



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

### We Are All on the Same Team

Late one evening, during a call night of intern year, I admitted a patient with stroke symptoms. She was a middle-aged African American female, who lived at her daughter's home along with multiple children, grandchildren, nieces and nephews.

She presented with right sided weakness, which her children first noted about a week prior to admission. She was getting to be too much for her family members to handle, so they brought her in to the hospital. She also had some element of dysarthria, but at times seemed to have selective speech--as she would talk in long sentences to those she wanted to speak with and ignore the rest of us! As we obtained her social history, she did admit to using cocaine occasionally, but denied that she had taken any in the recent past. As we performed a review of systems, she also stated that she felt some pressure subternally. As we worked her up, we had neurology and cardiology specialists involved in her care. She was also noted at the time of admission to have a very elevated blood pressure. She was soon diagnosed with heart disease and a recent stroke. Her labs were also notable for cocaine.

Throughout her stay, her family members were guarded, quiet, and became defensive at times—over the first week of her stay, there really was not much dialogue between the family/patient and the medical team.

We were concerned about our patient's cocaine use for many reasons, mainly in correlation to her cardiac and neurologic disease processes. We were also concerned because our patient had stated that she had been 'bed-bound' for months, and we were concerned that someone was bringing her the cocaine at home. During her stay in the hospital, her blood pressure would peak and trough during the day, and we were concerned about her using cocaine while in the hospital and the immediate danger to her health. After having concerns about this, we talked with her family and presented our concern--not to incriminate the patient or family members, but simply to provide care for her health and recommend that she not use this drug, especially in light of her medical conditions. We also had a sitter placed in the room, which the family was very upset about. During the 2 days that the sitter was present, the patient's blood pressure was under excellent control--without peaks and troughs. We removed the sitter at the request of the family, and her blood pressure once again to become unstable. She also had another stroke, again on the left side, which rendered her aphasic this time.

About 5-6 days into her stay with us, we decided to retest for cocaine, and once again it was positive. After doing some research, we discovered that it would be very unlikely that she still would test positive from using cocaine pre-hospital, and our concern rose again that she was using cocaine during this hospital stay.

We once again decided that it would be best to have a large family conference. We sat down with 7 family members, including those with whom our patient lives, and social worker, nurses and our whole inpatient team. The family denied that our patient had been using cocaine while hospitalized and actually was outraged that we would even entertain the idea that someone would bring it to her. We tried to come at this sensitive issue with the approach not of criminalizing them, but that the two main health problems that our patient had are very much exacerbated by any kind of drug such as cocaine. We attempted to state that we were all on the “same team”, rooting for our patient to improve and to try and prevent another injury from happening. It was instrumental when my attending spoke up and asked simply what their main concerns or frustrations were regarding her stay here with us. At that point, I do feel that our understanding of the family and patient deepened, and we became aware that the family had



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felt overwhelmed with medical terminology used, the multitude of staff/doctors that came in every day, and felt very defensive about our concern that family may be bringing a drug into our patient. After a long dialogue with the family, I really feel that all of us had a better understanding of the family, patient, and dynamic that existed between the patient and family. They clearly cared very much for their loved one and wanted everything in her best interest.

As I reflect on this patient encounter, I realize the power of a meaningful family meeting, and the simple question, ‘What are your concerns and understanding of what is happening?’ As soon as we asked a simple open ended question, the family was able to voice their frustrations and ask questions in their own way. After a long conversation, I really feel that the family understood that we were all on the same team...caring for and hoping the best for the patient.