Saturday night at St. Mary's

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You know the drill. When you are fresh out of training as a family doctor, and your teachers offer you a job in the emergency department, you take the shifts that no one else wants and are grateful for the privilege. In 1976, Saturday nights were permanently mine at St. Mary's Hospital in Montréal.

It would be a big year for the city. The world's best athletes would come to play in our half-finished stadium and give us a successful Summer Olympics. Three months later, in November, René Lévesque would change Canadian politics forever by becoming premier of Quebec. But it was at the beginning of that year, on a Saturday night in January, when St Mary's too was changed forever.

For weeks, there had been local news stories on French television stations about increasingly overcrowded emergency departments in some of the smaller, francophone community hospitals at the east end of the city. Frustrated doctors led television cameras through corridors jammed with patients on stretchers and sounded grave warnings about such conditions being a dangerous impediment to proper care. They implored government officials to "do something." What that "something" might be, they didn't say. What their own administrators did was bar the emergency department doors with padlocks and chains.

Soon there were reports that similar overcrowding had inundated larger, more resource-rich teaching hospitals — Sacré-Coeur, Hôtel-Dieu, Maisonneuve-Rosemont — but the "Two-Solitudes" mentality of the day considered these institutions to be apart from us, and on the French-speaking side of academic medicine. English-speaking media even opined how the spread of the emergency department chaos had so far confined itself to the other side of "The Main" — Boulevard Saint-Laurent. Linguistically, culturally and psychologically, this narrow strip of asphalt cleaved the heart of Montréal into its right and left ventricles of *us* and *them*. But when hospital administrators at these francophone flagships began turning away ambulances, I knew the historic fault line would not protect us.

unknown. RBC Art and Heritage Centre of the MUHC. 2014-0014.04.1015.

Medicare patients in outpatient clinic waiting for an appointment with doctor, Montréal General Hospital, circa 1975.

The first of the McGill hospitals to be inundated by the inevitable overflow of patients was the Royal Victoria. Situated at the southeastern base of Mount Royal, it lay directly in the path of any ambulances bypassing Hôtel-Dieu in search of an open emergency department. Days later, southwest of the mountain, the Montréal General was overwhelmed. The Reddy Memorial and the Queen Elizabeth, both located further to the west, soon suffered the same fate. Now English-language radio and television warned the public to seek medical help in private clinics and, if possible, avoid all emergency departments. Nevertheless, when I headed in for my usual Saturday night shift at St. Mary's, I knew we would be next.

A cluster of ambulances had made its own traffic jam in the hospital parking lot. When I stepped through the entranceway, the noise level alone told me the situation was critical. Occupied stretchers lined the hallways. The patients' moans and cries for help were relentless. Triage nurses had to yell to make themselves heard.

They had even pushed all the waiting-room chairs to the wall and commandeered the area to treat the more urgent cases. Webs of tangled intravenous tubing dangled from a variety of plastic bottles, the entire network suspended from a makeshift arrangement of silver poles. The air reeked of body odours and the pungent aroma of urine and feces in unemptied bed pans.

In the corridors, orderlies scurried to and fro, setting up portable oxygen tanks and connecting nasal cannulae to patients gasping for breath. Interns hunched over bedside railings, scribbling furiously and leaning in closer to better hear patients trying to describe their symptoms.

Fear was palpable.

I threaded my way through the confusion and entered the equally crowded nursing station, where some of our staff were busy on the phones, initiating a fan-out of calls that would summon reinforcements. But my attention was drawn to the physician I was here to relieve. He too had been on the phone, but was now slowly lowering the receiver to its cradle. He'd been my mentor, and not a man to flinch in a tight spot. The slack-jawed droop of his face caused my own breathing to go still.

"What's happened?" I asked.

He swallowed, but didn't reply. By now the others in the room had noticed the chill of his silence.

"That was the police," he said. "As of now, we are the last hospital open on the island of Montréal."

I don't know how we got through that night.

An image of 3 million people orbiting our lone emergency department kept crowding into my mind.

And the ambulances kept coming. Some of the drivers, having never been west of The Main, radioed that they were circling on unfamiliar streets and couldn't find us. We talked them in like planes lost in a fog.

However, every physician, nurse and technician we contacted responded to our call for help. Soon the operating room was working at maximum capacity, intensive care unit and cardiac intensive care staff were taking over the management of our resuscitated patients right in the emergency department, and women in labour were whisked directly into the waiting hands of more obstetricians than we needed.

Most important of all, we did not close.

But to this day, I wonder if those who died that night might have lived if we had not been so overwhelmed.

When morning came, the onslaught of ambulances finally stopped. Yet we still had hours of work ahead of us, arranging follow-up for those stable enough to be discharged home and transferring or admitting the rest.

"This narrow strip of asphalt cleaved the heart of Montréal into its right and left ventricles of *us* and *them*"

It was during this mopping-up phase that an older man, sitting bolt upright on a stretcher, kept catching my eye. His bristly, short white hair stood erect, his blue eyes shone with a sapphire intensity but, most noticeable of all, tears streamed down the deep corrugations of his rugged, lined face.

"Monsieur, are you in pain?" I said in French.

"No, Monsieur," he said, his voice resonant with a deep warmth that belied the agony in his gaze.

"Then what is the matter?"

"I can't stop crying."

"Why?"

"I don't know."

"Has something happened to upset you?"

"Not recently. I have been sad for a long time, but now it is getting worse."

"What are you sad about?"

"The war."

"World War II?" I said.

"No, the Korean War. I'm a veteran of the Canadian Army, and was taken prisoner by the North Koreans. It happened over 23 years ago…"

I sat down on the side of his bed and, amid my colleagues' sorting through the remaining, less serious cases, listened to him describe a long-ago world of torture, cruelty, sadistic deprivation and perpetual cold. After the armistice of 1953, he was repatriated to Canada, but up until now had avoided seeking any treatment for the recurring flashbacks, nightmares and depression, because he might be considered less than a good soldier.

I had to ask it. "Why did you pick last night, of all nights, after waiting decades, to seek treatment?"

He smiled shyly. "My wife called the paramedics on me. She thought I was going to shoot myself."

"Were you?"

"I don't know."

"What about now?"

He grinned. "Now I'm going to shoot myself if you don't let me out of here. Last night was worse than the war."

I made sure he had no gun, gave him an appointment to see me in my family practice office the next day, and released him into the custody of his wife. The two of them showed up as planned, and they both became my patients for the rest of their lives.

This kind of boundary crossing occurred over and over in the coming weeks because of the ongoing closings. More and more displaced patients continued to see our doctors for follow-up visits and, eventually, made St. Mary's their hospital.

After six weeks, the provincial government obtained an injunction banning the closing of emergency department doors by chains or any other means, under the penalty of fines or imprisonment. Out came the bolt cutters, and off came the locks.

Nobody went to jail. Nobody was fired. Nobody paid any fines. Instead, meetings were held. Hospital administrators blamed budget cuts that had necessitated the closure of inpatient beds. Deputy ministers were shocked that closing inpatient beds could clog up an emergency department. Hospital administra-

tors were shocked that the deputy ministers were shocked. Nevertheless, it being an election year, the inpatient beds were reopened, and the admitted patients who had been stacking up in emergency departments were moved to the wards where they belonged.

The crisis was over, at least for a little while. What we couldn't know at the time was that, within a decade, emergency department overcrowding would become the norm in Montréal, and all emergency department directors — myself included, by then — would be reluctantly implementing temporary ambulance bans on a weekly basis. We would also be joining forces to make common cause against the tenacious, real-root causes of the problem, but that's another story.

The intermediate aftermath of those days in early 1976 was much more pleasant. Our francophone clientele continued to grow in number, until half my hours of work, whether in the emergency department or as a family doctor, came to be conducted in French. It was the same for most of my colleagues throughout the hospital. I found this shift in demographics liberating. As a physician, it made me a real Montréal doctor, equally proficient in French or English while treating patients. As for the hospital, the subsequent cultural enrichment might not have completely eradicated Two-Solitudes thinking, but it went a long way toward eroding it, and to this day, patients come to St. Mary's from well beyond The Main.

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This article has been peer reviewed.

This is a true story, but occurred many years ago. Pertinent details have been changed so that the patients and health care providers cannot be identified.

When Peter Duffy is not practicing medicine, he writes novels under his middle name, Peter Clement. Visit peterclementbooks.com for more details about his literary work.