

An incredibly depressing place to work

Professional curiosity sent writer **Jenny Brown** in to view the work of the Trauma Unit at Melbourne's Alfred Hospital. She now knows she never wants to go in there for real, a sentiment she hopes is shared by everyone who reads this story

The Emergency and Trauma Centre at the Alfred Hospital is recognised as the best in Australia. It is certainly the busiest. The nurses, doctors, orderlies and paramedics who treat emergency patients suffering multiple injuries and conditions all concur that, from a medical perspective it is a highly stimulating place to work.

But they don't want to meet you in there because, if they do, it will almost certainly be the worst day of your life. That is, if you live to see the end of it.

While the medical professionals report that the unit can go from relative quietude to a scene of controlled, compassion-charged pandemonium in the blink of an eye, the walls seep with a palpable sense of fearful adrenalin and human pathos. For here is where life and death hang in the balance.

The staff have such a gutful of sadness to process at the end of some working days, that trauma registrar Dr Phebe O'Mullane says it can also be "an incredibly depressing place to work".

The repetition rate of injured car accident patients who have drugs or alcohol

on board is something she is "very sick of, because I see heaps of drug or alcohol-related injuries".

But worse, she says, are the innocent victims. "Worst of all is having to tell relatives that one of their family is permanently brain-damaged or has died."

Trauma nurse leader Nick Santeloudi, 30, has two very young children, so he always struggles when he deals with a multiply injured young person "who hasn't even begun to live yet". Nor is it any easier to see a young wife with a child on her hip come in to find out if they will have a partner to take home in any shape or at any time in the future.

"You learn to maintain a calm feeling on the surface and to give your best," Nick says, "no matter how cut up you are inside."

The staff all have their ways of coping, and they can all recall traumatic scenes.

Paramedic – or "ambo" officer – Des Kean says it was the Saturday when he was trying to save the life of a groomsman who had been injured and trapped in a car that had been taking the groom and his party to a wedding.

His not-so-badly injured fellow pas-

sengers – smelling of alcohol – added drama to the emergency by "getting quite aggressive". The man died. "And the fact that it was a wedding day made it that much worse."

Dr O'Mullane's trauma scene that stands out was the elderly pedestrian who was hit at low speed and ended up



Jason the orderly performs a too-frequent task.



Photos: PHILIP CASTLE

'The shock is registering and you are getting very scared. You are totally vulnerable. You have no friends, no one you know around you'

with multiple head and chest injuries. The physical trauma the man suffered was so extensive that a team of 30 worked on him simultaneously.

"He had tubes coming out of every orifice of his body."

For orderly Jason Clarke who "mops up the blood, stocks the shelves and helps transfer patients", it was the day when a patient presented in such dire straits that doctors opened up his chest in the ward rather than in the upstairs theatre to perform open heart massage.

Jason mimics how surgeons held a human heart in their hands in the attempt to pump life back into it. "A last-ditch attempt." Jason mopped up "a couple of litres of blood".

Jason is constantly mopping. It is not a pretty scene.

"Open fractures are always confronting," says Dr O'Mullane. "I see a lot of death. I see heaps of drug and alcohol-related injuries. You wonder if people will ever learn? Young kids who think they can drink and take drugs and

drive ... You see it again and again and again."

They all preach that the bloody idiocy of mixing alcohol, drugs and automobiles is the chief lesson they have learned from their jobs. They see more of it every holiday and weekend when people do more drinking and drug-taking.

"I've seen the results," says Jason. "It's the easiest way to come into this place."

Days in the Trauma Centre are always different, but for nurse Nick there is something he does the same way for every new patient. He looks for their essential humanity, often with a soothing touch, always with a soothing voice.

In the centre, there is so much movement, it looks like a television set in an ER drama.

"But this is real time," says Jason. "The stuff you see on TV is all makeup. In here we have real blood."

"You're lying there," says Nick, adopting the patient's perspective. "Your life is changing very quickly. One minute you were going on holiday and half an hour

later you are in here, in pain, and with 15 people on top of you. Fifteen people talking at you. You're in shock. You're in pain. And the shock is registering and you are getting very scared. You are vulnerable. Totally vulnerable. You have no friends, no one you know around you."

One touch to the hand or head, says Nick, can be so beneficial. "I say, 'You're in the Alfred Hospital. You've had an accident. All these people are trying to help you.'"

What he doesn't say is: "This is probably the worst day of your life."

The trauma and medical emergency teams at the Alfred, or at any emergency hospital in Australia, are magnificent in their motivation.

But you don't want to meet them in their gowns and gloves and with their gore-soaked mops. Neither do they want to meet your glassy or wet-eyed relatives in "the relatives' recovery room".

Believe what they say: you don't want to go there.

Jenny Brown is a Melbourne writer