

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

Different Perspectives

I recently had the opportunity to care for an elderly gentleman who was hospitalized for a urinary tract infection and subsequent ileus versus partial small bowel obstruction. Upon meeting him in the ED, it was evident that he was very uncomfortable and not interested in talking to yet another doctor about why he had come in. His answers to all of my questions were short and curt, and finally he began to yell, stating “This is all in my chart!” I tried to calmly explain to him that I was just trying to verify information that was in his chart in order to provide him the best care possible. I then quickly performed his physical examination and left the room.

The next morning at rounds, our team came up with a good question—why did this man have a urinary tract infection (UTI) and decreased function of his bowels? We determined that a rectal exam was indicated to rule out BPH, or worse, prostate cancer, as a cause for his UTI. Since I was the team member with the most established relationship with the patient, I volunteered to do the exam before leaving post-call. I took a deep breath and mustered up my courage before entering his room. I tried to explain in brief detail why I needed to examine his prostate, and that I needed to do it now as I was leaving the hospital shortly. He again became upset and began asking me why I needed to keep doing tests and poking him for blood, and why wasn’t I letting him eat anything? He pointed out that it took his nurse 25 minutes to bring his pain medicine, yet I needed to do my test right now. Grudgingly, he complied and let me examine his prostate. I left the room feeling relieved that encounter was over with.

This case was challenging to me because despite my best intentions to care for this patient, he saw me as someone who was making him more uncomfortable, with my questions and tests. Despite my best attempts to explain to the patient why all of this was necessary, he did not understand my viewpoint or intentions. I tried to remind myself that he was very uncomfortable and that was probably a big factor in his attitude towards me.

That day was my last day on service, and I’m not quite sure what ever happened to my unhappy patient. Overall, I feel that I did my best to remain professional towards him no matter what he said to me, as obviously all patients deserve our utmost professionalism. I did feel angry, though, that this patient was rude and short with me when all I was trying to do was help him.

I chose this case to illustrate a time when my beliefs and the beliefs of my team were in conflict with a patient’s beliefs—we thought we were doing our best to figure out what was causing his symptoms, and he apparently thought we were trying to make him more uncomfortable. Reflecting on this case, I realize that it is important not only to explain to patients why we do the things we do, but also to ask them what their goals are as well. Besides being uncomfortable, there are many possible reasons as to why my patient chose to respond to me in the way he did—he may have had other stressors going on, or may have had bad prior experiences in the hospital. He also may have been scared about the cause of his symptoms. It is important to try to understand where patients are coming from and why they respond the way they do.