Making It Up on the Spot

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Early in my first year of residency, I was flying in for a Medicine Team overnight on call, when around 8 PM that night I was called to the bedside of a 25-year-old patient with metastatic cancer admitted with an infection. At her bedside, I met her fiancé, her mother, and her enormous entourage of aunts. She was originally from the Philippines, and she and her fiancé asked me if they could have a daypass for the following afternoon to go to her immigration meeting for her permanent residency—she had been waiting for it for months. I was just flying in, not expecting to get tied up with the random patients I was covering, but the more I heard, the more I was taken by her story. She had met her fiancé in undergrad at UBC, they both studied economics, they fell in love there and moved to Toronto. Then she had been diagnosed with cancer and had been fighting a losing battle, but despite what I understood from her daytime team was a very poor prognosis, her family was very hopeful for a recovery and they had decided she would be “Full Code”, to receive invasive interventions if she needed them. I told them I didn’t know enough about her case, so I would have to ask her daytime team about the daypass the next morning at 8 AM, and they thanked me. They were really lovely.

But before 8 AM could come, just 11 hours later, I was called at 7 in the morning urgently back to her bedside. She was in severe respiratory distress, very short of breath and very anxious. Her mother and her aunts were frantically fussing over her, and her fiancé was nearly in tears. So close to the end of my shift, and just a fly-in, but there I was. The team thought she should be just for palliative treatments, and yet she was still Full Code, and I understood they had already had this discussion with her. But surely we shouldn’t be intubating this poor woman, taking her to the ICU where she was likely to suffer terribly and die anyway. I had no idea what I should do. I paged Palliative Care on call, and incredibly, the incredible Palliative Care physician Dr Leah Steinberg materialized on the floor. I told her the situation, that I didn’t have any idea how to approach it, and she said, “Let’s go.”

Instead of trying to hold a family meeting, Dr Steinberg began grabbing family members out of the room at random and having short bursts of goals of care discussions. She asked them about their sense of her illness, and I think she quickly realized that deep down they knew how much trouble she was in, that they didn’t want her to needlessly suffer either. She would say to each of them: “I don’t know if it’s best for her to be treated aggressively and sent to the ICU, do you? She’s so sick, she’s suffered so much, I don’t think she’s likely to get better from this. I think she’s dying. Let us make her comfortable—I think that’s the best we can do for her.” We had burst after burst of conversation, fighting our way through the aunts until we made it to her bedside, where she had a similar conversation with the patient and her fiancé, and urged her to let us treat her symptoms. She nodded, anxious but grateful. It was as if the whole family sighed in one breath, that we had given them permission to come to terms with the terrible reality. The patient and her family again thanked me profusely when again I felt I had done nothing.

I was absolutely amazed, and as we left the room, I turned to Dr Steinberg and asked her, “That was incredible, how did you know what to do in that situation?” And she turned to me and said, “I had no idea what to do. I was making it up on the spot.”

As doctors, we are socialized to feel like we should always know what to do. But sometimes, we don’t know what to do, and we then get a meta-discomfort, feeling like we’re bad doctors for not knowing exactly what to do. We’re uncomfortable with being uncomfortable. Dr Steinberg showed me that it was ok to feel like you don’t know what to do. Knowing that the Great Dr Steinberg felt like she didn’t know what to do that day and was still able to be a fantastic physician has given me great peace through hard times since then.

But it occurs to me now looking back that Dr Steinberg absolutely did feel confident that day. She was just an expert being humble. She may not have known step by step what would work, but she had an approach that comes from years of experience, and the humility to recognize that each patient is unique. And proof that she felt confident was that she was flattered to hear of the impact she had on me, but had no recollection of the event! But she told me that I knew what to do that day, too—I knew that I needed to ask for help.

My patient never made it to her permanent residency meeting that afternoon. She died just a few hours after I left my shift. I think that Dr Steinberg and I were able to bring a bit of peace to her and her family in her final hours.

But what I ultimately learned from Dr Steinberg and from my patient was that a great doctor is confident when they should be, is self aware enough to know when they’re in over their head, and is humble when they need to teach a developing resident how to be confident themselves.

Thank you.