Recognizing Limitations Leads to Communication

Chapter 10

The Forgotten Text

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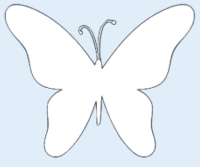
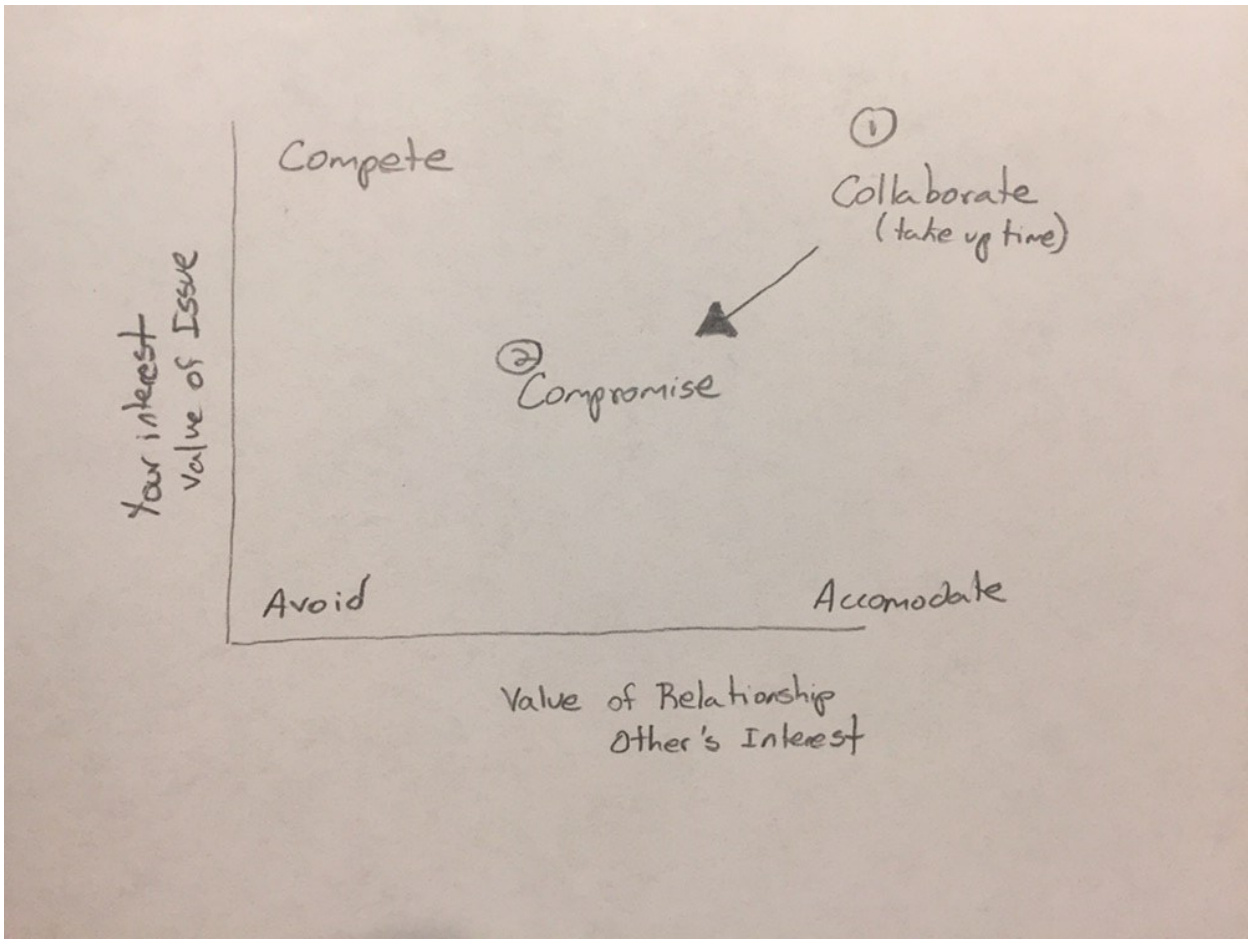


Physicians do not always cure nor always heal (⌧ ∩ ⌧). Nor do we control what is going to happen, we could lock anyone in the safest room in the whole world, yet death always slips through ╮(. ❛ _ ❛.)╭. Recognizing our individual and professional limitations is beyond just sulking in our mortality (#¬.¬)/.

There was an Ethics Teaching: *Conflict Session* with the surgery residents ʕ•ᴥ•ʔ . I was expecting a session about physician-research conflict. However, I was in for a surprise…the conflict session was tailored towards intra- and inter-team conflict (º.º). Ranging from disagreement of medical opinions, duty, responsibility, among others. Different approaches were also addressed "Avoidance, Accommodation, Compromise, Compensation and Collaboration". Each approach was measured in the value of relationship-other's interest, one's interest and the time-effort consumption. Now, I am going to share something very personal with you all (ง˙-˙)ง , my **REAL-TIME UNEDITED, LIMITED EDITION GRAPH** ＼(^O^)／ that I copied WITH MY OWN HANDS (*no, with the neighbor's hand* (¬o¬))from the whiteboard. Such a piece of art! \(˘‿˘).



Trust me! Do you know the effort I had to put in that handwriting to be legible? (⁻ˆ⁻). *Look at the bright side the lines and the arrow are on spot* (ノ_ノ)\(ˇ_ˇ). So, no need to recertify in legible writing… *Pft…thanks that I will use from now on electronic record* ﻉ(ò.ó)ﻉ

Anyway(ノ_ノ)….The ideal relationship would be to collaborate 24/7, but it takes up too much time. Time is the everyday problem, especially because diseases and our fragile mortality never seem to care to wait for at least one second (¬ o¬). The second option would be to compromise. Interesting enough there are some situations that it are

better to avoid, or to accommodate and maybe compete (i.e. compete for the best interest of your patient) …***it all depends*** **(◡‿◡) .**

Recall the patient that was not responding to anticoagulant in Chapter 3? (@_@) The lecture triggered a memory of a patient that I had a few weeks before that event. I was into the fourth clerkship of the year, I felt more confident. Still, I felt the butterfly in my stomach when facing a new challenge(♥‿♥). The hospital was not like it was before, the ripple effect of María was still around. Introductions were made, patients assigned, and MS3's were deployed to their respective patients(⌐■_■)ノ .

My patient was chatting with his family, cracking jokes. I introduced myself and made the history and physical exam. By that time, I still had not mastered the focus history and exam, which meant that the expected USMLE Step 2 CS 10-minute interaction was far far away~(˘▾˘~). I learned about his hobbies, about future plans in the year, the family's experience with the Hurricane. The family was concerned with the team's decision of withholding the anticoagulants, and the risk of clot formation. I explained that due to his recent fall, the team had decided to withhold the anticoagulant, preventing bleeding into his brain.

Neurology and Cardiology were consulted again. It was a stalemate. There were two options: to start anticoagulation or delay it. Both actions had big risk and benefit. If we started anticoagulation, we would protect against an ischemic stroke, but most likely cause a hemorrhagic stroke. On the other hand, if we delayed anticoagulation, we

would protect for a hemorrhagic stroke, but most likely, an ischemic stroke could happen. It was a long discussion; everyone had the guidelines, lab tests, radiologic tests and research on the table; everyone was thinking what the next best step in management would be. Afterwards, I went to the Dark Room, as we used to call it. And made again a "consult" with radiology. After having all the information, and balancing all benefits, harms and risks; the team reached a decision.

It was afternoon, everyone was stable *(^0⁻)/* , it was time to sit down and make the notes, check for labs or radiological results. On lucky days (very rare) we would have time to even review course material or *USMLE STEP 2 CK* material (•.•). The pager beeped (º_º)…I continued writing but aware and ready to take on the new task, if needed.

"It is Mr. C, he is having a stroke." – announced grimly our resident (⌣́_⌣). I felt numb, I had just talked to him a few hours ago(._.). I was currently writing his note, a perfect Neurological Exam…I stood up and followed my residents. The family was outside the room, nursing personnel were already with the patient. It was a massive stroke…

The team had multiple conversations afterwards. Should we have started the anticoagulant sooner, and taken the risk of a hemorrhagic stroke? (⌣́_⌣) Were we too conservative in our approach? But then…if we ultimately decided to anticoagulate him

sooner, and he had a hemorrhagic stroke, what then? (-_-;)Eventually, he was transferred to the ICU and unfortunately did not regain consciousness during the length of my rotation…

Unlike my first two rotations, I was expecting the unexpected...because everything was grossly out of place (=_=). This did not mean that the other rotations were under normal conditions, but at least they were not under the active Hurricane María disaster scope. Looking back, the risk of a stroke was very high in our patient, it should have been something that I should have expected (._.). Part of the profession is to be aware of the risks surrounding our patients. Physicians should not make only plan A, but also have Plan B and C and so on, which responds to the expected and unexpected *(~_~)* .

Returning to the Ethics lecture, we learned that by being aware of our limitations as physicians, we are prone to enhance our communication and teamwork ヽ(•‿•)ノ. In our case, the Internal-Medicine Team was very open in communication; we had the insight of Neurology, Cardiology and Radiology Team which were actively sought and present (◔ ‿ ◔). Two of the consulting teams had conflict, paradoxically, with the same goal: the **best** patient outcome. Everyone was concerned with the patient's overall health. What I am sure of, is that our patient would have had the worst outcome if the

Internal-Medicine Team had not consulted or dismissed the Cardiology, Neurology and Radiology recommendations (•_•).