## HUMOUR AND HUMANITY • HUMOUR ET HUMANITÉ



## **Doctors** in love





Virginia Robinson, MD

Just to set the record straight, I am not in love. But I have been in love, and I have observed people in love, and it has got me to thinking. The next time a patient finds himself or herself sick and at the mercy of a distracted physician they might not wonder if their doctor is in love. They might also wonder how many hours their doctor has been on duty, which is entirely valid but, frankly, it's hard to differentiate one from the other.

When I was in love, I can recall listening to a patient's chest for many minutes, until the patient worriedly asked "Is something wrong? Do I have a murmur?" Startled back into reality I would look at them with the irritation of someone roused from sweet reverie.

"No, no you're fine. No murmurs."

I floated through my day content, industrious, and borderline incompetent. Love is a sickness. Now that I am no longer in love I can see the folly of my ways. Don't get me wrong, I am not bitter. I don't have bells on my feet, dancing around the department like the Tetley teahouse guys. "Always bitter, never better." Love may be the greatest of virtues. But to be "in love" is a pathology for which there is no cure except perhaps time. And what good is love if it does not guarantee eternal affection? What hope have we mortals of attaining immortality except in the undying love of those who profess it to us? Shakespeare was right. There is no cure for love. Which is why doctors — particularly students and residents — should not be allowed to fall in love. But they do, you know. All the time. It's an epidemic.

If there is one thing I cannot stand it's the blank stare and Mona Lisa smile of a doctor in love. "No, Resident X! Empathic reassurance is not the treatment of choice for someone in third-degree heart block."

"Falling" is the key verb, like one might fall into a hole, an abyss. A deep, cavernous area from which one's view of the world is obscured. These may be the ravings of someone in the hour of their discontent, but at least I am competent. In fact, because I am not in love, I have never felt so competent in all my life. I am making diagnoses from fifty feet down the hall. I am answering questions before they have been asked. What good is Saturday night if not to review the entire textbook of emergency medicine, including references, and commit it to memory? Quelle joie! 'Tis the blissful existence of one free of the shackles of *la vie en rose*. When I hear the sounds of hoofs I think of unicorns. I am not dissuaded by the fact that the condition has never been documented. It's my diagnosis and I stick to it. What's more, I know just how to treat it.

And there are other dire consequences of doctors in love. They are late for work, which is bad enough, but then they go so far as to apologize for their behaviour. They are unreasonably pleasant about it as well.

"I am so sorry I am a bit tardy but I would be happy to stay late to help clear things out." They say, without so much as a hint of animosity at having to be there. It is downright intolerable for those of us who arrive late because we overslept, lost track of time doing chores, or had meetings to attend.

Not that these people don't need support. Falling in love is at least as involved as sickness, deaths in the family, or parenthood. Perhaps it is time to consider LOCA: Leave of *crise de l'amour*. But then again, perhaps not. After all, I won't be benefiting from the plan. No, I have an entirely different agenda. As far as I'm concerned it is entirely reasonable to love thy neighbour, love thy father and mother, love your patients, country, and community. But for God's sake, we are doctors. This falling in love must cease.

Correspondence to: vrobinson@attcanada.net

Chief and Director of Emergency, Grand River Hospital, Kitchener, Ont. Received: Sept. 15, 2001; accepted: Oct. 10, 2001.