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PHYSICIANS IN TRAINING

Medicine's Firsts

Lauren Rissman, MD
Children's Hospital Los Angeles, PGY-2

Medicine is full of firsts. The first time someone calls you "Doctor". The first time a patient says "Thank you for saving my life". After these moments, you leave the hospital remembering why you went into medicine in the first place: You like to help people. Sometimes that means curing; sometimes that means easing someone's suffering; and sometimes that means helping families cope with terminal conditions. You want to save the world one person at a time. And then, of course, there's the first time you—The Helper, The Saver, The Life-Changer—call Time of Death.

You remember every single moment leading up to The Death, every word that was said. During sign-out that day at The Children's Hospital, a fatigued day senior discussed newly admitted patients in depth. She breezed through the familiar ones who, by this time, I knew like the back of my hand. Then, she told me about a new patient who was "AND", meaning "Accept Natural Death". No chest compressions, no cardiac medications, no intubation. She never mentioned that this particular patient could die that night and I did not even think to ask. So, we discussed the next patient, and the next, and the next. It came as a surprise to me when I received a call from my intern that the AND patient was hypoxemic on the maximum amount of oxygen flowing to his lungs. At that moment, I knew he was going to die that night. And, I felt inadequate and underprepared.

I entered the room just as the nurse asked my intern, “Did you call your senior?” That senior was *me*. *I* was the senior. When the nurse saw the patient falling apart, she called the intern. When the intern saw a cyanotic kid, she called the senior. What I wanted to do was call my family—I needed a reminder to be strong. I entered the room and introduced myself to an anxious mother and unresponsive child. There was a lot of commotion. Over the clatter, I asked someone to summarize the last 15 minutes for me. I needed a moment to think, to breathe.

The patient was unresponsive and gasping for air. His heart rate was within normal limits but his oxygen was low and not budging. I asked to get a blood pressure. His systolic was 60—barely high enough to squeeze enough blood to his fingers, toes and brain. When I asked the mom what she thought was going on, she said, “He’s not responding because we started a new medication last night”. The medication was an anti-psychotic, a medication that should not cause this chronically ill child to be unresponsive and hypoxemic. I went through each vital sign and explained what each meant so that a medically-illiterate mother could understand the concern. I explained that his blood was not getting to his brain and his body was holding onto dead air. I explained that he was gasping for clean air and that a little bit of morphine would help provide her child more comfort. And then she asked me a question that will haunt me forever. “Is my son going to die tonight?” Chills. Everyone silenced, the beeping faded away. “It looks as though he may,” I replied, “But I cannot predict the future”. It was at that moment that the mother understood the severity of her son’s illness, and at that same moment I felt like I became a physician.

The child continued to decompensate and within an hour, I got called to the bedside because the nurse thought the patient had stopped breathing. I took a deep breath—for myself and for the child who had died—and entered the room. I explained that I was going to do a physical exam. I listened to an empty chest for a full 2 minutes, felt no pulse for a full 2 minutes, attempted to constrict his pupils and pinched his shoulder blades without eliciting a flinch. At 1:48 AM I called Time of Death. I apologized for their loss but really could not even fathom what this family had been through.

After that, I took a moment to cry and call my family to tell them I love them. I brought together the nursing staff, respiratory therapists, my intern and everyone’s student who had been in the room that evening to debrief. I was so deeply sad and knew I wasn’t alone in this. Together we discussed our patient. Together we made a plan for the next few hours. I filled out the appropriate paperwork and wrote my first “Death Note”. Then I walked back into the

room to see if my patient's family wanted to have handprints and footprints of their beloved son. They said, "Yes". So, I searched the hospital for the kit. If this happened during the day, Child Life takes care of these requests. But, there is no Child Life at 1:48 AM during the holiday season.

I re-entered the room with blue ink, paper and respectfully stamped his feet. I gave this family back a piece of their son after I felt like I had taken so much away. I needed this. That night, as a senior, I felt like it was my duty to lead and debrief. As a doctor, I felt humbled and disoriented by the fact that I didn't go into medicine to pronounce people dead—much in the way parents don't have kids to watch them die. And, as a person, it made me miss my family. I felt like I was being pulled in all directions at once it was not easy.

The rest of the night was full of admissions and the next day I left the hospital in tears. I tried to sleep during the day, knowing I had to return later that night and be fully present for Round Two. My sleep that day was disrupted by my own tears as I awoke from morbid dreams of getting "The Call". It also happened to be my birthday. In the scheme of things, the day is just another day in life's progression. But that day, I felt like I became an adult.

Medicine is great at coaching trainees through known pathophysiology and understood mechanisms of action. Because of Accreditation Council for Graduate medical Education (ACGME), I am able to transfer care from a general ward to the PICU and leave at the 28th hour. But, nowhere does it state that palliative medicine is a requirement. Maybe my patient's particular transfer of care could have been eased by a "required" core elective in palliative medicine or hospice? I'm still assessing why I feel so underprepared in something that is so well known? People die. This is something that happens—something that will happen in every person's life. The moment is beautiful and emotionally charged. It is OK to feel. Feeling is part of the human recipe. And, just because we are physicians, it does not mean we are not human. We feel deeply and are encouraged to suppress our feelings again and again so we can continue caring for everyone else. But, what about ourselves—as physicians and humans— in the process?

Lauren is currently a 2nd year resident at Children's Hospital Los Angeles. She trained at The University of Southern California for a bachelor's degree in neuroscience. Then, she took time off to volunteer for a nonprofit called, "52nd Street Project" before going to medical school at Tufts University School of Medicine.