Blood, sweat, and fears

American journalist Gene Fowler once remarked, “Writing is easy. All you do is sit staring at a blank sheet of paper until drops of blood form on your forehead.” This was the sum total of my own experience with “blood” before coming to MLO. Since then, I have learned a bit more from my trusty phlebotomy expert and editorial advisory board member, Dennis Ernst, who is featured this month in an article on personnel standards for phlebotomists.

While I had been a regular blood donor for many years, never was I particularly aware that phlebotomy has its roots in the centuries-old art of bloodletting. In fact, after arriving at MLO and attending my first industry conference, I was surprised to learn from Mr. Ernst that, generally, most phlebotomists were shown only once or twice how to draw blood before embarking on rounds.

I recounted to him my experience in 2000 when my veins “collapsed,” posing a dilemma for hospital staff attempting to draw blood. After repeated attempts by numerous personnel, they called in “that girl from the third floor” whose reputation was that she could literally draw blood from a turnip. Late at night, this talented blood-letter arrived at my bedside with her paraphernalia, accompanied by several others who had tried me and failed.

No need to describe what antics ensued. Suffice to say, the last effort made by Ms. Blood-Letter was on her knees beside me in the bed, steadied by two of her compatriots. With her left hand, she held the syringe, thrusting the needle into my tiny vein, while pounding on the device with her right, muttering determinedly, “I’ll get this thing in if it’s the last thing I ever do.” By the end of her visit, I thought it might be the last thing I ever did, too.

As I told my story, Mr. Ernst noted that phlebotomists’ pay was typically akin to that of a fast-food employee. This was my second surprise. Collecting blood samples demands acute attention to detail. One mistake can cause nerve injury, create additional medical complications, and compromise specimen quality.

The position of phlebotomist was created in the last 35 years to relieve higher-paid lab personnel who then could concentrate on more technical aspects of testing. Until California recently instituted phlebotomy standards, there were no minimum state or federal requirements for phlebotomists. Yet, this essential caregiver is usually one of our very first contacts in the healthcare system.

The phlebotomist acts as a diplomat of sorts on the healthcare front line, soothing young patients who are frequently squeamish and delicately handling sick or elderly patients who are already suffering enough other pain. These healthcare ambassadors deserve the elevation of their important work to a level of true professional recognition, both regulatory and financial.

At the end of this month, my next great adventure will be open-heart surgery at another local hospital to correct a faulty mitral valve. My surgeon tells me that in the nation’s “oldest” state, this surgery is as common as having a tooth filled. I believe him when he assures me that, afterwards, I will be better than new.

My thinking is that my veins will need to be entrusted to a friendly phlebotomist once again. My fear is that “that girl from the third floor” will have hired on at this hospital. My hunch is that she has had plenty of practice since our last meeting.

My hope is that she has raised her standards and that my blood draw will be easier than having a tooth filled.

One great adventure this month will be quite enough for me.