More That Matters: Emergency Medicine – ER vs Urgent Care

With Dr. Eric Brooks

Diane (00:00):
We're talking all things emergency medicine on this special edition of Vax Matters. You don't want to miss it.

Clay (00:16):
Have a question about emergency medicine? If you do, chances are you'll learn the answer today. Dr. Eric Brooks of the Louisiana Department of Health joins our show to discuss the subjects from emergency room to urgent care. Thanks for being here, Doc. Let's talk about emergency medicine, just from a fundamental level. What exactly is emergency medicine?

Dr. Brooks (00:40):
Um, it's... Pretty open-ended question. Um, kinda like to think of it as open-door medicine in a way. Um, it's anything and everything that comes into the hospital. Um, but I guess if you really kinda get down to it, um, the technical aspect, it's, um... We specialize in identifying and stabilizing people with, uh, life-threatening or limb-threatening injuries. Um, but like I said before, with open-door kind of, uh, policy that, that ERs have, I mean, we can see anything from a runny nose to a paper cut, um, and anything and everything in between up to, uh, you know, gunshot wounds, heart attacks, and strokes. So it's, it's really kind of a, a broad, broad specialty.

Diane (01:30):
Well, and as you said, emergency medicine, it does cover, uh, quite a variety of practices. So do doctors that work in the ER, the emergency departments, do you have to go through additional special training because it is so wide open, Doctor?

Dr. Brooks (01:50):
Well, u- just like most specialties, we do have, uh, to go through a residency. Um, and that residency does concentrate on covering a broad range of specialties. Uh, for example, we'll rotate through, um, several weeks and other specialties, such as orthopedics, obstetrics, surgery, ENT, ophthalmology, uh, internal medicine... Um, w- we cover a lot. Um, in addition to just spending a lot of times, a lot of time in the ER, um, and seeing everything that comes in. Um, so in a way, um, I mean... Yes, uh, we do have specialized training to, to be able to provide the broad range of services. Um, uh, but I, I think any specialist that you go see, emergency medicine being a, a specialty, any specialist that you go see will have, um, training specific to their field.

Clay (02:48):
You know, I remember here, there was always a conversation about people going to the emergency room for treatment that could have been given at a clinic or someplace else. And that, that was a really big deal. Is that still the case in your opinion? That people... There are... There is a percentage of people who go to the emergency room for something that doesn't require emergency medical care?

Dr. Brooks (03:14):
Um, yes and, um... It's easy to kind of get a little, um, kind of... I, I don't wanna say... Don't know the right word for it, but m- those people don't always have access to, to, to cares.

Clay (03:27):
Right.

Dr. Brooks (03:27):
We all, um, are well aware that there's a lack of, of primary care. Um, and even if that patient happens to have a primary care physician that can handle that complaint, um, they can't always get that patient in, uh, in a timely fashion, due to scheduling difficulties. Um, and so, for a, a lot of people, the ER is really, um, kind of a last resort. Um, we encourage people, um, to only come to the ER when they feel like it's a life or li- a limb-threatening injury or condition. But, um, other things left untreated can quickly become a life or limb-threatening injury. Um, and so really it, it's kind of a, um, it's kind of difficult to really know sometimes when you need to go to the ER and when you can wait.

Diane (04:16):
And you know, so many times, Doctor, I think that, that people... You know, when you're sick, you're sick. And you're afraid. You're scared. You might try (laughs) to google something, and who knows? You know, about the misinformation. And you know, they just... I don't, I don't know what to do. I don't know what to do. I, I need to do something. So that's why they wind up in the ER. And I'm sure that no one is ever turned away, no matter what.

Dr. Brooks (04:41):
Absolutely. Nobody is, is ever turned away. So there's something called, uh, EMTALA. Uh, which, uh, regardless of a person's ability, ability to pay, they're entitled to a medical screening exam. And, and medical screening exam, um, seeks to identify anything that, any emergent condition that needs to be stabilized. Um, and if an emergent condition is identified, um, that patient is treated in the hospital, regardless of their ability to pay. Um, and so, I mean, it's-

Clay (05:18):
And Doc, that's not-

Dr. Brooks (05:19):
It's difficult like-

Clay (05:19):
That's not just a preference. That actually is law. That, that is... That's the law, that, that has to happen.

Dr. Brooks (05:26):
Right.

Clay (05:27):
Yeah.

Dr. Brooks (05:27):

That, that's a law that has to happen. And, and if the hospital, the ER, that, that you go to for some reason doesn't have a specialty service, uh, like, um, neurosurgery or, um, cardiothoracic surgery, or one of those other specialized fields that not, some of these smaller rural hospitals have... Um, that law also, uh, holds that if and when we attempt to transfer that patient from one ER to the next, if the receiving facility has those capabilities, they're not allowed to reject that patient. And that's again not based on ability of that patient to pay.

Clay (06:06):
Wow. Uh, you know, in the, i- i- in the post COVID-19 era, uh, I'm curious to find out how that has impacted the way that emergency facilities deal with the public.

Dr. Brooks (06:19):
N- not too much. The landscape has changed a little bit as far as, um, staffing, um, nurses taking contract positions, um, bed availability within hospitals. And so, that can pose some unique challenges. And sometimes people will, um, uh, they use the term, uh, boarding in the ER. Where that patient is admitted, but they'll stay in the E- emergency room for several hours longer than they normally would have, um, if not days sometimes, or they'll need to be transferred to another hospital entirely w- where a bed is available. So, so that happens sometimes. So that's changed the landscape a little bit, but, but as far as how we treat that individual, as far as evaluation and providing therapies... That really hasn't changed any.

Diane (07:13):
You know, Doctor, I'm curious too. When we talk about, uh, trauma surgeons or surgeons who actually perform emergency surgeries, are they considered, you all considered emergency medicine doctors as well? Is there any differentiation between the two or just one-in-the-same?

Dr. Brooks (07:34):
So that's, uh, that's a good question. It's a different pathway. Um, so trauma surgeons are actually... They, they do their residency, they do their initial training in general surgery. And they do a fellowship or additional after that, become trauma surgeons. Um, and so they'll treat severe mechanical injuries, like severe car wrecks, um, things like that. Um, but you know, at, at the base of it, they're, they're surgeons and they're surgery trained. Um, so they're not gonna be evaluating and treating people for COVID, or pneumonia, or things like that.

Clay (08:10):
That's interesting. You know, we, we talked a little bit ago about people going to the emergency room who may not need to go there. Li- u- what's a good question for someone to ask if they're th- trying to decide, hey... Can I... Do I need to go to the ER? Or should I just call my primary care and wait until tomorrow? What's a good question?

Dr. Brooks (08:27):
That's a really good question. Um, and it's sometimes hard to tell. Um, but I mean, I'll use common complaints as examples. Um, we've all had headaches. Um, if that headache is unusually severe or a different quality, meaning it feels different or there's additional symptoms or problems you're having besides just the headache, like confusion, or blurred vision, or you know, something else. There's something different about that, that issue... That's probably a reason to go to the emergency room.

Dr. Brooks (09:03):
And they can kinda branch that out to, to other common complaints. Like, um, if you feel like you have a cold, but it's m- this feels more than just a cold. You're starting to get real short of breath. Um, that's a reason to probably go to the emergency room. You're having back pain, but this back pain is different. It's worse, and maybe you're having some numbness and weakness in your legs. Um, that's a reason to go to the emergency room. Um, so it's really... It, it's not just something that you're, you're... Seems normal. There's something, there's something different. Maybe you can't put your finger on it, but you feel like there's something different. There's something worse. Um, it, it's not your, your normal. Um, those are, those are reasons to, to go see the emergency room.

Diane (09:45):
And you know, Doctor, we all know our own bodies. We know what feels... When we have... You know, I'll like, when I have a sinus headache, I can feel it coming on. I can feel, you know, just almost the swelling around my eyes and my head. I know that's what it is. But if there was something different, you know, like a migraine... I've never had a migraine, thank goodness. But if there's... We know our bodies. And that's when, like you said, if you would go into the emergency room, you'd be questioned by the doctor, the nurse, whomever. You know, you might not be able to verbalize, to put your finger on it, but you just tell them, "I know this is something different." And that gives you...

Diane (10:21):
Because you guys, you know, you can't... Yo- you know, you're not mind readers. You don't know. You don't know what it feels like. So every little bit of information that those patients can give you once they walk into an ER, that's when you can discern what's wrong and if it actually is for that, for the emergency room, for that care that you can give.

Dr. Brooks (10:39):
A- absolutely. Um, when people are able to, to give us that information, to tell us what's different, why it's different... That helps us a lot. Um, i- it is very difficult. And, and I mean, it's one of the challenges we have to deal with, um, on a regular basis, unfortunately, when, um, you know, patients aren't able to communicate, maybe from prior injuries, such as strokes, and things like that. Um, and then trying to figure out and, and piece together what exactly is going wrong with, without them being able to verbalize that. But, but yeah, when people are able to verbalize... You know, I know, like you said, people know their bodies. Uh, when something's different, and they can kind of explain that to us, um, it, it really helps us narrow down, uh, and you know, help us help them.

Clay (11:25):
What's an example of a non-life-threatening emergency?

Dr. Brooks (11:29):
I mean, believe it or not, um, I've had, I've seen patients th- in the emergency room come by ambulance, uh, for insomnia. So they, they couldn't sleep.

Diane (11:38):
Oh, my. Okay.

Dr. Brooks (11:39):
(laughs) That's not-

Diane (11:41):
Well-

Dr. Brooks (11:41):
That's not an emergency.

Clay (11:42):
Seriously?

Dr. Brooks (11:43):
Kid you not.

Clay (11:43):
(laughs)

Dr. Brooks (11:45):
I have seen people for paper cuts.

Clay (11:47):
Wow.

Dr. Brooks (11:48):
On their finger. No, just a regular paper cut. Nothing... (laughs) That's not an emergency. I had a lady drive her son, her three-year-old son, to the emergency room during a hurricane for an ant bite. Now, don't ask me how they got an ant bite during a hurricane-

Diane (12:04):
Oh my gosh.

Dr. Brooks (12:05):
But it was an ant bite.

Clay (12:06):
Was he at least allergic to-

Dr. Brooks (12:07):
Um-

Clay (12:07):
To ants?

Dr. Brooks (12:09):
No. (laughs) No. It was just a regular old bite.

Diane (12:12):
(laughs) Oh, no.

Dr. Brooks (12:12):
Those are some of the, those are some of the things that do unfortunately kind of clog up the emergency room.

Clay (12:17):
So what do you do in a situation like that? 'Cause I know you have to-

Dr. Brooks (12:19):
(laughs)

Clay (12:19):
Maintain (laughs) a level of professionalism, and care, and all of that. But wh- (laughs)

Clay (12:23):
What do you do in that regard?

Dr. Brooks (12:25):
Yeah... We do, um... Uh, just it's, it's, it's a lot of just g- uh, reassurance is what those people need.

Diane (12:34):
Yeah.

Dr. Brooks (12:35):
Um, some people... An- and, and, uh, I'm sure you can sympathize with this. Uh, this person cut themselves... It was with a piece of paper, but they cut themselves, saw blood, and they had severe u- anxious reaction to that sight of blood.

Clay (12:47):
Oh, yeah.

Diane (12:47):
Yeah.

Dr. Brooks (12:47):
So they had their hand wrapped up in a towel and they refused to look at it. Um, and so, we just, we cleaned it up. We put some, you know, some skin glue on it. We reassured 'em that it was fine, and, and, and we let 'em go. But, but yeah, I mean, you... Y- like you said, we, we do maintain a, a level of professional, professionalism when, when seeing these patients. And u- we try to educate as best we can.

Diane (13:10):
Well, and that is... Exactly, bingo. That is an educational (laughs) situation, and you are-

Dr. Brooks (13:16):
(laughs)

Diane (13:16):

The professional demeanor-

Clay (13:18):
Mm-hmm.

Diane (13:18):
The patience, the kindness, and just... And you know, sometimes people just want to be paid attention to.

Clay (13:24):
M- yeah.

Diane (13:24):
They just want somebody, a professional, tell them, "It's going to be all right," and then they're fine. You know?

Clay (13:30):
[inaudible 00:13:58]

Diane (13:30):
You can say, you know, the next-door neighbor-

Clay (13:32):
Yeah.

Diane (13:32):
You know, they can run over to the neighbor, and the neighbor say, "Oh, it's just a paper cut." But no, they wanna hear the doctor say it. So I just... Man, I empathize (laughs) with you on that.

Clay (13:42):
There's such a proliferation of these urgent care centers around the state, which I think is a, a, a, a good thing. You referenced earlier some of these rural areas that don't have access to really sophisticated medical facilities. Can you talk a little bit more about that? That we see more of these urgent care standalone centers being places around our communities.

Dr. Brooks (14:02):
I think, um, I think they're an excellent resource for patients. Um, they're kind of a, um, so... We spoke a little bit about the difficulties patients have sometimes either with access to their primary care, um, either getting in, in a timely fashion or just u- being established in the first place. Um, and so, it's kind of a, a bridge, um, to that. It's... They're, they're walk-in clinics. Um, they... All they see are these, uh, kind of a- acute complaints. Um, so you know, colds, ankle sprains, you know, injuries and illnesses that kinda pop up. So they're not, they're not also trying to treat, you know, for example, like chronic issues, like blood pressure, and diabetes, and high cholesterol, and things like that.

Dr. Brooks (14:49):

So they, they're very accustomed to seeing these things. And, and so, they're, they're equipped and prepared to do that. And, um, additionally, u- they're easier to get into. They're usually faster than E-ERs. They're more affordable than your ERs. But also, just if you're not sure, um, they can tell you and refer you to the emergency room when it's something that, that needs to be elevated. Um, and that being said, um, u- it's not a great place to go if you think you're having a heart attack, just to see-

Diane (15:22):
Right, yeah.

Dr. Brooks (15:22):
If they think you're having a heart attack also-

Diane (15:23):
Yeah.

Dr. Brooks (15:23):
Or if you think you're having a stroke. I mean, you need to go straight to the emergency room for those things.

Clay (15:28):
Mm-hmm.

Dr. Brooks (15:29):
Um, if you think you might have broken a bone, um, but you're not sure... That's probably an okay place to go.

Clay (15:36):
Yeah.

Dr. Brooks (15:36):
Most of 'em have, uh, X-rays. If you think you have a broken bone and your arm is crooked, then you should probably go to (laughs) the emergency room.

Diane (15:43):
Ouch. Yeah.

Clay (15:44):
Pretty, pretty good-

Dr. Brooks (15:44):
Um-

Diane (15:44):
Yeah.

Clay (15:44):

Indicator.

Dr. Brooks (15:45):
But if you're just not sure-

Diane (15:45):
Yeah.

Dr. Brooks (15:45):
If it's kinda one of those things you're on the fence of... Yeah, I think I'm sick. I think I'm hurt, but... M- but I think, u- u- doesn't... I- like, go back to the li- limb or life-threatening, um, you know, u- you... This is otherwise something you think you could probably wait a couple days, then it's probably okay to go to the urgent care. Um, but they're, they're a terrific resource. Um, yeah, I think they're, they're... It's great for people to have that option.

Diane (16:11):
Well, is there a difference? You know, you hear urgent care, walk-in clinics, and what have you.

Clay (16:16):
Yeah.

Diane (16:16):
Is there a difference between the two or are they just pretty much one-in-the-same?

Dr. Brooks (16:20):
I think walk-in clinics, um, also tend to provide that primary care aspect. Um, where they, they can treat, do and, uh, treat people for the chronic conditions like diabetes, high blood pressure, high cholesterol, um, a lot of those things. Um, and urgent care, m- they're gonna refer out to primary care for that. Walk-in clinics may, may be able to establish care for you, and see you on a regular basis, and help manage that, those conditions.

Diane (16:49):
If you had your choice, which one should you go to? Does it, does that make a difference?

Dr. Brooks (16:55):
Um, it, it depends on what you're going-

Diane (16:57):
Oh, okay.

Dr. Brooks (16:57):
I mean, if you're concerned 'cause your blood pressure's been high-

Diane (16:59):
Mm-hmm.

Dr. Brooks (16:59):

Um, and you're having trouble getting to see a doctor, um, walk-in clinic might be better-

Diane (17:04):
Okay.

Dr. Brooks (17:04):
Um, instead, 'cause they may be able to continue to follow up with that. Urgent care is really kind of, um, a one-and-done.

Diane (17:11):
C-

Dr. Brooks (17:11):
They, they'll wanna see you and treat you for that condition-

Clay (17:13):
Yeah.

Dr. Brooks (17:13):
And then refer out for everything else, but the walk-in clinic may be able to, to schedule you f- for future follow-up appointments. Urgent care is not gonna do that.

Diane (17:21):
Kind of, the name says it all, urgent. You know-

Clay (17:23):
Yeah. Yeah.

Diane (17:23):
Other than walk-in. You can walk in, and you're doing pretty well. You just need to have something followed up on. And then urgent is another... Whole other scenario.

Clay (17:31):
You know, Doc, for people listening who may have an anxiety about hospitals, uh, particularly emergency rooms because of whatever reason... I mean, what advice would you give them to, to try to overcome that? Especially if they're in a situation where they need to be in front of a doctor or medical professional immediately.

Dr. Brooks (17:48):
Um, it's, it's always good, if they have some, uh, type of support system, family or friend, that they can bring with 'em. Um, there were some significant difficulties with that, I know, during COVID.

Diane (17:58):
Mm-hmm.

Dr. Brooks (17:58):

But a lot of those restrictions have kind of been, um, rolled back. Um, so that's always a help. Um, additionally, um, we have medications, um, we can use to help treat that anxiety, um, in the ER while we get everything else checked out. I know a lot of people are, uh, just for example, n- not so much just being in the ER, being in front of the doctor, but when we have to do other tests that may cause anxiety from like claustrophobia-

Clay (18:30):
Mm-hmm.

Dr. Brooks (18:30):
Like CAT scans or MRIs-

Diane (18:32):
Oh, gosh, yes.

Dr. Brooks (18:32):
Things like that.

Clay (18:33):
Yeah.

Diane (18:33):
Yeah.

Dr. Brooks (18:33):
We can... If they let us know, we can, we can premedicate 'em. We can give 'em medication to kinda help, um, pretreat that, that anxiety.

Clay (18:41):
(laughs) I mean, it's interesting, because you think about all the moving parts in these urgent care facilities, because of the different-

Diane (18:46):
Mm-hmm.

Clay (18:46):
Kinds of trauma people are dealing with. You, you referenced this earlier, the law that, that requires ERs to treat people regardless of their insurance status or anything else. But what specifically about people who do not have health insurance, and they come into an urgent care or emergency facility looking for, for treatment?

Dr. Brooks (19:06):
Um, well, urgent cares aren't gonna be held to that, that same EMTALA-

Clay (19:10):
Ah.

Dr. Brooks (19:10):
Standard.

Diane (19:11):
Okay, didn't know that.

Dr. Brooks (19:12):
Um, so they-

Diane (19:12):
Okay.

Dr. Brooks (19:13):
They can turn people away for, um, inability to pay. Um, emergency rooms are not. Um, and so, um, like I said-

Clay (19:21):
Mm-hmm.

Dr. Brooks (19:21):
Before, uh, emergency room and the hospital in general, um... If, if anybody walks in, regardless of ability to pay, they're gonna get e- evaluated and be treated, um, but not so much with the walk-in clinics and the urgent cares.

Clay (19:35):
That's interesting.

Diane (19:37):
I had no idea, Clay.

Clay (19:38):
Yeah.

Diane (19:38):
Yeah.

Clay (19:39):
Huh.

Diane (19:39):
Hm.

Clay (19:40):
So what if you are in an area where you have to travel a great distance to get... Because where we are, in the capital region, I mean, there's, there's, u- there's a cluster where you can get to hospitals within a-

Diane (19:50):
Great access.

Clay (19:51):
Couple miles.

Diane (19:51):
Yeah.

Clay (19:51):
But then, there's some areas a little bit further out where you've gotta take a drive, whether you're near Zachary, or out in Pointe Coupee, or somewhere. So what do you do in that regard?

Dr. Brooks (20:00):
Um, that's a great question. Um, if, if you feel like it's an emergency, um, we always tell people to call 9-1-1. There's always an ambulance service-

Clay (20:10):
Yeah.

Dr. Brooks (20:10):
Um, if you, if you feel like you need to be seen. Um, and so there, there's always that resource. Uh, if you feel like it's something that's maybe not as emergent, um, and you're scared of the, the cost that may be incurred with an ambulance, um, m- hopefully they have a good support system and they can find somebody with, with reliable transportation that can get 'em back and forth. But, um, yeah, that's, that's a challenge. And I'm-

Clay (20:38):
Yeah.

Dr. Brooks (20:38):
That's certainly a challenge, and I don't have a, you know, a, a golden-

Diane (20:42):
Mm-hmm.

Dr. Brooks (20:42):
Solution for ya.

Clay (20:43):
Yeah. Yeah.

Dr. Brooks (20:44):
Uh-

Clay (20:44):

But call the ER. I mean, if you're in... If, if your health is, is compromised or someone you care about, don't y- call, call 9-1-1, as you said, and, and get treatment, and then deal with that on the other side of it.

Dr. Brooks (20:57):
Correct.

Clay (20:57):
Yeah.

Dr. Brooks (20:58):
Correct. Uh, e- like I said, even if... So we talked about ability to pay, but, but even if, um, you have outstanding bills and things like that, that's something else to, to think about. You're not gonna be turned away just because you have other outstanding bills potentially at that hospital. Um, but that's never gonna be looked at.

Diane (21:15):
Well, at least that's some peace of mind too-

Clay (21:17):
Right. Right, right.

Diane (21:17):
For those patients. So, you know, Doctor, I've gotta tell you, I just... I so admire, uh, the folks, you know, like you that work in the ER. I, I just can't imagine... Y- 'cause you never know. You never know (laughs) what's going to happen that day. At the end of your shift, what you have seen, what you're going to have to deal with, or whatever. Um, i- I, I do, uh, pet therapy with LSU. And we take, you know, the pet therapy dogs to the different hospitals, you know, here in the, in the Baton Rouge area. And just, invariably, after we, you know, make our rounds to the different... We go to the children's hospital, and we go to different, other different hospitals. And we will be asked to come down to the ER. And I- the people in the ER, they, they, they j- they're so happy to be able to do, you know, to stroke the dogs, to talk to the dogs.

Clay (22:12):
Uh-huh.

Diane (22:12):
They're just... You know, they, their faces just light up. Th- nine times out of 10, they will tell us, "You have no idea how we needed this."

Clay (22:21):
Mm-hmm.

Diane (22:21):
You have... Not only for the patients... You all, the doctors, you've got to take care of yourselves.

Dr. Brooks (22:26):

(laughs)

Diane (22:26):
Because-

Clay (22:27):
Right.

Diane (22:27):
You see-

Clay (22:28):
Right.

Diane (22:28):
Everything. And we-

Clay (22:29):
Yeah.

Diane (22:29):
Are so honored to be able to do, you know, the pet therapy with LSU in, in the emergency rooms.

Clay (22:34):
Mm-hmm.

Diane (22:34):
You, you know, you're not forgotten. I just, I just wanted to say that-

Clay (22:37):
(laughs)

Diane (22:37):
Because you are incredibly important.

Dr. Brooks (22:39):
Thank you. Um, I appreciate that. And I was... Yeah, I mean, y- you took the words outta my mouth as, as far as, we love the pets... When, when the pets come down-

Diane (22:46):
(laughs) Yes.

Dr. Brooks (22:47):
(laughs) Just as much as-

Diane (22:47):

Yeah.

Dr. Brooks (22:48):
The patients do.

Diane (22:48):
Yeah.

Dr. Brooks (22:48):
(laughs)

Clay (22:50):
Well, Doc, did we leave anything out that we could've covered in our discussion about urgent care or, uh, ER treatment?

Dr. Brooks (22:57):
You know, u- I don't, I don't really think so. Um, unless y'all got any other questions... I- it's... I mean, it's, like you said, it's, it's difficult sometimes to know when you need to go to the ER. Um, and, and I tell people all the time... If, if there's a question in the back of your mind, um, you know, just come in. Um, m- we're not gonna fuss anybody for coming to the e- emergency room when you shouldn't have. And you know, I'll use an example of, uh... I had a gentleman one time, um... I think he must've been in his mid-60s, um, but he's not the only one, um, who was having some chest pain... But he had, had a big breakfast. Um, he'd had some-

Diane (23:44):
Mm-hmm.

Dr. Brooks (23:44):
Bacon and eggs. And he thought it might just be his, his acid reflux. Um, so long story short, it, it wasn't. Uh, he had a, um, critical cardiac condition.

Clay (23:54):
Wow.

Dr. Brooks (23:54):
And, um, ended up needing, uh, interventional cardiology. He needed... I think he had some stents placed.

Diane (24:01):
Oh, gosh.

Dr. Brooks (24:01):
Um, so he was having a heart attack. Um, he thought it might be his acid reflux, but something was just a little bit different, and so he came to the hospital. And you know, that's... W- just m- emphasizing what I said earlier. You know, just, you know your body. Even if y- it's similar or something, but something's a little bit different, something's a little bit off, you're not sure... You

know, come a- come and see us. We're, we're not gonna... We're not gonna get angry at you. We're not gonna fuss at you. Like you said, even if it's a paper cut, we'll-

Clay (24:28):
(laughs)

Dr. Brooks (24:28):
We'll take the-

Diane (24:29):
(laughs)

Dr. Brooks (24:29):
Opportunity (laughs) to find some education.

Diane (24:31):
Yeah.

Dr. Brooks (24:32):
Um, you know, it's... That's what we're here for.

Diane (24:35):
And you know, and I think some people... You know, especially some older adults, they'll think, "I don't wanna bother the nice doctor."

Clay (24:41):
Right.

Diane (24:41):
I don't wanna bother him.

Dr. Brooks (24:43):
(laughs)

Diane (24:43):
Well, you know... You're there for a reason-

Clay (24:46):
That's right.

Diane (24:46):
Like you said. You know, people sometimes just need a reassurance, and thank goodness that, that gentleman followed through-

Clay (24:52):
Yeah.

Diane (24:52):
And it wasn't-

Clay (24:53):
Yep.

Diane (24:53):
You know, the, the bacon or whatever, or the, the acid reflux. It was necessary. And he listened to his body, as you said.

Dr. Brooks (25:01):
And I'll tell you what too, um, older married gentlemen that don't wanna come to the ER, but their wife makes 'em-

Diane (25:08):
Uh-huh. (laughs)

Dr. Brooks (25:08):
Uh, the wife's usually right. (laughs)

Diane (25:10):
Uh, th-

Dr. Brooks (25:11):
They usually need to be there.

Diane (25:12):
(laughs) That's a great way to end this podcast. I love it. Dr. Brooks, thank you so very much for your time and for your expertise. And it was another fabulous episode. This is a special edition, as a matter of fact, of, uh, Vax Matters. And I do hope our listeners enjoyed that as much as we did. So we will definitely see you and hear you next time.