

Andrew W. Trevor, MD

Twenty years ago, when I started my practice in a small town, family physicians were also covering the emergency department (ED), because there were no emergency physicians back then.

At this time, I became acquainted with Mrs. F.T., a forty-something-year-old suffering from a bipolar mood disorder. Her disorder was complicated by ethanol and benzodiazepine abuse. Also, she was not compliant with her lithium.

Almost weekly, I would be called to the ED and told that Mrs. F.T. was back in with a possible overdose. Invariably, when I came to see her, she would be intoxicated, and had taken too many elavils, valium, or serax. We always did the same routine, pumped her stomach, gave her charcoal powder and, occasionally, she had to be admitted overnight for observation.

Early one morning, I was attending to her for an overdose. She was not very responsive and it was hard to tell how much was a put on and how much was real. While trying to put in a nasogastric tube, I made a comment that one of these days she would be lying on a marble slab while this procedure was in progress.

She abruptly woke up and asked, "What do you mean?"

I went on to tell her that for the amount of overdose events I had attended on her, sooner or later her luck would run out and she may end up in the hospital morgue resting comfortably on a cold marble slab table. She asked me if this had happened before, and I reassured her that it occurred on a weekly basis. Since that incident, she has never attempted to overdose, and has stopped drinking completely. She remains one of my most dedicated patients.

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