



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

Sometimes the View is Different: Being a Doctor vs a Patient or Family Member

As I sat down to write this reflection, I thought through the year and all of the lessons I’ve learned – some from another year of taking care of patients, some from being a senior and chief resident, and some from the unique experience of having my first child and becoming a parent during residency. Each of these experiences has changed my outlook both on my job and on life in general.

One of the most memorable patient encounters came back to me from my rotation in the MICU regarding end of life care. A patient was brought in after having a witnessed arrest while in a cab (ironically on the way to her doctor’s office). She was found to be in ventricular fibrillation and attempts to resuscitate her were started by EMS. When she arrived at the hospital, the decision was made to try the “hypothermia protocol” in hopes of preserving brain function after her code. I was on call in the MICU that day and had the opportunity to oversee the process. It was a unique learning opportunity in that it does not get performed all that often. Unfortunately, over the next few days, it was clear that this woman was unlikely to regain any meaningful cortical function. She remained intubated and had minimal brain activity on her EEG.

As the resident taking care of her, I had several opportunities to talk with her family and coordinate further plans with them. As a senior resident, I realized that it was much easier to lead the family meetings than it had been for me just a few years ago when I was an intern. Explaining the medical facts and options to them felt more natural now that I had more experience under my belt. What was not easier, though, was when they decided they wanted to keep their family member a full code and continue with full care despite the fact that all the specialists working with them stated several times that their mother, aunt and grandmother would likely never have any meaningful recovery. I couldn’t understand why they would want to do that. The doctor in me kept saying to myself “why can’t they just let go?” or “this feels like such a waste of medical dollars.”

Initially when I started writing this reflection, I was going to focus on that internal conflict that I had with the family. However, since this case occurred, I’ve had the life-changing experience of becoming a parent for the first time. Having recently been a patient myself during pregnancy and childbirth, and now having the responsibility for trying to do the right thing for my child, I can see this case and the point of view of my patient’s family a little differently. What can seem very black and white as a doctor can suddenly get very gray when dealing with health care decisions for you or your family. Even my own medical knowledge sometimes gets pushed to the side when talking about decisions regarding feeding, immunizations and medications related to my daughter – and these are just basic decisions we’re talking about, not life and death. I have learned that no matter how clear things may seem to me as a doctor, I have to be patient and continue to help guide patients and families through medical decisions as they try to do the best thing despite their emotions and fear.