## Gomers

The Dean was a gentle, bearded man, a pipe-smoking neurologist. He loved to sail in the San Juan Islands. He was a farseeing person not given to anger. The failures, large and small, of his medical students were duly noted, but the Dean always saw past these failures to the future successes of his embryo physicians. The only time I ever saw the Dean angry was when he heard someone using the term "gomer".

Many say that this term is an acronym for "Get out of my emergency room", a phrase frequently yelled at gomers by emergency-room physicians. The gomers themselves were down-and-outers. They were the alcoholics, the addicts, and the senile, raging geriatrics. The term was ubiquitous among the students and house staff at the hospitals in our university system. Underground pamphlets circulated that described the classification of gomers, competitions of legendary gomers, even gomer olympics. Elaborate point systems were invented to differentiate the ordinary gomer from the super gomer. The title super gomer was awarded for accumulating 150 gomer points. Ward rounds on these devastated human beings were always turbulent.

Gomers always had every possible complication, and treating them was terribly frustrating. The house staff was surprised at the vehemence with which the Dean attacked the term gomer, but they were not deterred in its use. We intimated among ourselves that the Dean was obviously far removed from clinical medicine and had forgotten what things were like on the wards of the county hospital.

On the pediatric service a few years later, I supervised the care of a four-year-old boy named Allan, dying of hepatic failure. The medical details aren't relevant, but it would be difficult to imagine a more depressing case. Bleeding complications rather than hepatic coma threatened to become the terminal event, and the child was in pain.

I noticed that the house staff always became paradoxically whimsical as we discussed Allan's case. They indulged in what I considered to be "medical fantasy", that is, going off on tangents related to remote and horrendous complications that might occur. There was a great deal of inappropriate levity and hilarity. I knew that this bonhomie was not malicious. Individually, they were as upset about the illness and their inability to affect it as I was. It reminded me of the way we had talked about gomers during my training and that disturbed me.

One particularly grim day we made rounds on Allan the morning after a serious hemorrhage. His parents had finally gone home to rest, and he was sitting alone on his hospital bed. As we were leaving the room he suddenly asked, "Will you read me for a few whiles?".

Our silence was deafening, and the looks of sheer panic on the faces of my colleagues surprised me. They immediately left for their day's duties. I realized that all of the inappropriate hilarity, the medical fantasy, and the talk of gomers among the house staff were defenses against the terrible fear of failure and death. I realized how I had also hidden behind the jesting, cynical demeanor and brusque, busy professionalism. It dawned on me that all those years of gomer talk simply revealed the callow inexperience and inhumanity in me and in my colleagues.

I sat down with Allan. I read to him *The Cat in the Hat* twice, followed by *The Golden Book of Dinosaurs* and was about a third of the way into *Selected Mother Goose* when my little patient fell asleep.

## Prof. Lawrence Grouse, MD, PhD

University of Washington School of Medicine, 8316 86th Ave NW, Gig Harbor WA 98332, USA

(Email: lgrouse@uw.edu.)

doi: 10.3978/j.issn.2072-1439.2014.04.01

Disclosure: The author declares no conflict of interest.

View this article at: http://www.jthoracdis.com/article/view/2242/2946

Cite this article as: Grouse L. Gomers. J Thorac Dis 2014;6(5):570. doi: 10.3978/j.issn.2072-1439.2014.04.01