

A Day in My Life

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As the title of my column, "Not the Emperor's Acupuncturist," reflects, I don't generally work with private patients. Rather, I have chosen to work with indigent and working-class patients, mostly in a hospital environment. In an effort to give some understanding of what this sort of practice entails, I have detailed below what a typical day for me is like.

There are usually two or three people waiting for me when I open the door, but today the hallway is empty. A bad sign because clients will show up late and my job will become crowd control as much as treatment. The two hours before the first chemical-dependency group therapy works best if the clients come in small staggered clusters. The empty hallway can be a mixed blessing because I might get to check my messages and return a few.

My clinic is made up of two rooms: the office with my desk and file cabinets, five chairs, a locked supply cart, a tea pot and the "hot seat." The "Serenity Room" has 10 chairs, another locked supply cart and a boom box for soothing music. The lights are seldom on in this room, and I demand quiet in there.

I turn on the tea pot with the detox tea, unlock file cabinets and get out the boom box. Four people walk in. They are all well-versed in the acupuncture clinic ritual: sign in, drop their probation and/or program card(s) on my desk; grab a cup of tea if they so wish, and take turns in the hot seat. I use a modified NADA protocol of seven needles: *Yintang*, *Shenmen*, Sympathetic Nerve, and the Balance (Zero) point in one ear and Kidney, Liver and Lung in the other.

Before I can get the first four people treated, three more walk in. I see 12 people in the first hour. I put in the points, sign cards and make sure they have signed in. After they sit in the Serenity Room, anyone who wants extra treatment gets it. This is usually for pain, but just as often for anxiety, depression, insomnia, fatigue or just because they are feeling especially shaky in their sobriety.

My "official" cut-off time for treatment is 10 a.m. because the first chemical-dependency group therapy starts at 10:30 and it takes at least 30 minutes for a good treatment (45 minutes is better). Between 10 and 10:10 (my absolute cut-off time), the latecomers show up. They show up at the last minute for everything: acupuncture, group therapy, counseling sessions and community meetings.

My priority is always to put in needles first, so the early clients wait as I treat the latecomers. Then I take out needles and put seeds bilaterally at the *Shenmen* point for those who want them. By 10:30, I have treated 15 chemical-dependency clients, six of whom opted for extra treatment. I have done an orientation with a new client who is unsure but decides to try acupuncture. That leads to signing paperwork and opening a chart. The phone rang three times, and a counselor came in to talk. Three clients are still in the Serenity Room. They came late but want to get a full acupuncture treatment, so will go to group therapy late.

By 10:30, the tea is usually gone, and I turn off the pot as the first of my general medicine patients

arrives. Between 10:30 and noon, I will see six to eight outpatients referred from various clinics throughout the medical center. Most will be seen for some kind of pain. I stagger these appointments every 15 minutes, which is six slots and I allow two drop-ins.

Today everyone shows up for their scheduled appointments and I have one drop-in. He is particularly time-consuming because he has never had acupuncture and I have to orient him to all the specifics of an acupuncture treatment to legally fulfill the state mandate of "Informed Consent." To slow things down even more, he is not even sure he wants acupuncture. He is afraid it will hurt. I point out his pierced ear and tattoos and suggest that if he can do that, he can do acupuncture asleep. He finally agrees. All the while, I am interrupting his intake to treat clinic patients with appointments. Just as I finish his treatment and begin to chart, a new patient with a scheduled appointment shows up who does not speak English. I call Interpretive Services for a Mandarin-speaking interpreter. We are lucky; she is available immediately. The three of us spend about an hour doing the orientation, intake and finally the treatment. She is now the last one in the treatment room.

It is now 1 p.m. I have done 22 treatments, answered the phone five times, talked with every client and patient, collected the \$5 Medi-Cal copay from those that have it and given them receipts, completed a "super bill" for each general medicine patient and made new appointments. I lock the door, make a new pot of tea for tomorrow and begin to chart. At 1:15, I take the needles out of the last patient.

I am able to eat a little while finishing up charting, replenishing supplies and locking up the boom box. I have time to call one new patient to make an appointment. At 1:45, I take my 15-minute break and my 30-minute lunch and do 40 minutes of *qi gong*. I use the last five minutes to drop off the "super bills" at the general medicine clinic.

The first thing I do when I get upstairs to the Adult Immunology Clinic (AICH) is check the board to see who has been hospitalized and who has "transitioned" (the euphemism for patients who have died). The "transitioned" list is long, going back over a year. Nobody wants to erase the names.

After I open the AICH clinic, get out supplies and another boom box, and plug in the phone. I grab some acupuncture flyers to hand out in the waiting room and talk to patients about acupuncture. When I get back to my office, one of my regular patients is waiting for me. In the AICH, I have three treatment tables and two chairs, but they are seldom all full. Patients come both by appointment and drop in, especially if I can convince them in the waiting room. I am only here two-and-a-half hours, three days a week for treatments.

By 4:15, I have done only two treatments. One is with a new patient, so again an orientation, intake and consent forms. Between the two treatments, I go to the clinic computer to look up the room numbers of the four clinic patients who have been hospitalized. I have time to do one inpatient treatment before my day ends. The patient on the fifth floor is open to treatment, but she has so many IVs that we settle for a stress-reduction treatment of *Yintang* and *Du 20 (Baihui)*, ear *Shenmen*, ear Zero point and an immune-enhancement treatment of Large Intestine 10 (*Shousanli*) and Stomach 36 (*Zusanli*). We watch TV and talk while I chart her treatment. I take her needles out, go back to the AICH, put everything away, lock up, say goodbye and go home.

Today was a reasonable day, with only minimal crowd control and no high drama.

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