

# Getting cheap thrills at the staff meeting

DR. GOTT



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Like everyone else, doctors have to blow off steam once in a while. Ideally, this should occur in the presence of an understanding and captive audience of other M.D.s. What better gathering for this purpose than hospital medical staff meetings?

To the casual, unsophisticated observer, these meetings are supposed to be a forum for getting things done,

voting on important issues, being brought up to date about the latest crisis in health care and generally carrying out the business of running a hospital. To the jaded and knowledgeable professional, however, staff meetings serve only one true goal: to provide a means for disgruntled practitioners to vent their spleens.

Take, for example, the recent staff meeting at our community hospital. It was a classic. The staff took a long and desultory look at "inconsequential" topics: the credentials of four new doctors who were applying for hospital privileges, the establishment of an ethics committee, a report on physician recruitment, a review of the state inspector's recommendations, an amendment to the bylaws and difficult problems regarding a disagreement between the anesthesi-

ologists and the department of surgery.

As the meeting droned on, I thought I could detect a faint emotional pulse, a delicate subjective tremor. The patient was alive! We had yet to deal with the Issue of the Day.

Finally, the chief of staff cleared his throat and quietly stated that the board of trustees had elected to ban smoking in the hospital; although tobacco consumption had been prohibited months ago in most areas of the hospital, the new ban threatened to lift the blue haze in the cafeteria, in certain hideaways reserved for nurses — and in the surgeons' dressing room.

Like miniature ICBMs in the process of arming for launch, the doctors straightened up in their chairs. One surgeon's face turned red, as the liquid oxygen in his booster rocket ignit-

ed. At last, I sensed the real reason for the staff meeting. It wasn't to learn about the hospital's bottom line, to pass judgment on prospective staff members or even to resolve the thorny political issues of modern medical practice; it was, quite simply, to allow some harmless free play for those healers who, because of personal frustrations or the alignment of the planets, chose to have tantrums.

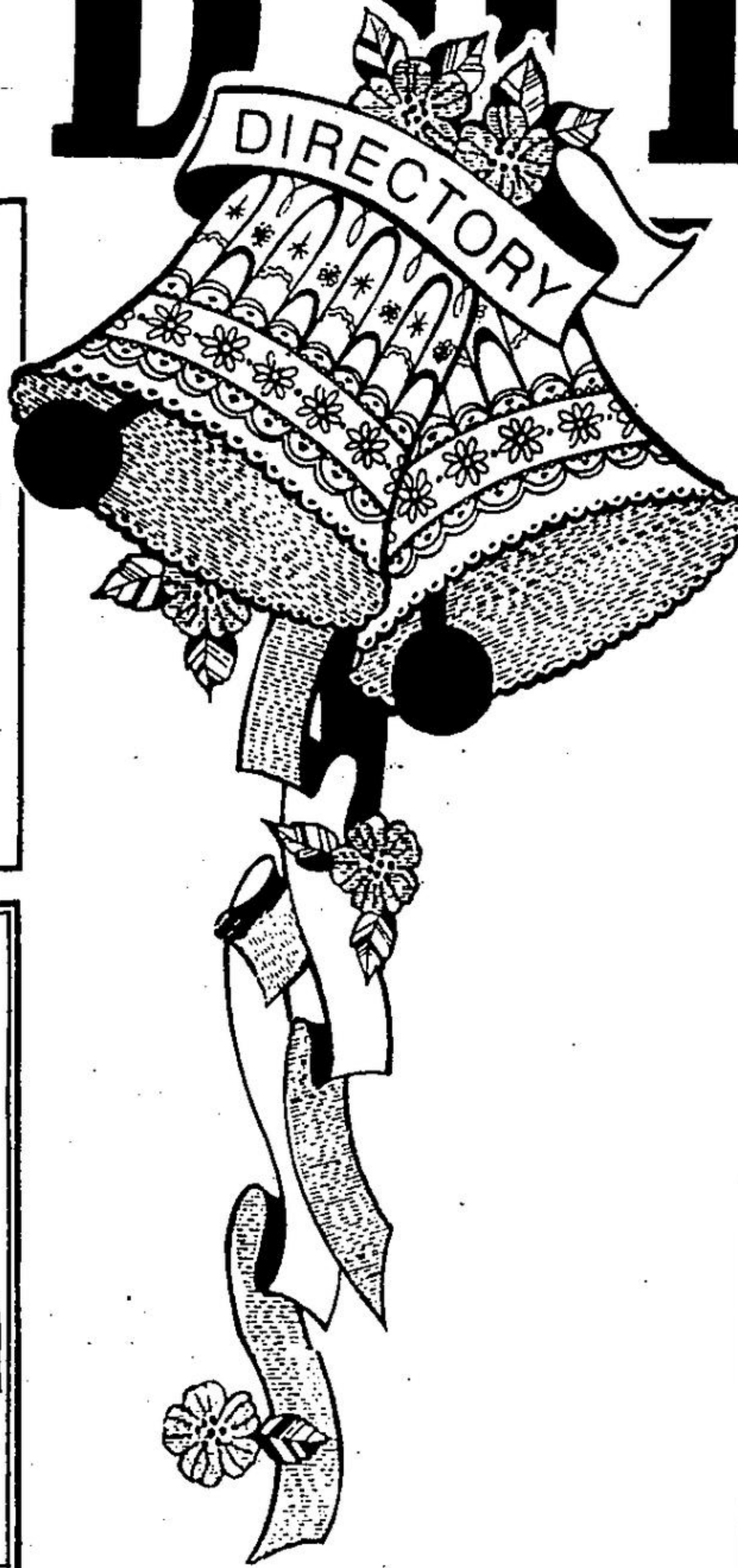
I won't bore you with the brilliant sophistry and finagling that followed. It was enough to please a Southern senator. But I will say the scene was deliciously spiced with hurt feelings, empty threats, cajoling, infuriation and righteous indignation against the "zealotry of the majority"; in short, as veritable a panorama of human emotions as could be played out on a real, live sound stage. Psychologists term this behavior "ventilating."

After the heated exchange, everyone felt much better. The staff voted overwhelmingly to accept the board's recommendation. We passed uneventfully from Red Alert to Stage 4 Preparedness, armed and ready for the next threat. The ICBMs dropped their noses and retreated back into their silos. Once again, I was gratified to see how controlled violence can be therapeutic. Because our last staff meeting occurred several months ago, I'd almost forgotten how important these little get-togethers could be to the mental health of my underpaid, overstressed and unappreciated colleagues.

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