

Lessons From Our Learners

William D. Grant, EdD
Feature Editor

Editor's Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Ave., Suite 200, Syracuse, NY 13210. 315-464-4365. Fax: 315-464-6982. grantw@upstate.edu.

Fallibility/Forgiveness

Jennifer Middleton, MD, MPH

Mr Green (all names [except mine] have been changed) was elderly, with end-stage lymphoma and an intelligent, diligent wife. "Something's not right with him," she told me in the Emergency Department (ED). "I was a nurse for a long time, and I can't tell you what it is, but something is wrong." Her hair was neatly permed, her blue blouse meticulously ironed.

I was a family medicine intern, slogging through a weekend call shift. My hair was sloppily pulled back by bobby pins, and my scrubs were wrinkled and ill fitting. I looked at my new patient, and he smiled wanly at me. "How do you feel?"

"Tired," his voice simultaneously full of fatigue and kindness. "But I just had another round of chemo yesterday." He is momentarily dyspneic after uttering this short sentence.

As his wife begins to tell his story and I begin to scribe it, my pager goes off.

(Fam Med 2009;41(1):13-5.)

From the Department of Family Medicine, University of Pittsburgh.

Beep beep beep beep.

I silence the pager, making a mental note to answer it once she's finished. "He keeps getting so short of breath," she exclaims.

Beep beep beep beep.

I hit the silence button again. "I'm sorry, please continue."

She seems unruffled by the electronic invasions. "And he hasn't really been hungry for a few days."

Beep beep beep beep.

She touches me on the arm. "Go ahead and answer it, honey. We're not going anywhere."

I apologetically excuse myself and step out to the phone in the ED hallway.

I return the first page. "Are you done yet?" barks my senior resident from the phone's receiver.

"Uh, no, I only just got to this one."

"Which one?"

"Mr Green, the 73 year old with lymphoma."

"The cancer guy with the dwindles?" He sounds harried, and I can hear his pager going off as if he were sitting next to me instead of standing somewhere four floors away. "Just get him an IV and consult oncology—we're down seven admissions already."

I like Mr and Mrs Green, but my intern confidence is still too shaky to let anything override my senior's exhortation. I pull the curtain back, sit down, take a hasty review of systems, perform a perfunctory exam, and exit the room. I finish scrawling my H & P, start writing my orders, and place my call to the attending.

The attending, Dr Brennon, calls back promptly. "I'm afraid I don't have a good explanation for his tachycardia and renal failure besides dehydration, Dr B," I conclude hesitantly. "I can't find anything else in his exam or EKG or labs to explain it."

"Well, chemo can definitely tire people out." Dr Brennon's bright voice sounds slightly tinny and far away. "Let's see if we can tank him up overnight, and I'll see him first thing in the morning."

I hang up and glance at my wristwatch: 8:53 pm. I automatically do the arithmetic—10 hours, 7 minutes left in my call shift. I turn to my almost-finished orders.

"Code blue, 561. Code blue, 561. Code blue, 561," calls the operator calmly overhead.

Mr Green's orders would have to wait; I slam down my pen and sprint

for the stairs. "Shoot those orders upstairs, will you? I'll finish them later," I shout at the ED nurse.

The night continued on in a frenzied blur of activity. I did get back to Mr Green's chart upstairs to scribble the rest of his orders, but his nurse called me in the middle of my eighth admission for the shift 2 hours after that.

"Dr Middleton, I think you forgot to write fluid orders for this patient."

"I'm sorry, it's been so crazy." My pager is going off again, and my lips recite the verbal order automatically: "half-normal saline with 20 of K at 100 an hour."

He "code yellowed" 3 hours later. "Code yellow" in our hospital is a designation for the abruptly crumpling patient who is in imminent danger of becoming a code blue. The call team—me, another intern, and our senior—rushed to his side.

"What's this guy's story again?" yells my senior over the hubbub. Mr Green is slumped, unresponsive, in his hospital bed. He is febrile, and his breath comes in shallow gasps.

"Lymphoma, 'dwindles,'" I remind him.

"Right. Well, he may be approaching septic now."

"To the unit?" I ask.

"Nah," says my senior. "His pressure's still okay, and he's satting okay. Let's start some antibiotics and put him on 3B." 3B is our cardiac-monitor unit, literally just a few steps away from the ICU. I write the orders, answer Mrs Green's questions, and get back to work.

I wearily pass my pagers off to the new call team as 7 am finally arrives. Something about Mr Green is nagging at me, though, and I head back to 3B to check on him. Even from the doorway, I can see that he is a shadow of the man I met barely 11 hours ago.

I see the attending sitting at the 3B nursing unit as I leave his room.

"Dr B? This guy needs to go to the unit." I launch into a rambling narrative of the night's events.

As I finish my litany, Dr Brennon is nodding his head. "I agree."

"I'll write the orders," I offer.

We start working on it together when the operator's voice sounds overhead.

"Code blue, 351. Code blue, 351. Code blue, 351."

It's Mr Green.

We bolt in and are greeted by the new call team.

"Jen? Go home," my freshly arrived intern colleague says. "We got this."

"No!" I protest. "I admitted him. I know him."

Meanwhile, Mrs Green is tugging at my sleeve. "Doctor, should he have potassium in his IV fluids?"

A horrible, queasy, sinking feeling pummels into my gut. Everything suddenly fits—this man coded from a cardiac arrhythmia. He has a cardiac arrhythmia because his potassium is too high. His potassium is too high because I put potassium into the IV fluid of a man with acute renal failure. The bag of saline is only inches away from my face as I push my way up to his bedside, and it seems to be sneering at me mockingly.

A nurse steers his wife out of the room. Somehow, in the chaos, I manage to inform the new on-call senior of my mistake. He shrugs, and I take my turns pounding on my patient's chest while he is intubated and bagged.

Thirty minutes later, the senior calls the code.

I stumble out of the room into the hallway. My exhaustion crumbles what little self-composure I have left, and I can't stop the tears. As I begin to shake, I feel arms around me. First it's one of the kindly 3B nurses, then she gives way for my resident colleagues. The three of them envelop me, overlapping me in a cocoon of safety as I sob uncontrollably.

"I killed him. I killed him. I killed him." It comes out in staccato gasps.

"Jen, he had advanced lymphoma, he was septic." My senior's voice. "You said so yourself."

"The potassium killed him. I killed him."

Dr Brennon extricates me from them and steers me into an empty room. He sits, patiently, as I sniffle and repeatedly blow my nose.

"Jen, Dr Schantz told them 3 weeks ago that he only had 2 weeks to live."

This statement doesn't help. "It doesn't matter, I killed him. I killed him, and his wife knows it."

Dr Brennon considers this carefully. His words are careful, gentle, and measured. "You need to talk to her."

I know on some primal level that he's right, but an equally primal fear responds. "I can't."

"Go in there and talk to her. Trust me."

I surrender my fear to my instructor's faith. I walk down the hall and enter his room.

She is sitting in a chair next to his bed. The nurses have already cleaned up all of the detritus from the code. The ET tube is still clamped in his mouth, though.

She sees me come in.

"I'm so sorry," I blurt out, hovering awkwardly in the doorway.

"It's not your fault," she says. She motions for me to come in; astounded at this welcome, I numbly stagger over to her. "I didn't want to believe Dr Schantz. I know he's been our doctor for years and years, but I didn't want to believe him."

I sit on the floor next to her chair. She takes my hand.

"We've been married over 50 years," she continues. "He was just talking to me, just a few hours ago. How can he be gone?"

I have a burning need for her absolution, but I am too ashamed to ask for it. Besides, it seems terribly wrong to interrupt her; I do not fit inside her grief.

“You’re so young,” she observes. “How old are you?”

“Tw-tw-28,” I manage to stammer.

“It’s so wonderful to see young women these days being doctors. In my day, we had to settle for being nurses. Not that nursing isn’t noble, mind you. But it was our only choice.” With her left hand, she is still holding my hand. With her right hand, she is smoothing his hair.

I let my tears fall onto the concrete floor, which is hard under me.

“You mustn’t feel badly,” she says. Her voice is quiet, calm, and dignified. “I knew the potassium might be a problem—I remembered that you said his kidneys weren’t working very well—but I couldn’t seem to say anything to the nurse about it.”

My head remains bowed. The tiled floor has an oddly mesmerizing pattern.

“But it doesn’t matter. It was his time. I appreciate you being honest about it.”

She didn’t let go of my hand, so I sat there with her for the next 30 minutes or so. It didn’t seem right to get up and leave, and, selfishly, I didn’t want to break my connection with them. I remember the cold tile seeping through my

scrubs, the salty taste of my tears, and her calm, resigned expression. I remember the way her silent tears splashed onto her blue blouse, leaving little wet stains.

She finally let go of my hand when the nurse entered to announce that their son was on his way.

Mrs Green looked at me with determination. “I don’t want him to see his father like this.” She motioned to the ET tube.

I probably should have said that the tube had to stay in until he got to the morgue, that no one was allowed to pull them out after a code. Out loud, she verified that she, too, knew this fact, but the tone of her voice clearly indicated her intentions to override it. Both in awe of her composure and beholden to her clemency, I grabbed a couple of washcloths from the bathroom while she unstrapped the ET tube holder. Newly confident, I gently gripped the ET tube with a washcloth. Her hands rested over mine.

“Let me do it. That way, you won’t get in trouble.” Not possessing the will to protest, I stepped away, and in one smooth motion she removed the tube and laid it at the bedside. I wiped his mouth with another washcloth. We straightened the bedsheets. She lifted his head while I repositioned his pillow. We stood there, co-conspirators

and allies, nodding our approval to each other.

The son appeared in the doorway and went straight to his mother’s arms. I suddenly felt superfluous, and I quietly slipped out of the room as they turned to the bedside of Mr Green. I could rationalize about his terminal condition, his sepsis. I could say with some truth that he probably would have died, anyway, even if I had ordered the correct IV fluids.

But he died at the moment and in the manner that he did because of me. That is my truth, a truth I will carry with me for the rest of my career and beyond. If there is meaning in it beyond my fallibility, beyond his wife’s incredible capacity for forgiveness and grace, beyond my classmates’ unconditional acceptance, then it is beyond my comprehension. Those alone will provide a lifetime’s worth of meaning for me.

Acknowledgment: The author wishes to acknowledge the kind assistance of Jonathan Han, MD, and Joel Merenstein, MD, in preparing this manuscript.

Correspondence: Address correspondence to Dr Middleton, University of Pittsburgh, Department of Family Medicine, 5475 Penn Avenue, Pittsburgh, PA 15206. 412-362-0607. middletonjl@upmc.edu.