Did I Really Just Say That... to a Patient?!

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As soon as the words tumbled out of my mouth, I immediately wished I could go back in time. Or push recall as with a prematurely sent email. Similar to my toddler-aged nephew who unhappily questioned why Nana obeyed his command to leave the room, I too wondered, "Why did I say that?"

Daily, I had encouraged the 38-year-old Spanish-speaking mother hospitalized with COVID pneumonia to keep that high-flow oxygen in place and to try to prone. Her oxygen saturation was so much better when she was lying on her stomach. Despite the dexamethasone and remdesivir, her oxygen requirements had increased over the past week, and she was now at a potential turning point where she might plateau and gradually improve *or* crash. Panting, my patient flung off the bothersome nasal cannula and asked again: wasn't there some other way to get oxygen directly into her lungs? We had tried different masks that were even more irritating to her. The intern reported how we had provided her with nasal decongestants, nasal saline, and short breaks from wearing the nasal tubing pushing the much-needed oxygen into her body.

Through my N95 and fogged face shield, I explained via the faceless voice of the phone interpreter that the only other thing we have next was mechanical ventilation. Concerned and exasperated by my seeming inability to gain her understanding, I added, "If you need that breathing tube, it means you're dying."

Upon hearing this declaration, the patient, with quiet resignation, replaced the nasal cannula, and our team left the room to complete our rounds. But I was not done thinking about what had transpired. Having successfully navigated hundreds of tough communication challenges as a long-time member of the ethics committee, I was appalled by what I had said. I tossed and turned in bed that night, guilt-ridden, replaying the scenario, wishing that I had stopped short of my doom-filled words. I desperately hoped that the patient did not deteriorate overnight. I could only imagine the terror she would feel if she should need to be intubated. The doctor told her if she needs the tube, she must be dying.

The next morning, I raced to see her. Whew, not intubated! Thank goodness. My eyes welled with tears and a wave of relief washed over me when I saw she was better, requiring less oxygen. Surprisingly, the patient thanked me, she said I had been like her mother. I suspect the interpreter had softened my words the prior day. From the patient's tone, she implied, in her lonely isolation, that I was supporting her with "tough love."

With hands tucked deep into my white coat pockets, like a dog with its tail between its legs, I joined my team and apologized. My unsympathetic and unnecessarily graphic explanation to the patient regarding intubation was not a model to emulate. The residents and students nodded their forgiveness. After months of little sleep and long hours at work, I was jarred by the realization of just how tired I was. I had been less kind than I want to be. And while I am not old enough to have been this patient's mother, I have had enough experience to have known better. I have counseled many trainees and junior hospitalist colleagues about the importance of sustaining self and maintaining balance. This episode prompted me to be more attentive to my own well-being, as a member of the healthy workforce needed to provide empathic care to our patients. Now, if I feel myself getting frustrated, I pause for a pulse check, and am mindful to speak more conscientiously, understanding the powerful impact each word can have on my patients.

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