

“She’s Faking It”

In a Patient’s Hospital Room

In the spring of my intern year, I started a busy vascular surgery service. One day, after whirlwind morning rounds, the chief resident and the attending surgeon hurried off to the operating room, leaving me to sort out discharges and familiarize myself with the hospitalized patients. My first patient was Mrs. Smith (not her real name), a frail 70-year-old woman sitting in a wheelchair. Her concerned son and daughter hovered close by as I introduced myself. Mrs. Smith was visibly depressed, and as she related her story in a discouraging, somewhat melodramatic fashion, I found that she was certainly entitled to her feelings. Over the past 6 months, she had endured several complex lower extremity vascular procedures, a myocardial infarction with emergent coronary artery bypass, and the death of her husband. In addition, all efforts to save her leg had failed, and she was hospitalized now, following a below-knee amputation. As we skimmed past her room earlier that morning, the chief resident had muttered to me, “The stump’s failing; we’re gonna have to go AK [above knee]. She hasn’t heard the news yet.”

I knelt down beside Mrs. Smith’s wheelchair. “Wow, you’ve had a pretty rough time,” I empathized. “May I look at your leg?”

At this point, the obviously agitated son and daughter could not contain themselves any further. “You’ve got to tell us what’s going on! Dr. Jones [the attending surgeon] hasn’t seen us in 3 days!” (Dr. Jones typically made rounds quite early, long before the family arrived.) “We want to know what is happening; we need to get Mom out of the hospital!”

My heart sank as I saw the stump, which was clearly ischemic. Feeling that direct honesty was the best approach, I drew a deep breath and tried to keep my voice as calm as possible, “You can see that the skin covering her leg isn’t getting good blood flow. We’ll need to fix it, which should be no problem, and then we’ll get her home as soon as possible.”

Pandemonium erupted, with the son and daughter both shouting at the same time. “You can’t do that! Look at this woman—she’s so depressed, she doesn’t want to live anymore! If you take her back to that surgery room, you’ll kill her!”

Mrs. Smith hadn’t said a word during the outburst; she just made some small moans and sighs as tension in the room rose to a fevered pitch, driven by her children’s exhortations. Suddenly, she sighed deeply and slumped forward in her wheelchair. “What’s happening? What’s wrong?” Her children’s frantic voices rose higher. I kept my own voice calm, although the situation was getting out of hand.

“She’s OK. Everything will be all right.”

Their worried cries grew even louder. “She’s *not* OK! What’s going on?”

I hate to admit it now, but after Mrs. Smith’s melodramatic and somewhat theatrical interview, the first thought that crossed my mind was, “She’s gotta be faking it.” This idea quickly evaporated as I felt for her carotid pulse and was unable to find one. “Oh, no, she’s *not* faking it!” I thought to myself. Visions of advanced cardiac life support flashed through my head as I lifted her onto the adjacent bed and called for the code team. I quickly dismissed the idea of administering a precordial thump, worrying that doing so in front of her already hysterical children would leave me with 3 codes to manage. Cardiopulmonary resuscitation was rapidly started as electrocardiogram leads were placed, revealing ventricular fibrillation. The first defibrillating shock successfully converted Mrs. Smith back to a sinus rhythm, and she was quickly transported to the intensive care unit, where she was placed on a ventilator. She was rapidly extubated, however, and ate supper that night. Several days later, she underwent a successful above-knee amputation and was discharged to home shortly thereafter.

Over the course of 2 months, I saw Mrs. Smith and her family several more times in the follow-up clinic, where she always asked for her “special doctor.” It was especially rewarding to see her depression slowly resolve as she gained weight, mobility, and independence. Although many of my code blue stories that year ended tragically, this is one happy outcome that I will remember for a long time.

—Nicholas J. Zyromski, MD
Rochester, MN

Copyright 2001 by Turner White Communications Inc., Wayne, PA. All rights reserved.