



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

Learning How to Walk Again

I had been warned in advance that his mother was overbearing and a little “different” and that I would easily be stuck in the room for an hour unless I frequently redirected the conversation. So, of course, I had conjured an image of a talkative, loud, and demanding woman with a grown son who was shy, quiet and let his mother speak for him. I was pleasantly surprised, then, when I discovered a polite, soft-spoken woman and an equally polite man in his early 30s who was charming and expressed gratitude for his care. The warning I had received was not entirely incorrect; my patient’s mother was very fixed in her possibly delusional views and it was apparent that her son was confused. He clearly cared about his mother and respected her views but wasn’t as convinced as she was about the cause and treatment options for his condition.

Mr. CL was a previously healthy young man who had undergone more than his share of emotional traumas. For the past 6 months he had been increasingly fatigued and weak and had multiple ED visits which resulted in a diagnosis of Graves disease and a referral to an endocrinologist. His mother, however, was not convinced of the diagnosis and refused to allow her adult son to take the recommended treatment. She believed the cause of his illness was exposure to mold in house they had previously lived in that the methimazole he was prescribed was harming him more than helping. About a month prior to his admission when I first met him, he developed difficulty swallowing and so had been placed on a liquid diet by his mother. When I met him, he was emaciated and without enough strength to walk without a wheelchair or even to sit comfortably. He was dysarthric, unable to swallow, had an ophthalmopathy and palpitations.

My first task was to discuss the importance of methimazole since it was clear that Mr. CL was close to a thyroid storm. I spent nearly an hour speaking with him and his mother and was happy that Mr. CL exerted his independence over his mother’s protests and told me clearly that he wants to get better and will take our recommendations. About an hour later, however, his nurse informed me that he had accepted only half the dose. I sighed and went back in the room. This time his mother dominated the conversation and her son listened. I sighed, accepted this compromise for the night and planned to readdress this the next morning.

We had a slew of consults pending so I was surprised when I found the ophthalmology consult had decided to see him at 11pm on a Sunday night instead of Monday morning as I had expected and called me with their recommendations. My first thought was consternation. Earlier that evening, his mother had been very adamant that her son’s condition was being worsened by his inability to sleep well. She had asked that his vital signs not be checked throughout night and that he not be disturbed. She had even prevented his night nurse from entering his room. Since his vital signs had been stable since admission, I agreed to reducing the frequency of vital checks and knew that she would be quite unhappy by the interruption of the Ophthalmology resident at 11pm.

So when the ophthalmology resident told me he was seriously concerned that CL would crump overnight from inability to protect his airway and that this was most definitely not just Graves Disease but most likely Acute Myasthenia Gravis, I was worried. I immediately called the neurology resident on call to help me and to discuss a transfer to intensive care. She, too, had never seen this before and suggested I give Neostigmine on the floor. Given that we had one nurse to five patients overnight and that I was completely unfamiliar with the effects of neostigmine, I was not about to try this and so called



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the resident in the ICU to evaluate for a possible transfer. So by now it was after midnight and the third interruption of the night and CL's mother would have none of it. She stood outside his room and prevented the ICU resident, the neurology resident and I from entering. She wanted her son to get some rest. In the end, after a long fruitless discussion, we entered the room against her wishes and the ICU fellow reluctantly agreed to transfer him to intensive care where that night he received his first dose of neostigmine had remarkable and sudden improvement.

There were multiple layers of ethical issues in this case. The first was the patient's mother's control over his medical treatment. CL was an adult but I wasn't convinced that his decisions were ones he wanted for himself but ones he chose to please his mother. It was clear that he wanted to get better but he was stuck between siding with his mother or with the medical profession. My belief was that regardless of the true cause of his disorder, he needed medical treatment in the form of methimazole and neostigmine immediately to save his life. His mother wasn't so sure. And CL wasn't sure who was right. Another challenge was the severity and the acuity of his medical condition. Ideally, I would have had time to build rapport with CL and his mother, delve into her beliefs and see if we could come up with a solution we all agreed with. But, since his life was at danger, we had to make decisions without her agreement. The last challenge was coordinating the consultants who were not experienced with acute myasthenia gravis themselves and differed in their thoughts of how severe it was and whether he needed intensive care.

Because of my personal beliefs, I chose to call consultants throughout the night and allow them into CL's room despite his mother's differing opinion. I was further encouraged to do this because I believed that CL's hesitation meant that he would prefer to follow our recommendations but was afraid of offending his mother. In that case, I would have been happy to take the blame so CL could do what he wished. In the end, CL did quite well and both he and his mother were crying with happiness the next morning when, within minutes of receiving IV neostigmine, CL was jumping around the room and had regained his normal voice.

I found this experience unsettling but very satisfying. I felt my role was protecting my patient from his mother and advocating on his behalf but I also realized that this put CL in an awkward position. Looking back, since we all knew of the differing belief system of CL and his mother, we could have spent more time with them earlier in the day so we could have built rapport and been closer to being on the same page. During the hectic night, I felt I had the patient's support but not necessarily his mother's or the consultants. It was incredibly satisfying, however, to have an accurate and rare diagnosis made at midnight and to watch a patient's dramatic improvement the next morning after he had been suffering untreated for many months. It was a rare moment in medicine when everyone came together, and despite opinions, the correct decisions were made rapidly and we watched a young man cry because he could walk again.