Emergency medicine doctors ought to like roller coasters. Their frequently quiet early mornings are like the slow climb to the top of the ride with a second or two to enjoy the view. Then comes the stomach-losing swoop to the bottom of the first hill as the EMTs roll in with a cardiac arrest. A neck-snapping turn follows quickly as a GI bleed arrives. There are many more climbs and dives and wrenching turns before the end of a shift in the ER. Adrenaline-depleted, they leave the amusement park only to return the next day to hop in the car for another ride. ER doctoring is excitement, exasperation and exhaustion.

Which is why I’ve always thought of emergency medicine as a young person’s sport. I can count on one hand the number of emergency medicine docs I know who are even approaching 60. The acuity of the patients and the rigor of the schedule are guaranteed to give even the hardiest of physicians serious thoughts about early retirement.

Not only are many of the patients they see quite ill, most are unknown to them as well. Although computerized medical records fill in some of the blanks and although the recidivists get to be familiar faces, for doctors in the ER most patients are one night stands whom they treat and dismiss, never establishing any kind of long-term relationship.

While it’s tough to do much about the acuity of conditions and the unfamiliarity of the patients, medical groups and hospitals are tweaking schedules in recognition of the energy-sapping, mind-numbing effects of shift work. The “just suck it up” attitude of yesteryear is being replaced by understanding that sleep disruption and deficits do bad things to physician performance, which can lead to bad results for patients. Working in the ER requires alertness and mental agility, and schedules that recognize sleep needs should help.

Being on the frontline of medicine also can mean having to protect oneself and one’s team members, as the incidence of violence in health care settings rises, with the ER being the epicenter. Realizing that their obligation to their workers goes beyond 401Ks and good health insurance, hospitals and other health care employers are attempting to train doctors and other employees in the art of defusing potentially explosive confrontations.

So if you add fear for personal safety to sleep-depriving schedules and a coterie of sick strangers requiring instant attention, it might provoke the question, “Why are so many medical graduates choosing to practice emergency medicine?”

The emergency medicine docs featured in this issue supply some answers. Dr. David Handley sees service in the ER as a contribution to the community. Dr. Keith Lurie looks for opportunities to refine CPR and improve survival. And Dr. Kjell Lindgren sees it as a path toward understanding the way the body behaves in space.

Every practicing physician has roller coaster days, disorienting frenzies of demands and responsibilities that feel more like aggravation than adrenaline rush. But if most of us have Valleyfair kind of days, most doctors in the ER ride the Kingda Ka.

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