



*This is a resident case log of a patient encounter in which
an “Aware Medicine topic” was central.*

The Accidental Hospice Doctor

BZZZZZZZ. BZZZZZZZ. BZZZZZZZ. What the . . .? Where am . . .? Did my pager just . . .? Oh my god what time is it? Rub eyes. Fumble to find light switch. Unclip pager from breast pocket of scrubs. New number on the screen. Looks like one of the patient care floors. Dial number. Rub eyes. Clear throat.

“Hello, this is XXX from the Family Medicine service. I was paged.”

“Yes, this is Mrs. H's nurse. I found her breathing agonally a few minutes ago. Her pulse was racing. I didn't want to bother you, so I called a rapid response. They are just arriving now.”

Mrs. H! Oh shit! I slam down the phone. Run to the 5th floor. Shoes untied. How did this happen? This woman is DNR. This is a hospice patient! My mind filled with images of this poor woman being intubated, chest compressions, ICU, endless needle sticks, bruised arms, broken ribs. Shit shit shit. How am I gonna explain this to the family?

I get to the room. There are 4 or 5 people surrounding the bed. A respiratory therapist is pushing air into my patient's lungs with a bag valve mask. A senior resident is quizzing the nursing staff. He means well but has never met this patient before. On the bed. A frail old woman. Dieing.

“Everyone get out of my way!! This is my patient.” The people stand aside bewildered. Most first year residents do not order others around like this. My senior resident looks dumbfounded. I take the rubber mask off of Mrs. H's face. Feel for her pulse. It is feint. She takes a few more labored breaths. Then, all is silent. She is gone. I can't believe it happened so fast. I call Mrs. H's daughter. Your mother just passed away. “It was fast. She did not suffer,” I heard myself say from a thousand miles away.

How had this all started? How had I become an accidental hospice doctor? I had just met Mrs. H. a few hours ago. I had been called at about 10 o'clock pm to admit her to the hospital from the emergency room. She was an 85 year old woman with metastatic ovarian cancer. Despite six rounds of heinous chemotherapy, the cancer had spread to diaphragm, her intestines, her lymph nodes. She was filled with cancer, and she had recently decided that she was done fighting. She had signed up for hospice. Hopefully they would facilitate a dignified and comfortable passing. It was all she wanted at this point.

I was stricken by the quiet kindness of this woman. She flattered me. With a wink she asked if I was married. Did I have children yet? I could tell she had been a beautiful woman in her prime. Even after all she had been through I could still see that in her eyes. She was widowed, her husband lost to cancer a few years ago. Now she was living with her daughter a half hour outside of town. An ambulance had taken her to St. Mary's.

She had been having a lot of trouble at home today. Nausea, coming in waves, each one worse than the last. Vomiting—too many times to count. Piercing stomach aches. She has never felt this terrible, even through all her chemotherapy sessions. Something is wrong. Her family had finally decided to call hospice to see if she could be admitted to their inpatient facility. Unfortunately (and sadly), the inpatient hospice facility was completely full. No open beds. Apparently this has been known to happen around Christmas time. She would have to go to St. Mary's Hospital instead. The next best thing.



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With the help of my attending we got Mrs. H admitted to the hospital. In my admission orders I was careful to note her DNR status and the fact that she was a hospice patient. After she was tucked into her hospital bed, I came and checked on her again. She still felt terrible. Our typical nausea medicines were not helping. Now she had watery diarrhea. I felt terrible that she was so uncomfortable. After all, that was her only wish at this point. In an act of desperation I called Dr. W, one of my mentors from medical school. He was a Hospice Medical Director, an oncologist-turned-palliative care specialist who had just recently moved to Las Vegas to become the director of the hospice there. No answer . . . but miraculously he returned my call a few minutes later. He gave me some advice about how make Mrs. H comfortable. Basically, he laid out the typical orders she would have if she had been admitted to hospice. Robinol for secretions, codeine and dilaudid for her diarrhea, haldol for her nausea.

I entered these orders, and was immediately questioned by the hospital pharmacist and the Mr's H's nurse. Haldol for nausea? IV codeine? These were unusual orders. I asked them to trust my judgment and give them a try. Within 30 minutes Mrs. H was much more comfortable. Finally her nausea was tolerable. She smiled and squeezed my hand. I returned to my call room and fell asleep. Fast and hard.

The next thing I knew I was running to her room with my shoes untied, staving off a rapid response team, telling a complete stranger through the telephone that her mother was dead. “It was fast, she did not suffer. She did not suffer . . .” God I hoped that was true.

While I waited for Mrs. H's daughter to arrive to the hospital, I tried to straighten out what had happened after I had gone to sleep. Apparently Mrs. H. Had developed acute abdominal pain, far worse than what she had experienced earlier in the day. The nurse, per my written orders, had given several doses of intravenous hydromorphone, every fifteen minutes, until Mrs. H. was comfortable again. This had worked, and Mrs. H. did experience about an hour of relief before the nurse found her breathing agonally in the room. She had panicked and called a rapid response, which mobilizes a team of respiratory therapists, ICU nurses, and a senior resident to quickly come to the room, evaluate, and do everything they can to keep the patient breathing, her heart beating. Probably not appropriate for a patient who is receiving comfort care at the end of her life.

Mrs. H's daughter and her husband arrived to the hospital a few minutes later. You could tell that they had been woken up from a deep sleep also. Pillow marks still on their faces. I explained to them everything that had happened.

“Could the pain medicines have hastened her death?” asked her daughter astutely. “Yes, they could have. But I felt that making her comfortable was the first priority. Whether or not we hastened her death is something we'll never know for sure.” She seemed happy with that answer. She had seen her mother suffer a lot. For years. “Doctor,” she said with a far off stare, almost spooked. “Those words you used over the phone. 'It was fast, she did not suffer.' Did you really mean that?”

Hard question. Especially at 3 am. She had been very uncomfortable, but she had also had an hour of relief, finally, before finally passing away. By the time the rapid response team arrived, all chaos, forcing air into her lungs, I believe her body was here but her mind was already gone. I had seen that in her eyes.

“Yes, I really believe that to be true,” I finally replied. Mrs. H.'s daughter continued. “Because I had a dream last night. A doctor called me. Told me in that exact same tone those exact same words. 'It



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was fast, she did not suffer.' Those words had been bouncing around in my head all day. I couldn't believe my ears when you called and used those exact same words."

Wow. Suddenly I felt much closer to this woman, this stranger who I didn't really know at all. My words had somehow confirmed her subconscious wish. She had probably been suffering alongside her mother for years, maybe even seeing her own future, herself, in her mother's fate. All she wanted was for her mother, herself perhaps too, to have a peaceful moment. A moment of relief. Someone to tell her it was OK to stop fighting. My phone call was that moment for her. The air was so heavy between us.

We spent a few more minutes chatting. She told me a little more about her mother. How she had married her husband the day before he left to go fight in World War II. How she had been sassy and unruly and stubborn. Her love of hats. We said our goodbyes. Hugged. They thanked me. They went back to Mrs. H.'s side to say goodbye one last time. I went to the phone to return a page.

I still think about that night. It was one of the more intense experiences of my intern year. I felt so inexperienced at the time, but in hindsight I may have been the perfect person for the situation. Who else would have called their friend in Las Vegas to get advice about how to make the patient comfortable? How did I end up using the same words that Mrs. H's Daughter had dreamed the night before? Had that really happened, or was she just shocked and looking for closure, somehow coping? I guess it doesn't really matter.

Had my hydromorphone regimen hastened Mrs. H.'s death by suppressing her respiration? Or had the acute onset of abdominal pain been a harbinger of death, a ruptured aorta or a perforated bowel from her cancer? Who can say? Did I break the law? Do I care? Who would judge me? After all, she had been a hospice patient. She just wanted to be comfortable. I believe that she was, at least for a short time. Should I have called my upper level sooner to let him know the situation? I felt bad seeing him at the rapid response trying to sort out what was going on.

Nothing in my training prepared me for a night like this. Even though the majority of Americans die in hospitals, the hospital staff still seems uncomfortable with death. I don't have any formal training in death, even though I have chosen to be a family doctor and provide "primary care from birth to death." Every day, people who swore they never wanted to be on life support elect to be placed on mechanical ventilators. We, as doctors, are profoundly irresponsible because we decline to speak in terms people understand. A ventilator is "life support." Dialysis is intermittent "life support." Why don't people understand that? Because we don't tell them in words they understand.

This was just one night in a series of many. All intense for different reasons. All filled with feeling of inadequacy, clumsiness. I am both proud and ashamed of what happened. How did the rapid response get called? I must not have communicated properly with the nurse. Call ME if something happens. Maybe I did say that, but in a panic she had done what she had been trained to do. I am so glad that Mrs. H's family was not there when that happened. I never told them about it. Perhaps my omission was a form of dishonesty. Perhaps all they needed to hear was that Mrs. H.'s death had been quiet, serene. For their own healing. Even if it was not entirely true.