



Thursday Memo – October 29, 2015

Just the medical student – by Aylin Sert

Mrs. M was transferred to the floor from the ICU after experiencing a CHF exacerbation, when I met her. She was a pleasant woman, widowed, and in her 80s. Her hospital course was uneventful as she responded well to diuretics and required supplemental oxygen for only a short period of time.

I learned that Mrs. M had been diagnosed with gastric cancer one year prior and had opted to forgo medical or surgical treatment. She felt as though she had a fulfilling life, outliving one son and her husband, and was willing to let nature play its course. Despite this, she wished to live her remaining days to the fullest.

When I asked her about any current complaints, I was surprised to find that she was no longer experiencing any shortness of breath and her leg swelling no longer caused her discomfort. However, she openly spoke about her troubles with sleep, which, I made sure, were not related to fluid in her lungs. She said that she first experienced sleep problems about the same time she was diagnosed with cancer. And, although she had brought this up to her PCP, she was told that she had too many co-morbidities to safely prescribe a sleep aid. So, she spent her nights mostly sleepless, tossing and turning.

After hearing her story, I told Mrs. M that I would bring up her complaint to the team. “I’ll see if there is anything I can do to help your sleep”, I assured her.

At rounds, after a plan was established surrounding her CHF, I brought up Mrs. M’s sleep troubles. “Is there anything we can do?” I asked my attending.

Immediately, he replied, “No.” He said she was too old and had too many preexisting conditions for us to start a sleep aid. “What about an antidepressant?” I asked. “No”, he said again, “a TCA is not good for the elderly.” “What about a small dose of mirtazapine?” I asked. I had recently finished a family medicine sub-internship and had seen many elderly patients prescribed mirtazapine for sleep with good effect. My attending paused. “Fine” he said, “We’ll try it tonight—but if she develops delirium in the morning, it’s your fault!” Nervously I accepted the challenge, knowing that the hospital might be the safest place to try this new medication.

The next morning, I cautiously approached Mrs. M’s room. She was awake and alert. “Phew.” I thought. “How was your sleep?” I asked. “Great!” She exclaimed. “I slept like a baby – haven’t slept so well in years!”

As medical students we have a strong desire to help our patients, but sometimes feel like there isn't much we can do. "I'm just the medical student" is commonly thought and expressed to nurses, attendings, and even patients. However, Mrs. M reminded me that every student *can* make a difference, by making sure that the needs of the patients are not overlooked. Mrs. M's sleep complaint was unrelated to her chief complaint or presenting symptoms. Nevertheless, it was important to her and will likely have a lasting impact on her quality of life, allowing her to live what time she has left to the fullest.