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Family Medicine

NARRATIVE ESSAY

A Divine Slap

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It was 11:50 PM late in June during the final rotation of my intern year, and I had finished the last admission and an urgent visit.

"Okay, you're good," said Steve, the second-year resident giving his approval for me to head out for the evening to complete floor rounds.

I got off my stool from behind the desk that overlooked the acute bays, now quiet and empty. It was the 1980s when uninsured and underinsured patients were often dumped from wealthier suburban hospitals to our county hospital's often overwhelmed emergency room. In our residency from 6 PM until 6 AM, the only faculty in the hospital were those called in for surgery and the rare ICU assist. For everything else, it was just residents in the building. It was considered an admission of defeat to ask for their in-person help. The 2-month emergency night rotation in our second year was the defining event for the entire 3-year residency. It was when we really became doctors.

I had come from a family of achievers in the Midwest. My father was a dentist in the small farming town where he was born. The values of work and modesty were deep-rooted. Our family credo could have been, "Be the best . . . but don't act proud." I grew up expecting to excel in sports, music, and academics while publicly hiding my satisfaction in that success. I entered medical school after 3 years of undergraduate as the youngest in my class after balancing classes, collegiate sports, and leadership roles. Because of a change in curriculum after the first 2 years of medical school, one-third of our class transferred to other medical schools for clinical rotations. I transferred to Baylor College of Medicine in Houston where I found a more openly competitive academic setting. I had followed my family credo so well that at the graduation ceremony my classmates were surprised to see that I was one of only a dozen graduating with honors. I was accepted to my top choice for residency and had done well the first 11 months.

Each year faculty would convene to choose the first resident to tackle the emergency room rotation. That choice conveyed a level of trust and confidence that was an honor one could hold like some battle medal. When informed that I was their choice, I agreed.

So that night, I got up and started to walk out of the emergency department feeling very superior. But my exit was delayed by an approaching ambulance. I paused in the hallway to listen in case I was needed. The report to the charge nurse was audible to all. A homeless man intoxicated and with known mental health issues needed clearance and admission to our psychiatric ward. I turned to leave when I heard Steve's voice,

"Jim, could you take this one?"

Steve was a good guy, likeable, well-read, and a hard worker. However, he was the last of his class to run the ED. With a groan, I walked back to the desk.

The charge nurse put the patient in a bed next to the window 20 feet beyond another empty bed and prepared the paperwork, bringing me the clipboard. Steve was working on charts he had yet to finish, and I was upset with him forcing me to do this work. Arrogant and angry, I then made an impulsive decision to stay behind that desk and do the history and physical—a thing I had never previously done. I would have to shout my questions across the room to a patient lying helpless on the gurney, knowing that to both my colleagues and my patient it would be demeaning and unprofessional.

The patient had become more sober and answered questions clearly. He was not delusional or hallucinating. After finishing my history, observational physical, and holding orders, I signed the chart.

The card used for embossing pages in the medical record then caught my eye. Writing this 40 years later, I still feel the sudden cold chill I felt. The last name was unusual, and I numbly asked if he had family locally. "No, they are all in the Midwest . . . the Dakotas," he responded. I felt nauseated. As I asked a series of questions that confirmed what I knew when I saw his name, I tried to conceal my feelings and bodily reaction.

He was the father of a good friend from college who had married one of my closest college friends. I sang the solo at their wedding and recently congratulated them on their new baby. I felt dizzy as the room seemed to swirl and close in. I felt an overwhelming sense of shame and a deep sense of moral failing. I was so staggered that I did not speak further. I handed off the clipboard and left the room. I found a secluded bathroom and sobbed.

I called my patient's daughter-in-law in the morning. The family had lost contact with him for years. She confirmed they would want contact if he agreed, and so I went to the bedside feeling ashamed and guilty. I told him that, if he was interested, I had his family's phone number. He was grateful and still unaware of how I had really treated him. I had been intentionally unprofessional. My arrogance and my anger had blinded me. I was self-satisfied with what I thought I had become without fully seeing who I was becoming.

I am grateful for that divine slap in the face all those years ago. It changed my professional life. On that night, faced with a patient connected to a friend thousands of miles away, I had forgotten that everyone deserves my respect. Every patient I encounter is someone's child, sibling, or parent deserving my care and empathy. Although I am still ashamed of that night, I try daily to see, to change, to grow, and to be a better healer. Now I am grateful that Steve said, "Jim, could you take this one?"