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Carlie's Crack Pipe

By Ariel Scott

Adorned in her white hospital gown with iodine staining the sleeve, Carlie Ford wobbles to the bathroom of her 5th floor hospital room clutching tightly to the IV pole in her left hand.

Her head pounds, room spinning, as she steadies herself against the metal railing next to the porcelain throne on which she sits. She turns slightly, catching a vague silhouette of herself in the mirror. She can't focus her eyes, dark brown ones hidden behind a pink tint of her bifocals that she had gotten during a routine eye exam at the clinic on the reservation. All she can see are vague, blurry shapes and colors underneath the pink tint. She thinks it's because of the sugar—that damn sugar that always spikes and topples her into diabetic ketoacidosis whenever she takes anything off label to treat her pain.

She doesn't notice that her pupils are so dilated that she won't be able to see until her body recovers from the withdrawal of her usual pain remedy. There's a sigh at that familiar ache gnawing deep in her muscles every time her sugar gets too high and the feeling of ants that she knows aren't there stripping the flesh from the bottoms of her feet and ankles. She knows the withdrawal from the crystal fragments of crack in her pipe probably caused some of the pain too. How many lectures had she gotten from doctors who had tightened their jaws and told her she was going to kill herself if she kept smoking with her uncontrolled diabetes?

When she first woke up, she told a nurse she had pain, and they offered her lidocaine to numb the skin. They couldn't give her anything else because her kidneys were too bad. A huff of frustration escapes her lips as she clutches her eyes tightly together, fighting off the ache in her head and body.

She pulls the pipe and lighter from underneath her gown, tucked along the inside of her bra where she's been keeping it and twirls it in her fingers. She knows she shouldn't, especially here, especially with her kidneys, especially with a roommate—but she's in pain.

She's in pain and doesn't have to be. She presses the cool metal of the pipe to her lips, clicks her thumb against the metal wheel of her lighter, and inhales.

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"It was a crack pipe."

There's nothing funny about this, but I laugh when I'm taken off guard. A reflexive, stuttered chuckle of disbelief escapes my lips as I turn the receiver of the phone away, trying to gather my calm as I hear the charge nurse of the unit, Maria, giving an incident report on a patient admitted to the family medicine inpatient service.

"Her roommate has a tracheostomy! If anything happened to him—"

I cover my eyes with the palm of my hand, letting out a forced exhale of the breath I didn't realize I had been holding.

"This is unacceptable behavior—we called security and now maintenance has to decontaminate the whole room—"

There aren't words to capture the fullest extent of emotions running through my mind.

Shock. Shame. Surrender.

"I'm sorry this happened. It's a frustrating situation. Is the patient with the trache okay?"

Maria sighs.

"They're fine. I'm calling because she wants to go, and we need you up here to sign her out AMA."

Her potassium was 7 at 4pm when we checked. Her acute on chronic kidney injury hasn't completely resolved. We've still been doing blood sugar checks every 4 hours, and she just cleared from her somnolence this morning—not to mention took a hit of a crack pipe about 20 minutes ago, and you really think she has decisional capacity to leave?

There's a long pause where these thoughts run through my mind, a snap of my eyes shut, a reflexive clench of my jaw, and an audible sigh across the receiver as I bite back the unprofessional sarcasm that wants to escape after this 13-hour day as senior resident.

"I'll be right up."

Maria hangs up the phone without a response.

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"Do you know the components of checking decisional capacity on a patient?"

Dr. Beth Roberts is quite astute, one of the brightest interns I've ever worked with, and only in her 2nd month of inpatient wards.

"Never had to do it before. Can I watch you?"

We talk about the nuances of how to assess capacity. How competence is a legal framework that can only be determined in a court of law. How capacity requires a person being able to communicate a choice, understand the previous conversations about their disease process, appreciate the different treatment options and rationalize and reason through the risks, benefits, alternatives, and the consequences of their choice. It takes two independent physicians to weigh in, and if those criteria are all met, patient autonomy wins regardless of whether the physician agrees or not. There's lots of ethical discourse on whether intoxication factors into the mix. Hospitals staff ethicists and entire inpatient psychiatric teams to help weigh in on these complex medical decisions.

They're usually not available at 7:30 pm on a Wednesday like tonight.

Beth and I swipe our badge onto the unit, the metal doors unfolding open to reveal the chaotic aftermath of Carlie's crack pipe.

The charge nurse, Maria, stands in her red scrubs with her arms folded in front of her, talking to the sanitation engineers on the floor. A slew of patient techs and nurses dressed in the uniform black scrubs also hang around the hallway.

"Hi, we're here with family med."

The wrinkles around Maria's eyes become more pronounced as she squints to see me.

"I'm sorry about venting over the phone. I was so upset. Security confiscated the pipe. She's in there. Just awaiting your signature to go."

There's an exchange of words, mostly reassurance that it's a frustrating situation, followed by the AMA form passed into my hand.

I stare down at it, noticing Carlie's signature has already been written in beautiful cursive on the patient line.

"Maria, her potassium was 7 just a couple of hours ago, and she just took a hit. I'm not sure she has decisional capacity to rationalize and understand the consequences."

There's a shrug of shoulders in response.

"She's actually pretty with it. More than I've seen her all day. It's up to you, but I think she can make her own decisions."

Maria has been a nurse for over 20 years, and a charge nurse for five. I've only been a doctor for two years.

I nod at her and turn around, glancing up to see Beth leaning against the door, staring inside the room.

Carlie Ford sits in the center of her hospital bed, shoulders hunched forward as she grips the edge, dangling her feet encased in black, fuzzy slippers. Her head hangs low, eyebrows twisted together in fraught concern and barely visible over the rim of her pink, tinted glasses.

She doesn't glance up as I come into the room. Doesn't seem to pay attention as I press backward into the wall and squat against it to be on her same level.

"Hi Carlie."

There's a sing song nature to the way it escapes my lips, and I find myself wondering if it's because she reminds me of a child. A child who was scolded and made to stand in the corner in time-out.

"Hi."

There's a crack in the single syllable, a quiver of her lip, and I think for a second, she might sob as she says it.

"Do you remember who I am?"

Her eyes flicker up under the bifocals before glancing away once again with a nod.

"My doctor. With family medicine."

"That's right. I'm here because I heard—" I pause suddenly unsure of what I was going to say.

I heard you were smoking crack and could have poisoned your roommate who just had a tracheostomy revision with ENT?

My eyes tighten as a sigh escapes my lips, exhaling my judgement into the space between us.

"I heard you wanted to leave, and myself and Dr. Roberts—we don't think it's a good idea."

"I have to go."

"Why do you think you have to go?"

"Because…I'm not good. I'm not a good person."

I glance over at Beth as she stares at me with a partially agape jaw and twisted eyebrows that no doubt mirror my own.

What do we say in response? Do we lie to her? Do we go down that rabbit trail of ethics, morality, and how social determinants of health and the disease of addiction has no bearing on a person's innate morality? Are we qualified to validate another human being's existence from the position of privilege we stand in with our white coats and the feeling of despondence she sits in awaiting our

judgment? Do we remind her and ourselves that good or bad or morality doesn't dictate the fiduciary responsibility of the MD?

"Carlie, your potassium is too high, your kidneys haven't totally recovered, and I worry if you leave the hospital that you'll get worse and that you could die."

I avoid her question, and the response is enough to garner her full attention as she stares at me through the pink tint of her glasses and nods her head.

"I know I could die. I know my kidneys could get worse. My sugar'll be high. I don't want it so, but I know it could happen. I was in pain, so I used my pipe, but I can't stay here with everyone knowing that I did. It's too much. I'll go to another hospital. I promise. But I don't want to stay."

My thighs burn as I continue to squat against the wall. I don't dare move as I watch a single tear streak down Carlie's left cheek. We stare at each other, and I begin to wonder if she chose the pink tint on her glasses to shade the world a brighter color than the one she knew as being so cruel and unforgiving.

Beth and I spend the next 30 minutes begging her to stay. Letting her know we're all there to care for her and treat her pain. Encouraging her that this one act doesn't stain our consciences in a way that will make us or anyone on this floor less receptive to treating her pain, listening to her, or providing care for her. Whether from neuropathy or her weakness from the recent DKA, she's still wobbly as she gets to her feet. I throw in the consequence of a hip fracture or a fall or a traumatic injury if she can't walk. The more I talk, the more resolve she has in gathering the few belongings around her, pulling on her pants in plain view of the open door.

"I can't stay."

Beth and I talk through decisional capacity. We both write our rationale on the form for why we think she currently possesses it, etching our signatures onto the document as Carlie makes her way off the unit. I lose Beth somewhere along my trek back to the team room to type out my notes. A few minutes later, she reappears announcing where she had been.

"It's cold outside. I gave her five dollars for the bus."

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Notes of a desert winter nip at the dry skin on the end of my nose as I walk out of the hospital that evening. I exhale noticing the clash of warm breath against the cool air. As a child, my sisters and I would pretend we were exhaling a puff of smoke like the glamorous starlets on cigarette commercials. I was supposed to leave the hospital and end my day two hours ago, but a debrief with the nursing unit and Beth needed to happen. An event note about a toxic substance and a patient bystander with a tracheostomy had to be written. An email to the Carlie's primary care doctor detailing the next steps for follow-up needed to be crafted. I write Dr. Beth Roberts gave her $5 for the bus so she could stay out of the cold. I write that Carlie had taken a hit of the crack

pipe but checked off all the boxes for decisional capacity. I write that I wish Carlie would have stayed. I don't write that I still doubt her decisional capacity. I don't write that I think she left the hospital because she felt shamed and judged.

The air is brisk as I wait at the light for the signal to cross the street towards the parking garage. On the other side of the crosswalk, underneath the shade of the bus stop, sits a familiar figure, wrapped in white hospital blankets, eyes shrouded under a pink tint, breath visible in the winter air. We're the only two people on the street, and, even with her dilated pupils, I think she must see me, even if all she sees is a technicolor silhouette of a fellow human being exhaling into the shared evening air.

**Names have been changed to protect patient and provider anonymity*

Ariel Scott is a family medicine physician at the University of New Mexico School of Medicine where she practices as a hospitalist, primary care physician, and specialty care physician for adults with intellectual and developmental disability. She was involved in the Columbia Narrative Medicine Online Certificate Program and co-teaches a Writing & Healing elective for 4th year medical students as well as reflective writing course for pre-med students. She was involved in the Columbia Narrative Medicine Online Certificate Program and looks forward to furthering her own study of narrative medicine in the near future.