Module 2.03:
Brown vomit

SCENARIO

Brown vomit

Mr Dougie Marsh looked down at the brown vomit all over his pyjamas and duvet, and realized that he was in trouble – not just his usual 'heartburn' this time, and he even felt too sick to take more antacid. The 45-year-old accountant had been 'on a binge' for quite some time now. His foot was still sore and bruised from spraining it falling over empty bottles (while trying to get into his back-door in the dark, after a heavy night at the pub). For some weeks, he had been taking his estranged wife's non-steroidal anti-inflammatories - found in a drawer after she cleared out her belongings and took the children to stay with her mother. Mrs Rebecca Marsh had had *"enough of the excuses – you say that you can stop – you can't"*. Mr Marsh had been relieved that she had left – *"she always made a big deal out of a few drinks – it's not as if I'm addicted"*, but now, curled up on the bed, feeling cold, clammy, and anxious, he telephoned her crying.

The next thing Mr Marsh remembered was waking up, hearing Rebecca crying in the background, with a male voice talking about his *"endoscopy findings"*, and realizing that he was receiving a blood transfusion in one arm, because *"you've had a large bleed, Mr Marsh – we had to go ahead and treat you when you were comatose"*, and a drip in the other arm too. (His Rockall score was 5.) Shaking and agitated, he asked Dr James Rush (the on-call 'F1' doctor in the Acute Medical Unit) to give him something to calm him down. Dr Rush explained that he was on a chlordiazepoxide regimen and was receiving vitamin support. Mrs Marsh overheard Dr Rush and Mr Wal Bayoumi, the surgical 'StR', discussing the *"Hong Kong regimen"*. Later, when he was stable and treatment had reduced his epigastric soreness, Mr Marsh was able to concentrate better on the explanation and advice from Dr Andrea Fenton (the consultant gastroenterologist) about what had happened, what treatment he had received, and what should happen next. He was offered brief advice and a brief intervention from Mr Sam Sedgewick, the 'alcohol nurse specialist' (ANS), who said that he would arrange some help in the community when he was discharged.

Dr Fenton was well aware of unmet need related to upper gastrointestinal disease (…and 'clinical icebergs' for various conditions). She was concerned about increased waiting-times for endoscopy, particularly with so many changes to the NHS recently, and questions about effectiveness, efficiency, and utility of health care in this economic climate. A recent population health care needs assessment by the commissioners of endoscopy services had illuminated local population need/demand (using descriptive epidemiology of routine data, including 'HES' data, the 'GPRD', and Prescription Services data). Costs and benefits were being scrutinized.

Some weeks later, Mr Marsh started to slip back into his old drinking patterns, confirming Dr Fenton's concerns that he had not acknowledged the severity of the situation and the impact of his lifestyle.