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

Judging a Life

BD was a patient I took care of in the MICU this year. He was admitted for alcohol intoxication after his wife called the EMS because he was obtunded. He eventually required intubation in order to be sedated to treat his alcohol withdrawal. During the first few days of his MICU stay, I learned a lot about his life at home. He had been divorced once and now happily remarried for many years. He had two sons in their early twenties. His wife spent much of her time enabling his alcoholism. She would bring him alcohol when he was lying on the floor, too intoxicated to get up and make his own drink. She would also bring him a container to urinate in when he was in this condition.

Eventually BD recovered. He was extubated and transferred to the medical floor. However, the morning prior to his anticipated discharge, a rapid response was called to his room. He was hypoxic, tachycardic, and tachypneic. He had been up walking in the halls when his symptoms started. He was transferred to the MICU and as we were transitioning him from the floor bed to the ICU bed, he stopped breathing. He was coded for 35 minutes and we were unable to resuscitate him. His wife was called to the hospital right after the rapid response was called and she arrived just as the code was called and her husband was pronounced dead.

At admission and throughout much of his hospital stay, it was easy to dislike BD. It was easy for our team to criticize and judge the way he led his life. I also found myself justifying his critical condition due to the fact that it was brought on by his own lifestyle choices – after all, he was a sick guy with lots of underlying disease, who was truly "drinking himself to death." Although there was no change in the level of care we provided the patient, I almost felt as though I was caring for him out of obligation; going through morning rounds and not taking the time to stop and actually talk to my patient about things other than how he was physically feeling. The morning of his code and eventual death, my feelings changed. I suddenly was emotionally invested in his care. After all, he was a young guy with a relatively intact family that really cared for him. Most of what I learned about DB's personal life was learned after his death.

This case led to a great deal of reflection on how I provide care for my patients. Have I really been exposed to so many patients who are not taking care of themselves? As a result, have I been desensitized enough that I am able to just go through the motions of talking to a patient while caring for them? Am I judging people on how they live their lives, and somehow filtering out who I will work to build a relationship with based on this? These were all difficult questions for me to address. It's even more difficult to own up to the fact that the answers to these questions is yes.

In closing, DB's primary physician was a family medicine physician. He was present on the day of the code and I ran into him in the hospital a week or so after DB's death. He had attended the patient's funeral and admitted that it was a very eye opening experience for him as well. He learned a lot about his patient that he did not know and had not asked about. Patient care is impacted by our judgment of patients in the hospital and in our own clinic. Since this event, I've been working on being more "present" with my patients. I've been working on actually listening to patients, and listening to their life stories, trying to pause when I catch myself passing judgment. Its been very difficult and I find myself stopping at least daily to recognize my feelings. DB's case taught me the importance of doing so.