

## A Piece of My Mind

# Coming Home

Coming home after vacation is sometimes slightly sad. It's not that your trip was boring or too short. Rather, it's more like a bittersweet dream, when, having suddenly awakened, you are less upset to be awake than sorry you cannot return to your dream.

*"Please take notice that . . ."*

The first day back is always the worst. Restarting routines—unpacking, sorting mail, answering phone messages, washing clothes—these serve a purpose: to center yourself today for tomorrow's work, forgotten while vacationing. The first night back, a few phone calls to family and friends finish the grounding process. Tomorrow, to work, to the hospital.

*" . . . the undersigned will bring the above petition on the hearing before this court . . ."*

The morning after holds such promise. Invigorated, a refreshed mind can attack daily challenges. Creativity runs high. Many tasks can be solved in a few short hours. The office desk is cleared, and the rooms are ready for patients. At times like this, patients, nurses, and physicians work together in mutual understanding, respect, and therapeutic alliance.

*" . . . The petitioner's wife died after being admitted to the hospital . . ."*

When the sheriff's deputy delivers the deposition, it is not even noon. A medical malpractice lawsuit. A surprise that is not so surprising. You take it in much the same manner as news of a friend of a friend's cancer death, with definite remorse but with a sense of fatality. During medical school and residency, you observed the increasing numbers of public medical malpractice cases. This greenhouse effect proceeds predictably. Again and again, you are told to CYA. As in championship chess, often the best defense is to seek a stalemate and not "lose." As in all sports, practice makes perfect, and you try practicing defensive medicine in clinics, offices, and hospitals.

*" . . . She died with the following as her diagnoses . . ."*

You know much about medical malpractice: which types of patients are likely to sue, which types of cases have the most lawsuit potential, what types of patient communication skills lessen the risk, how important it is to document everything. Surgeons know the risk of operating on patients with chronic pain. Anesthesiologists appreciate the importance of establishing patient rapport before and after surgery. Obstetricians communicate potential hazards of even "normal" deliveries. Family physicians look to three generations of relationships. Still, you know physicians in all fields who have been sued. Most are well-qualified, compassionate people who nevertheless "made a mistake." You also know that you are equally human, equally vulnerable. Despite this knowledge, the words "You're being sued" strike home. As with the death of a loved one, you know that your life will change, change without your approval. As when walking a tightrope, you know that you can easily fall, yet are unsure of the net below.

*" . . . Petitioner's estate expects to file an action . . ."*

You quickly recall the half-dozen scenarios of your "worse

cases." The child who coded after a routine umbilical hernia repair remains a vegetable with remarkably healthy organs. A seemingly certain malpractice case, where else does the mother vent fear, frustration, and anger at the medical establishment and the world? Then there was the case of the elderly man who died unexpectedly the day before planned discharge. There was no autopsy and no voiced family discontent. It seems strange for you to think of these cases now except to remember similar cases where lawyers were contacted months or years later. Many obstetric cases come to mind: several shoulder dystocias, postpartum hemorrhages, emergency C-sections, preterm deliveries, a child with cerebral palsy. With or without disability, maternal and neonatal outcome expectations often conflict with the imperfect nature of medicine and life. Both outcome expectations also coincide with the exponential rise in medical malpractice cases. Finally, there are the emergency room cases, thousands at least. With each encounter an unknown outcome, the odds for spontaneous untoward events are high. With every chest pain a potential MI, abdominal pain an aortic aneurysm, fever a meningitis, and vague fatigue a malignancy, you see a sea of uncertainty, sinking and floating.

*" . . . A copy of said petition . . ."*

With such events, you are advised two things: to contact your legal adviser and to discuss the case with no one else. While perhaps strong legal advice, spiritually the thought is divisive. The effects of mind-body separation are well known to those in psychiatry, and your patients frequently present with stress-induced problems. Are you any different or less vulnerable?

*" . . . naming you as an expected adverse party . . ."*

At work, you continue to see many patients, their illnesses sometimes manifest but often obscure. Most go home and improve, a few are hospitalized, and one even dies. While you continue to share the joy and sadness, health and disease, life and death, your vision changes. Some changes are no doubt beneficial: more courtesy, more sincerity, more explanations, fewer "mistakes." Other changes are not so clear-cut: more lab tests, more writing, more consultations, higher costs, less enjoyment. Fear, more of that too. Fear of failure, inadequacy, and judgment. Guilt over actions undone. You feel suspicion toward patients whose diseases do not conform; anger at a system that waits for the inevitable and then says, "I told you so"; failure at yourself for not saving all patients from all diseases; frustration with a society that may forsake trust for technology, color for black and white, uncertainty for absolutes.

*" . . . The petitioner's estate expects the witness to testify from personal knowledge and from medical records . . ."*

At the end of the day, after your patients, staff, and colleagues have departed, you sit alone. What began as a happy journey is now an uncertain destination. How will you feel after going home tonight and talking with your family and friends? Will you choose instead to remain silent and keep your routines apparently the same? Your mind seems open to many more questions than answers, raw emotions than concrete thoughts.

*" . . . this petition having now been served."*

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