JO:	Christine Anderson?
CHRISSIE:	(FAINTLY) Yes
JO:	I'm Mr Knowles, the surgical registrar. How are you feeling?
CHRISSIE:	It's really, really sore, doctor. Can't you do something to make it stop?
JO:	You have a leak, Mrs Anderson. A perforated duodenal ulcer.
CHRISSIE:	A, a what?
JO:	A burst ulcer. And you need a small surgical procedure to fix it.
CHRISSIE:	A, a procedure? What, what do you mean, a procedure?
JO:	An operation to close the—
CHRISSIE:	You mean, cut me open?
JO:	We need to find the leak. Put a patch on it. Just like a bicycle tyre with a puncture, you know?
CHRISSIE:	You make it sound like, like it's nothing.
JO:	It's really very straight forward. We'll give you antibiotics. To keep the wound nice. You might need a drain for any oozing. And, that's about it, really. You'll be right as rain in a couple of days.
CHRISSIE:	But, an operation?
JO:	We can't leave you like this, now can we?
CHRISSIE:	I, I don't know, doctor I, I don't think I can stand much more. And my daughter. I need to find out who's looking after my daughter. She's—
JO:	We just need you to sign and then we can get on with sorting you out.
CHRISSIE:	Can I talk to my husband? I've, I've left a message for him. I'm, I'm sure he'll ring soon. He—
JO:	We really need to get on with this, you know. Just sign here and we'll get everything set up for you.
CHRISSIE:	I'm really scared doctor, I've never had an operation.
JO:	There's nothing to it. Really. You get to sleep through the whole thing.

CHRISSIE:	What if I don't wake up?
JO:	The anaesthetist will go through all of that with you. You'll be fine.
CHRISSIE:	I don't know
JO:	We need to get you sorted out, Mrs Anderson
CHRISSIE:	I suppose
JO:	That's it. We've got a another case to do just now. Then we'll get on with getting you sorted out.
CHRISSIE:	Will you be doing the operation?
JO:	Miss Ericsson is the consultant on call.
CHRISSIE:	Look after me, doctor, won't you?
JO:	You'll be fine.
	MONITOR FADES IN
	Miss Ericsson, I was wondering. About this next case. It seems like a good one to, I was wondering if I could, maybe, maybe start—
ERICSSON:	Don't stop, Jo. You can talk and suture at the same time you know.
JO:	I was just, wondering—
ERICSSON:	Would you turn that thing down!
VEE:	Leave it, please.
ERICSSON:	I can't hear myself think with the monitor making all that racket.
VEE:	The monitor stays on. It is safe. It stays on.
JO:	Wondering if—
ERICSSON:	Look, I don't want to spend the whole night waiting for you faffing around, Vee. Let's send.
VEE:	I need to—
ERICSSON:	It takes them for ever out of hours, anyway.
JEAN:	Do you want us to wait, Dr Gotski?

VEE:	I suppose, I could, I could assess her in the anaesthetic room. When she gets here.
ERICSSON:	So we send. Yes?
JO:	Umm, Cut, please.
ERICSSON:	Yes??
JEAN:	Are you happy with that, Dr Gotski?
VEE:	I suppose,
ERICSSON:	Yes??
VEE:	I Yes.
ERICSSON:	OK. Let's send, please Jean.
VEE:	I don't, I don't know whether I should say this: There's that sort of 'misunderstanding' of anaesthetic activity:
	Recognising sick patients, recognising when it's appropriate to do an operation. Or, more importantly, not to do an operation
ERICSSON:	(or) you're too much of a wimp of an anaesthetist to do it.
VEE:	because the patient's sick and needs to be resuscitated in advance of any operation
	l know about sick patients. The surgeon knows about the 'plumbing'
JO:	Cut.
ERICSSON:	That looks good, Jo.
JO:	Skin stitch
	(Ask her. Ask her. You've got to ask her)

	Miss Ericsson I was wondering. You know, I, I really think I'm starting to get to grips with this. And, and., this next case. I, I was hoping—
ERICSSON:	Whoa. As soon as you think: "I'm fine with this, I don't want to learn anymore", then you're going to stagnate. And then go backwards. Next time I want you to ditch all the unnecessary activities, and, 'light-moving-events'""
JO:	I need to get quicker. I, I know that.
ERICSSON:	The best surgeons I've ever seen operate, are the ones that don't appear to be rushing at all. But seem to finish so quickly. And everything seems to be just right. ""
JO:	My last boss, she used to say: "There's a mystery with surgery. There's"—""
ERICSSON:	There's no mystery, Jo. "Choose well, cut well, get well." That's it. You put in the time, the effort, you get better.
	I've put hours, weeks, months of hours, getting to where I am. ""
JO:	That's not so easy nowadays. You know, with the working time regulations. And public expectations, of—
ERICSSON:	No-one ever said it was easy, Jo!
	Look, do you want to start this next one? You know, on your own.
JO:	Really? That, that would be great.
VEE:	Miss Ericsson.
ERICSSON:	Get the houseman to give you a hand.
VEE:	Miss Ericsson. I'm—
ERICSSON:	It's about time he did some work.
VEE:	Miss-
ERICSSON:	What?
VEE:	I'm not sure if this is the right, 'occasion'. For—
ERICSSON:	It's a straight forward perf DU. In a virgin abdomen.
VEE:	But, it's like you said, these patients can, 'go off'.
ERICSSON:	Jo needs to learn.

VEE:	But just for tonight—
ERICSSON:	He's quite capable of starting off.
VEE:	Couldn't you—
ERICSSON:	Ach, Vee, what's got into you tonight?
VEE:	It is just, it is the anniversary Eight years ago. Tonight. I
JEAN:	Are you OK, Dr Gotski.
VEE:	I don't want anything to go wrong. Not tonight. Couldn't you—
ERICSSON:	Just get her off to sleep, would you? We'll sort out the surgery.
VEE:	Eight years
	We had already spent sleepless days and nights in my local hospital. Where he had been misdiagnosed. Again and again—
	my twenty month old son—
	but now, we were in a University Hospital. For children. Finally, here, I felt safe.
	And very tired.
	Every time he made the slightest little 'wiggle' the alarms would go off.
	Every time we would almost be asleep the 'racket' and worry would start all over again.
	And, I am sure the nurse could see how tired I was;
	and she wanted to take care of me too.

So, she did the logical thing: She turned off the alarms on the machine next to his bed.

And, I thanked her when she did it:

I was so grateful for the prospect of silence,

and sleep