

PHYSICIAN ON PRACTICE

JOURNEY OF BECOMING A CONSULTANT

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Doctors' lives are different from others, and their experiences in life are also challenging. Every day, doctors have to face difficult situations in life with patients. Their challenges with patients are so adventurous. They learn up to the end of their lives. One of the most tragic memories of my life that I ever remembered in my mind. When I was an intern doctor in 1998, one day I had duty on the surgery ward. I was so energetic and enthusiastic during that period that I could manage all emergencies. I was overconfident that I could manage the night shift of the surgery ward. My assistant registrar and other colleagues went for the emergency OT, and I was in charge of managing the ward that night. A road traffic accident happened in the distance to Sylhet. I got the patient in the surgery ward at midnight, which was referred from the emergency room. I examined the patient, and there were multiple superficial wounds in the body. The patient was conscious, well-oriented, and vital, which were normal. I was confident that I could repair the wound and managed accordingly. I was assisted by the surgery ward boy and all the doctors busy with operations in the operation theater. So I could not inform the patient through my assistant registrar or other doctors. I was going to repair the wound and talk with the patient about how that accident happened, his family condition, and so on. The patient was very cooperative, and I was able to use IV saline to heal the majority of the body's wounds. At the end of the closure, the patient was silent and refused to communicate with me. I was really worried about what had happened to the patient. I again examined the patient, and there were no recordable vitals. The patient probably died due to hypovolemic shock. From the patient, I had the experience of managing the patient first with hypovolemic shock and the surgical intervention. Still, I remembered the memory that if a proper hypovolemic was managed, the patient might have survived.

Another experience was when I was a resident in medicine during my post-training period. During my training period, I was totally responsible for managing all patients admitted on my admission day. I was totally worried about the management of the patients in my training, as the local people were so chaotic for the

management. An elderly patient admitted through the emergency department in the evening with multiple comorbidities came into the ward unconscious, with a huge mob in the hospital locality. The patient attendants were so chaotic and shouting for the management of the patient. The patient was diabetic. The patient attendants wanted to shift the patient to the ICU ward. At that time, ICUs were limited in the hospital. I examined the patient thoroughly, and his GCS were 6/15 with planter reflexes that were bilateral extensor, and there were no other lateralizing signs. I checked the blood glucose of the patient and found his blood glucose was too low. I managed the hypoglycemia of the patient. The patient regained his consciousness within a short period of time and started talking with his relatives. The attendants were so happy to get the treatment. They thanked me and our colleagues, as we were like magicians. The next day, the patient was released with a gift of boxes of sweets.

Another experience was when I was resident of neurology I had experienced patients with multiple comorbidities. One fine morning I was in the ward round I got a young patient with weakness of the limbs. The patient was referred from the distant Upazilla hospital. I examined the patient and found weakness of the limbs, which was sudden onset and bilateral extensor of the limbs. I think the patient might be diagnosed with acute transverse myelitis. The girl was so young that she was worried about her illness. On ward round of my professor said that please go through the patient again and properly investigate. I had done an MRI of the spine, which was not characteristic of acute transverse myelitis, and then MRI of brain, which was not a characteristic finding. Then I worried about what happened to the patient and what her diagnosis was. My professor gave me clue for a spinal stroke that I did not mind. I searched it properly and finally reached the diagnosis of anterior two third syndrome. That was the one best learning from my respected mentor Prof. Firoz Ahmed Quraishi, and we published her first case report in a reputed neurology journal Bangladesh in 2006 and remembered his contribution to my academic journey.

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