

At Moonlighting's End

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I dragged myself to the shift feeling like I'd had dental procaine—unpleasantly numb. That night, I was working medicine consults for obstetrics. An otherwise easy, well-paying gig, I was moonlighting to make ends meet. I should have been giddy: almost done with a robust family medicine residency, goal in sight. But with an 11-month-old and partner miles away for his own residency, I was stretched aluminum thin. I wasn't proud of it, but walking in that night, I felt burnt to a crisp. I longed for a low census and a little sleep.

The outgoing moonlighter had his coat on, keys in hand. He announced flatly, "Just one on the list. Delivered last night. Lost 2L, hemoglobin is 7, otherwise stable. Jehovah's Witness, so just IV iron; starting tonight. For a few days. Probably. Questions?"

I had many, asked none. Instead, I went wearily to meet the patient.

Smiling eyes welcomed me into a warm room. Mom beamed as dad excitedly handed me a happy, swaddled baby. They were so proud. I smiled alongside them. I asked what questions they had. It seemed, they too, had many. No one had communicated the IV iron plan. Most importantly, that this could last days, prolonging admission. They'd spoken briefly that morning to an unknown doctor, but only about vital signs. Now near bedtime, an infusion was about to start, and they had no idea about it or why. They were hoping to leave by morning.

Sitting at the edge of her bed, I saw myself just months prior, a nervous first-time mom. She was fiercely polite, but as I answered questions, her frustration emerged in waves of deep sighs. Before that night, I'd been feeling a creeping apathy—a sense of drifting ashore. But faced by these marooned parents, whose wishes were clear but unaligned with the status quo, I felt anchored. It was a brief but significant moment that retethered me to medicine and its humanity.

I carefully explained a plan made before my arrival. Described hemoglobin's role, how precipitously hers had dropped and the available options. I assured we respected their autonomy and choices. We troubleshooted breastfeeding. She let me know she was full code and that declining blood did not mean she was refusing life or other standard treatment.

She did great overnight. Invigorated, I was excited to sign out. The incoming moonlighter crept in quietly, eyes down.

"We have one patient," I said encouragingly. "I have her vitals, exam, and code status."

His immediate reply stunned: "I read ahead. She's the Jehovah's Witness, right? Please tell me she's DNR!" His expectant humorless face stared with crushing dismissal.

This young mom he'd never met was reduced in seconds to a clichéd board exam vignette. I wondered gently why he felt such compassion fatigue. I didn't know how to ask. In retrospect, I wish I did ask. Having these feelings in silence can be isolating and depressing. Finding ways to identify, explore, and discuss these feelings allows safe space for course correction. Instead of asking him, I gushed about our patient. And answered that yes, she was full code. His disappointed face was difficult to ignore. I never moonlit again.