

Doctoring and Disobedience

By Lisa Jacobs

"Just do a mental status exam and leave," the attending psychiatrist said. He sounded annoyed. We were standing uncomfortably close together in a tiny office across from janitorial services. The rest of the psychiatry consult team waited in the hallway eating saltines they'd stuffed into their white coat pockets on rounds. My pager rang again and again.

"Ignore it," he said.

I blinked. I said nothing. I tried to keep a poker face. This was the same guy who criticized me for being too friendly, whatever that means. I wouldn't be friendly today. I was sweating. Was this meant to be a closet? I stared at a cobweb in the corner. It had been there for a month.

"Why are we here?" I wanted to shout. "What's up with the secrecy? Why would you ever tell a trainee to *not* do a thorough examination?"

Of course, I said none of these things. They would have made me "hostile" or "insubordinate," far worse than "friendly." I extracted myself from the situation the only way I knew how, with one hand on the doorknob muttering "Yes, sir."

"Do *not* get psychiatry involved in this mess," he continued. "And whatever you do, do *not* tell her she's dying. Understand?"

I gestured zipping my mouth shut, flung the door open, and practically ran down the hall before he could stop me.

Ruth was a tiny 93-year-old woman who had thrown the hospital into chaos but didn't know it. The whole issue, in fact, was about what she didn't know. She didn't know she was dying. Didn't know that bitter fights had ensued over whether she should know she was dying. Had no clue the internal medicine docs were pitted against the surgeons over her, or that her favorite nurse had stormed off the unit in a fury.

The unit was buzzing when I arrived. Lights flashed, phones rang, and bed alarms sounded seemingly unnoticed. Teams did teaching rounds with eager medical students trailing residents who looked like they hadn't slept in days, and probably hadn't.

A middle-aged nurse greeted me. She had bleached hair and wore a gold star sticker commemorating 20 years of service. Her ID read "Pearl" and the photo was so dated it could have been her daughter. She said, "Oh good! You must be psychiatry."

I was suspicious. Nurses on medical floors are generally unenthusiastic about psychiatry consults. We get in their way, talk a lot, add complexity and make demands of their time.

“I can’t stand it,” Pearl whispered as we stood between filing cabinets. “Her sons ran that ethics consult. Said we can’t tell her she’s dying cause she’s from the old country or some shit. Said just knowing would *kill her*. Threatened to sue. Got a head surgeon on their side. Now, we got a gag order and can’t say anything. It’s so messed up. Can you help?”

I didn’t think I could. The most crushing reality of training to be a doctor is that often, you can’t help. It doesn’t matter how much you want to help or how long you prepared for this moment. You’re low on the totem pole of a teetering, messed up system without enough of anything to go around and you just can’t help. No one could. It’s a bitter pill to swallow.

With low expectations, I said I’d try and pushed through the curtain to join the tense scene in Ruth’s room. Her sons sat silently at opposite sides of the bed. Both had silver moustaches. Both watched me like hawks. Neither said a word.

Ruth was spunky. She wore huge fake emerald earrings and was reading a book about outer space. She told me a knock-knock joke. I did a mental status exam and she subtracted 7s and drew a clock and remembered everything.

“Why are you here?” I asked, testing her orientation. Her sons leaned forward in their chairs.

“They’re pumping me full of juice for an infection because my sons want me to live forever,” she said, tugging at the IV line infusing antibiotics into her arm.

This was true, but a very small part of the story. Otherwise, her score was perfect. I wished her luck and left feeling terrible.

“Exam done. I’ll write a note and sign off for psychiatry,” I texted my supervisor. This was technically true just like Ruth’s hospitalization for antibiotics was true, both small and essentially irrelevant parts of the story. Sure, I’d sign off for psychiatry, but I wasn’t done with this case. I knew that before he responded with a thumbs-up emoji a few seconds later.

Truth-seeking and truth-telling are what doctoring is about for me. Truths are often painful, but it doesn’t matter. The truth can save lives. Ruth’s truth was that she was dying. Her cancer had metastasized. Her organs were failing. Knowing this couldn’t save her, but it could allow her to make a decision that may well be her last: how and where she wanted to die.

I paged my co-resident, friend, and war buddy to meet on a corner outside the hospital where we wouldn’t be overheard.

“This doesn’t feel right,” I said, as we stood shivering in paper-thin scrubs on a chilly fall day. “I’m not even sure it’s legal.”

He stood nodding and listening as tears welled in my eyes and ambulances screeched by and homeless people begged us for change and our pagers kept ringing. He said nothing. He

stroked his beard, which I noticed for the first time now had some gray in it. He looked thin and tired and like he had aged years in the last few months.

What could we do? We were afraid to go against orders. Medicine is not kind to insubordination. But we were raised to be wary of those in power. He was born in Iran and grew up in the aftermath of a regime change that changed everything. My family's trust in their beloved country, Germany, almost cost us all our lives when the Nazis rose to power.

Never again. We could never let this happen again. This was the lesson I was raised with. As we stood on that corner, the very real ethical risks of "just following orders" were pitted against the very real personal risks of not following orders. We had heard stories of residents who had been fired for less and I had half a million dollars in debt I thought I could never repay if I didn't finish training.

"Well, let's go see if it's legal," he finally said. I felt gratitude wash over me. It's a lot harder to fire two residents than one. He was putting his ass on the line for what was right but also for me. This was my case and my patient. I was in shark infested waters that were definitely too dangerous to swim alone and probably also too dangerous to swim together, but he jumped in after me, anyway.

We walked together to legal services. We told a stern lawyer in a brown suit we needed help charting a decision to withhold a prognosis of imminent death from a cognitively intact patient. We played dumb. We were new residents and didn't know how to do it.

She gasped slightly. "It's not legal to withhold a prognosis from a cognitively intact patient," she said, looking worried. "This must be corrected."

We tried our best to look surprised. I knew there were still politics and hurdles ahead, but I left the hospital feeling okay that night.

The next morning, I returned to Ruth's unit to put my consultation in her chart. It documented the mental status exam and made no recommendations at all. It was the worst note I'd ever written.

I lingered at the filing cabinet banging drawers loudly, hoping to be noticed. Soon, Pearl approached me slurping a huge iced coffee, grinning.

"You're not gonna believe it. They told her. Legal said they had to," she said. "You did something, didn't you? What did you do?"

"Pshhh, you really think a resident has that much power? I'm shocked," I said, and I was. I didn't think it would work. I didn't think a couple of trainees could budge a huge hospital system and overturn the decision of people in power, but we did.

"Interesting..." she said, eyeing me suspiciously. "Anyway, turns out she already knew she was dying but didn't want to upset her sons. At least now she gets to go home."

“At least now, she can speak her truth,” I said. That’s all I wanted for her, really. In psychiatry, this is arguably the most powerful treatment we had. I got to speak my truth, too.

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