What Keeps Me Up at Night

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How lucky are we that we hardly know our patients? And I mean really know them. In my busy shift with dozens of patients waiting to be seen within a 9-hour period, there's no way I care to ask, "what's your favorite food?" We often go into a patient's room for a maximum of 15 minutes to get a short history of why they came into the hospital and a physical exam, and the rest of our time is spent on the computers ordering labs and exams.

It's not that emergency physicians have no desire to know their patients on a personal level, but the quick pace of the emergency department naturally lends itself to our curtness. We have so many patients to see that our time is filled with busy work where going to take a bathroom break feels like a luxury. The brevity in which we know each patient definitely affects how we see and view our patients, whether intentional or not. Sometimes I find myself sneakily rolling my eyes when the patient goes off in a diatribe about their grandkids when all I want to do is remove myself from the room and order their labs so they can either go home or get admitted to the hospital.

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Being in an environment where there is simply no time to waste, it is no surprise that I persuaded myself that there is simply no time to ***feel***, either. But then I was placed on the ICU floors. COVID ICU.

When I arrived to the COVID ICU, almost everyone on the floor was intubated and sedated, or on a BIPAP machine slowly chipping away at what would become the inevitable. There were multiple residents, so I only received four patients that morning. Four patients for a 12-hour shift. I had no idea what I would do with this exuberant amount of free time after rounding. Maybe this was the day I got lunch, or took a nice afternoon stroll downstairs to get coffee. The possibilities were endless.

But I found myself spending time with Mr. Fred.

Mr. Fred was a former smoker and came in for shortness of breath due to COVID. It wasn't long before he was placed on the BIPAP machine, but his oxygen saturations were still hovering in the mid-80s. He was adamant that he wanted to continue BIPAP for as long as possible because we all knew that once he was intubated it would be difficult to get him off of the ventilator. In my head, I thought this was silly. If he was in the emergency department I wouldn't really give a second thought to intubating. Partially because of my naivety and partially because I wanted to have another intubation in my book. And in my head, I thought that everyone gets off of the ventilator. Ha.

I sat down with him one morning after rounding because I was trying to find some way to waste time in this eerily gloomy ICU. Through muffled noises from his BIPAP machine I learned about his wife and daughter. I learned what he liked to watch on TV and what his last meal was. I learned that all he wanted to do is see his wife and get out of the COVID ICU so he could spend time with her. I learned he was a person and not a chief complaint. Every day I sat with him and video chatted with his wife. Every day I was in close contact with his family members giving them updates multiple times a day. I knew him more personally than I did any other patient in my two years as a resident. And the extenuating circumstances of him being COVID positive didn't dissuade me against my better judgement from spending multiple hours in his room.

One day he wasn't doing so well. I saw that his oxygen saturation started to drop precipitously, now in the 70s, and we had to intubate soon. During the last few moments prior to intubating, I rapidly dialed his wife and daughter so he could video chat with him before he would be completely sedated and intubated. I saw tears streaming down his face as he knew what was coming next. I saw his wife and daughter shed tears and whisper, "I love you," already somewhat defeated. My face started to feel like it was on fire underneath my N95 mask and my chest was heavy. Tears flowed down and soaked my surgical mask realizing that this could be it; this may be the last time he ever speaks to his loved ones. This might be the last time he's awake.

And yes, I've heard stories of people spending time with patients and realizing that they're people – of course they are. But it doesn't register when you're working in a busy emergency department. We're protected by the limits of

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our time to fully register the disheartening fact that once we admit our patients, we know very little of the burdensome course of events that occur later. Our connections are severed once the admit to hospital order goes in.

And with that I feel lucky.

Don't get me wrong, I love interacting with my patients in the emergency department and for the time I do know them I will always proceed with medical care with their best interests at heart. But I can cope quicker with death and go about my day faster when I don't know them. When I don't realize that their imminent death means leaving a family behind. Yes, it seems selfish, but it's true. We're often taught in medical school to establish a great relationship with the patient, but that's almost nearly impossible in emergency medicine since we don't have the luxury to spend hours at the bedside or follow up on a monthly basis. In the time frame that we see patients with a critical illness, fostering a relationship isn't as much of a priority as is grabbing a central line kit or preparing for an intubation. Sometimes it's impossible to do that when a patient is having a cardiac arrest right in front of you and death just becomes another number in the system.

As much as I enjoyed my short-lived time with Mr. Fred, the heartache and mental capacity it took to process his untimely clinical deterioration overwhelms my thoughts. A question I am sure most emergency physicians receive is: How do you deal with this every day? When you see traumatic medical cases on a daily basis, there will always be a level of desentization that physicians feel from years of being in practice. However, we are still human. We are humans that have to experience loss and pain on a daily basis, but we learn to re-focus on our successes and better days in order to stay emotionally stable. The unfortunate truth is that even with the best medical care out there, we can't save everyone. And it's difficult. And it keeps most of us up at night. But the days where you saved someone from a pneumothorax or sutured a gaping wound is what makes it all worth it. That is the light at the end of the tunnel. ●

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