Patient Tolerated Procedure Well

Colin Brown

The way I look at it, every kind/caring act is like a stone thrown into a pond—it sends out a ripple that spreads wide. With a tail wind, or if summed with other ripples, part of the ripple might grow and have an impact we could never imagine. Other parts may run into a rock or clash with other competing ripples and get cancelled out; but the ripples always make a difference and are so worthwhile.

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The standard description of Julie was a Caucasian female in her 50s complaining of belly pain. With that and a hint from my intern that there was some early ascites, I went to get my history and physical (H&P). Ascites is cirrhosis, which is hepatitis C virus or ethyl alcohol (ETOH). She’s either irresponsible or addicted, right? My H&P should help in differentiating which is the case. Entering the room I saw someone who could have been anyone’s first-grade teacher; she looked so ordinary sitting in her chair. Everything from her clothes to the current embroidery project she was handling was as it should be.

Did you ever get a feeling about someone? As we talked, my H&P was going along fairly well, but things about her still felt so—arranged. So as they should be. I began to inquire about possible risk factors for cirrhosis—blood transfusions? No. IV drug use? No. ETOH use? No. Not at all? No. Tattoos? No. Sexual partners? One in the last 3 years. Some patients you just don’t believe, but I believed Julie.

Looking at the ER’s tri-fold form for more information, I saw a small, scribbled blip buried somewhere in the PMH (past medical history) box: “Patient raped in 1999.” With that, the arranged hair, the proper clothes, and the too-short answers fell into place. She kept asking about her belly and why it was swelling, and I remember telling her all the causes we would consider, everything from viral to autoimmune. My intern and I were ordering antinuclear antibody, antismooth-muscle antibody, and a host of other tests. I know I shouldn’t say this but I was now a little disinterested. I wanted to hold off on my H&P and just, well, give her a hug and find out what was hiding in the heart of her reality.

In her room: lungs clear to auscultation. No mummers, rubs, or gallops. Positive fluid wave. I’m not sure what happened to my H&P, but the more I thought about what seemed to be hurting Julie the most, the more I lost track of it. “Do you know what may be causing this?” she asked. Again I listed the myriad of causes we were thinking about and finished with, “I really wanted to talk about what happened in 1999. Between that and now this, you’re just going through so much.” I squeezed her hand and waited for whatever response was going to come. She half smiled, paused, and then told me about what happened. Someone stopped a car behind her and needed help so she got out of her car to see what was happening—I just sat and listened. I felt the same as when I met her in the ER; she seemed automatic. It felt like she just sort of checked out of life and had it on autopilot for the remainder. I said, “You know, sometimes life throws something like this at us, and we hold it against ourselves or blame ourselves.” Now she was crying (did you ever have no idea what to do?), and I went to what I thought was the heart of the matter for Julie, “You know, sometimes life throws something like this at us, and we hold it against ourselves or blame ourselves.” Now she was crying (did you ever have no idea what to do?), and I went to what I thought was the heart of the matter for Julie, “You know, it really is not your fault; you are a good person. And you really MATTER. You really are a valuable person.” Now she was squeezing my hand, and she just cried. I couldn’t believe this was the first time she talked about this. I mean, it had been 4 years.


From the College of Medicine, University of Florida.
Two days went by, and we continued to talk about it—even a hug once or twice. Then our team was getting an ultrasound-guided diagnostic paracentesis on Julie. I told her what was going to happen, and she told me about talking to her friend and telling her about the medical people here who held her hand. “I never had anyone do that,” she said. A few more words were shared, and then we went to radiology for the peritoneal tap. I’ve seen a few of these procedures before, and the first few injections into the abdomen are usually fairly uncomfortable, but as they injected lidocaine she literally did not flinch, not even a blink. “She’s still on autopilot, numb to the world,” I thought. I took her hand again and said, “On top of everything else going on, this is just what you need, right?” She laughed and shook her head. “Don’t worry though, this usually doesn’t take long. It really is okay, Julie. And none of this is your fault so it’s okay, you know?” The radiologist was trying to do his job, and now I had his patient laying on the table crying. “You’re really a good person, Julie, and you really do matter. A lot, Julie.” She just kept crying and looking at me, and she squeezed my hand and said “Thank you!”

That really felt great! Perhaps some light actually got across to her then and there, or so I hoped. The next day I read the note written on her paracentesis: “Patient tolerated procedure well.”

Body and soul most fit for love can best
Withstand it. I am ill, and cannot rest,
Therefore I’m caught. Disease is amorous, health
At love’s door has the pass both in and out.
C.S. Lewis

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