HEALING ARTS: MATERIA MEDICA

What I Would Do

Eunice Zhang, MD

Department of Preventive Medicine, University of Michigan, Ann Arbor, MI, USA.

The page was from an outside line, just a phone number, no name. I was working the night shift. Perhaps it was my attending, a famed cardiologist who struggled with the online paging system.

I dialed.

"Hello?"

A woman's tentative voice answered.

I cleared my throat. "Hi, this is Dr. Zhang."

"Oh, doctor, I'm so glad you called back. My father was discharged today. Since he got home, he's been so sleepy and weak. Is this his heart?"I flipped through my sign-out pages. My eyes fell upon a scratched-out name, an elderly gentleman with a non ST-elevation MI who left against medical advice earlier that day. His daughter had called the phone number on his discharge paperwork and her call had been routed to the intern pager—me.

I scanned his history and physical. He had hypertension, diabetes, tobacco use, kidney disease, at least one stroke. He had been admitted for crushing substernal chest pain. It was neither his first episode of angina, nor his first discharge against medical advice.

He slept the entire three-hour drive home. The daughter thought he seemed tired when they left the hospital. But now it had been many hours and he had not gotten out of bed.

"Is he in pain?"

"I don't think so."

"Is he struggling to breathe?"

"No, he looks … peaceful. Honestly, it seems like the best sleep in a long time."She answered the rest of my questions as best anybody could for an unresponsive person.

"I think—we would recommend he go to a hospital," I finally said.

"He hates hospitals so much," she said. The line went silent for a beat. "What if it were your dad? What would you do?"Could I really answer that question? Should I? Could somebody else respond better than me? The day intern was asleep at home. She had known him just a few hours. My senior and attending had never met the patient. I could page cardiology, or maybe palliative care. Would they be able to help me?

I felt alone on the phone with this daughter, who only wanted to do right by her sick father.

Perhaps the question could be generally deflected: "I would do what he wanted." Or I could simply acknowledge the conflict she faced: "It would be hard to answer for him." To give a literal answer—one she might seize on as her decision—seemed misleading at best and harmful at worst, a presumption that I could divine what was right for him.

What I did know was that she could not read his mind. That she felt overwhelmed—why else call a hospital a hundred miles away at midnight? She needed kindness, and I felt if I did not answer, I would leave her with nothing.

So I said, "My dad would have wanted me to bring him in." That was the truth.

After we hung up, I felt awful. This was about what this man wanted, not *my* dad. But what if we could reverse whatever was going on with him? Then again, the hospital was almost three hours away—what if he died on the way? Or what if I was doing the exact opposite of what this man would have wanted? Later, my senior resident and I shuffled over to the cardiac intensive care unit to run the situation past the overnight cardiology fellow.

"Tough call," she said. "If you're not sure, it's always safer to bring him in." By morning, the patient had not returned. I left the hospital feeling miserable, torn between believing I had offered the best advice I could in that moment, and knowing it could still have been all wrong.

The patient did arrive in the ER later that day, where he had immediately woken up and demanded to know why he was there. The ER diagnosed him with pneumonia. He agreed to antibiotics and asked to leave, pronto. The team handed him an advance directive packet on his way out.

The patient's story ends happily enough, but for me it remains riddled with could haves. I could have called the daughter back after discussing the patient with my senior resident and the cardiology fellow. I could have asked her to count his breaths, to pinch his fingernails and watch his response, to look at his ankles. Or I could have asked about his health care goals. Instead of framing a question about

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whether this was how he wanted to die, I might have asked how he wanted to live.

When patients and family members ask, "what would you do", they are asking us to share their burden. Sometimes, that burden is confusion over medical jargon and treatments and prognoses. Other times, that question is just a question—what would you do, if you were me? And still other times, patients have already made a decision, and they are asking a medical professional to justify it, to declare that their choice is the right choice.

We cannot always give our patients what they are looking for. Though we might ease the weight, there are times when they must shoulder the burden themselves. Each patient is different, so each answer will be different.

I did not know how to answer because I did not know what was best for this patient. But I did know how to be honest and kind to a daughter who loved her father and felt lost in the darkness.

And this time, that was enough.

Corresponding Author: *Eunice Zhang, MD; Department of Preventive Medicine University of Michigan, 1415 Washington Heights, Ann Arbor, MI 48109-2029, USA (e-mail: eunzhang@med.umich.edu).*