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The Doctor Won't See You Now

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The Doctor Won't See You Now

Can you save the life of a patient you've never met? By Marc Siegel

I had not met the patient, and I wondered if I ever would. The shrill ring of her call had woken me in the night. I couldn't tell anything about her from the voice. In fact, it was her husband in the background encouraging her to talk to me that gave me some context; he sounded middle-aged or older and didn't have the pressured speech of a man who usually worried, though he was worrying now.

Her chest symptoms were vague. She wasn't short of breath; she didn't feel a serious pressure in her chest as if there were an elephant sitting there. She denied having the strange sensation in her left arm that heart patients described as something in between numbness and tingling. She couldn't localize the discomfort and wasn't sure how long the problem had lasted.

Why did I direct her right to the E.R.? I may have been irritated by my interrupted sleep, transferring the irritation as quickly as I could to a doctor on duty at a hospital. Or perhaps it was a more defensible reluctance to reassure a patient falsely when I didn't know what she had, a decision I might later come to regret. I was trained to make quick decisions while half-asleep. But this was another doctor's patient. I was covering for him. I didn't know her at all. Chest pain was the black box of medical diagnoses, containing items as distinct from one another as indigestion was from a heart attack.

Chest pain went to the E.R. I'd learned this mantra early on. But which E.R.? She wanted to come from Queens to my hospital in Manhattan. I tried to dissuade her, probably more from my own tiredness than the reason I gave. "If it's your heart," I said, even though I doubted it was, "it may not be safe to travel." Of course, I also knew that traveling to a cardiac epicenter led to more sophisticated procedures that sucked the plaques out of clogged coronaries and installed stents. One of these new procedures might save her life.

I barely remembered the next call. But later, I did at least remember the cold phone pressed to my swollen-with-sleep cheek and the crisp voice of the on-call resident saying: "She has unstable angina, maybe a myocardial infarction. She needs a cardiac catheterization. Your choice of cardiologist?"

"The doctor on call is fine," I muttered.

The next morning I rose early, eager to see my patient. I hadn't really expected heart damage, though I was glad now that

she had overruled me and chosen our E.R. The clerk in the cardiac recovery room said they didn't have a patient there with the name I mentioned. I went to the cardiac ward, marveling that she had managed to recover from the middle-of-the-night procedure so rapidly as to be out of recovery already. But the ward clerk didn't have her name, either. Had I gotten it wrong? I contacted my answering service, and the operator assured me that a Mrs. R. had called my emergency number the night before at 1 a.m. complaining of chest pains.

I searched the ward myself. Outside Room 1117, there was a placard with her name. I strode happily into the room only to discover a bed stripped of its bedsheet. Could she have died? In a panic, I ran back to the front desk. The sleepy clerk still denied knowing anything about my patient, but now the head nurse was standing there, and she eyed me coolly.

"Yes, she was here."

"What happened?"

"Discharged this morning."

"So fast? I thought she was unstable."

"They put in a stent. Opened her culprit artery right up."

The head nurse said it matter-of-factly, the way the doctor doing the procedure might. It involved inserting a five-millimeter balloon via catheter through a large artery in the groin and feeding the balloon up into a tiny clogged artery. The balloon held the artery open for the pin-size metal stent; this procedure was often used instead of the more primitive surgical one, where the chest was sawed open and the affected arteries were bypassed by veins taken from the legs. The era of hand holding — of patients suffering through days of pain and healing wounds and breathing difficulties — was mostly over. The stent, when it could be used, was quicker. Today's uncomplicated heart patient was whisked from the E.R. by the cardiologists, brought through the rapid process with a whirl of technology, usually ready for discharge the next day with barely a scar, hardly a feeling of having been worked on, not even sure whom to thank.

I surveyed the empty hallway outside Room 1117, where the cleaning man was now coating the floor with disinfectant the way he did after every discharge, oblivious to individual dramas. Technology might be changing the process into something less recognizable, where a patient I admitted for someone else was whisked through the entire treatment without my ever meeting her. But my anonymity was acceptable to me in the face of such a swift and painless outcome. ■

Marc Siegel is an assistant professor of medicine at N.Y.U. and the author of the novel "Bellevue."

ILLUSTRATION BY BOB HAMBLBY

BECAUSE OF THE VOLUME OF SUBMISSIONS, THE MAGAZINE CANNOT RETURN OR RESPOND TO UNSOLICITED LIVES MANUSCRIPTS.