections are working and he has dozed off." The nurse attending to him obviously thought differently for she went into a panic, and suddenly a couple of doctors in white coats appeared out of nowhere and my aunt and I were bundled out of the unit. Just before the screens went round the bed I caught a glimpse of one of the doctors pounding my uncle's chest. My aunt was in tears, and I tried in vain to console her. After what seemed like an eternity, one of the doctors came to us. "There was nothing more that we could do," he said in an undertone. I just could not believe it. No one had prepared me for this terrible shock. Now 18 years later I am a seasoned hospital doctor, but that experience has taught me a lot about "the view from the other side." I had learnt that not everybody coming into hospital necessarily plans the visit and comes prepared for a detailed and satisfying interview with the doctor, although this is a fact that is all too easy to overlook as a harassed medical officer dealing with several medical emergencies in a busy casualty unit for long hours at a stretch. It has also taught me that when involved in the stressful situation of coping with an acute medical emergency you must not lose sight of the patient's relatives, as the doctor and the patient are not the only ones who are stressed.

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