



Teaching Rounds

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A cloud of white swept by, a flurry of white coat tails, with me in the lead, fast-paced, serious, determined. Time was of the essence, after all. Come hell or high water, we were going to get everything done—see the patients, teach, give feedback, engage in multidisciplinary rounds, and do it all in our assigned 2 hours of teaching rounds time. The team seemed to appreciate the efficiency. I was determined not to let them down.

The long, narrow hallways took us to our first patient. She was a statuesque, regal-looking woman from West Africa, sitting up straight as an arrow in her bedside chair, with poise and elegance. One would never have guessed that she had just suffered a devastating stroke that stole her mind and her words. Her chin raised high in the air spoke of strong defiance. She attempted to talk, and smiled with the one half of her face that moved. Nonsensical mutterings and disconnected syllables filled the air. It was hard to tell precisely how much was comprehensible to her. She had failed the swallow evaluation miserably, and strict Nothing by Mouth was the order of the day. The team explained the intricacies of the stroke, the clogged blood vessels, and next steps to her daughter, who appeared to be looking right through us. I told her this must be overwhelming for her. She did not seem to hear me.

We marched on around the corner to see our next patient. He was a tough man in his prime. Working in construction—muscular. Strong, Proud. It was surprising that just tripping and falling with minimal impact would result in a humerus fracture. He was clearly a stoical individual, arm resting on his chest in a sling, smiling pleasantly. We discussed the worrisome, moth-eaten X-ray appearance of his bones, the enlarged lymph glands throughout his body, and our concerns for what this might be. His wife gently turned her back to the team congregated around her husband's bed, and wept quietly. His facial expression did not change. He asked practical questions. What time will the biopsy be? What about his insurance—will this be covered? We answered his questions, and once again, the cloud of white coat tails swept out to continue its mission for the morning.

Crinkled skin and sunken, tired eyes betrayed her razor-sharp mind. On examining her abdomen, a urostomy bag served as a tell-tale sign of aggressive bladder cancer. Years of aggressive treatment culminated in her recently fighting several episodes of near-fatal sepsis. Experts told her that there were few treatment options, and it will only get more difficult with time. Articulate and expressive, she asked us how long it would be before there were no options. As she picked at her fingernails, our patient's anxiety was

difficult to conceal. She asked that we not share details with her elderly husband who also suffered from severe anxiety. She had survived several near-misses, and wanted to discuss end-of-life options. What did resuscitation entail? What about those electrical shocks and chest compressions—could we tell her more?

In the hallway, my team and I paused. One eye on my team, and one eye on my watch, we talked briefly about how rounds had gone so far. The team was upbeat and energetic. We moved on quickly and efficiently, rushing from one bedside to another, checking off tasks on the proverbial list of to-do's for the day. It seemed that there was barely a chance to breathe, let alone reflect and feel the depth of tragedy we seemed to have left in our trail.

At times, science, and the system built so effectively around it, fails us and fails our patients. At times, brutal efficiency must pause and make way for humanity.

But there was no time to dilly-dally. We had a mission to accomplish and time was of the essence. Onwards.

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