



## *Thursday Memo – November 12, 2015*

### **That's Our Saving Grace** by Hugh Silk

Entering the room there was some confusion. For them and for me.

“Excuse me, I’m Dr. Silk, one the family medicine residents. I have come to talk to you about your admission. I know you have seen a number of doctors tonight, but I need to ask you a few questions too.”

It was late. Two in the morning in fact. Grace had already been seen by the emergency room doctor who had ordered an EKG and labs to work up her chest pain. Finding no obvious cause, he admitted her to obstetrics as she was 4 weeks postpartum. The OB resident interviewed her, did an exam and also found no apparent etiology. She transferred Grace to the medicine service as she was no longer in their realm – the baby was out. The medicine resident reviewed the previous tests and ordered more blood work and a chest x-ray. Nothing. He called me.

“I have this patient that is complaining of chest pain. Since she’s postpartum, the ED sent her to OB, they sent her to me because this seems medical. She’s fine but she has a PCP who is a family doc, so she’s yours now. Night.”

And here I was.

I sat on her bed between her and her husband sitting in the chair next to the bed.

“I’m sure that you’re very tired. I know you’ve told your story to many others tonight. I’ve reviewed your chart, your tests and what the other doctors wrote. But could you tell me one more time in your own words from when you first started having the chest pain until now?”

She nodded.

I listened, remembering the words of my pulmonology professor in med school during one of his clinics. In his thick Irish brogue: “Just let the patient talk; they will tell you the answer, their worries – the whole thing. Give ‘em a couple minutes and you’ll have it all.”

Grace talked about having her baby and feeling fine. Breastfeeding was going well. Her other 3 children were adjusting well to the new addition. She talked about the pain over the last 10 hours. She did not think it was a heart attack because no one in her family had a bad heart. She didn’t feel sick like she had a cold. The pain just felt like a tearing in her chest, a pain she had not had before, and it seemed to be moving down to her abdomen....

“Did you say tearing?”

She looked up, startled that I had interrupted her as I had been listening so intently for the last eight minutes without so much as a “um-hmm”.

“Yes – is that bad?”

“Let me examine you and then I would like to order just one more test.”

When I left her room, I went straight for the phone.

“Who do you think you are? You’re a junior resident calling me in the middle of the night, after 3 other doctors have said this woman’s chest pain is nothing, to demand a CT scan to rule out a dissecting aortic aneurysm. This is ridiculous.”

“Well, she did say tearing. She is post-partum. I think I can hear a bruit, although I’m not sure. I mean it might not be, but what if it is? My attending said if I felt strongly, well then, we should do it. Do you want me to have her call you?”

“Oh alright – have the patient sent down.” Click.

My pager went off an hour later.

“Well, once in a while you get lucky. You were right.”

My heart sank. I did not feel lucky.

Family doctors are not known in the public eye as “diagnosticians”. That is the realm of ‘House’ or the infectious disease specialist at the Mass General in Boston. We are not seen as the ones who save lives. Leave that to the emergency room physicians and the neurosurgeon after a tragic trauma. Quietly, though, we make great calls every day. Our life saving moments occur as talk someone out of a smoking habit or get them to enter into couples counseling – a path of clinical success that occurs many years later.

I had made a great diagnosis. Turns out family doctors do that quite often. Yet there was little time to bathe in the limelight. More care was needed that night. Much more critical care.

“That’s right Grace. The pain is coming from a tear in the large blood vessel that goes from the heart down to the rest of the body. This is very serious. I have made some calls and we need to get you over to our other hospital for surgery right away. I’m telling you a lot all at once. Can I answer any questions?”

“Can I still breastfeed over there?”

Her husband burst into tears. He knew this was bad.

I rested my hand on his shoulder.

“I have no idea how it feels to be going through what you are going through. I can’t imagine. Please take a moment alone together, then we have to get you across town. I’m sorry to be the one to tell you all of this. I am going to do everything I can to help you.”

My attending arrived a few minutes later. She did not have to come in so late at night. She was a family doctor; of course she was going to be here to support them, and to support me.

Hours later I was sadly excited to do morning report and let everyone know of my great catch. I was human. I felt some pride.

Later that day when I learned the patient had died of complications, my pride was gone. Now I wept. That poor father, alone, and with four young children. I had listened; I had made the diagnosis; I had comforted; and now it was all for nothing.

Looking back now, I know it wasn’t completely for naught. I gave her a chance. I helped them through a difficult time with as much sincerity as I could. Their family doctor took over and helped the family grieve and get through the next phase of life. I learned about humility and have kept that lesson close to my heart ever since.

I am proud to have briefly been a part of Grace’s life. I am proud to be a family doctor. So much to offer during each encounter, with each patient, each family, in many, many ways. Often unaccounted, unheralded; just the way it should be.