

On one 'anything but routine' occasion, I did feel that kind of connection with a patient, and I think it very well might have been reciprocated. This particular 50ish woman came in upon the insistence of her husband, a role reversal from the usual dynamic. She reported having been intermittently and progressively short of breath over the past two weeks, to which he simply but emphatically said, "Oh yeah!"

More commonly it is the husband who is coming in under the insistence of his wife. In fact, that is so common that I've taken to telling men, "When the woman in your life, whether it be your wife, girlfriend, partner, mother, sister, or daughter, tells you that it is time to see the doctor, there is only one proper response which is, 'Okay.'" I usually go on to clarify that, "No, women aren't always correct, but they are usually more cautious, and often more sensible, when it comes to health issues than we men are. When we are all done here today and if nothing serious has arisen and then you want to turn around and say to her, 'I told you so,' that can be your choice...but I wouldn't advise it."

This may be a cross-cultural phenomenon as well. When I was in Ghana in 2002 working with the CDC/WHO polio eradication campaign, that country was just experiencing the completion of what they termed 'meningitis season' and was going into 'cholera season.' We were visiting the cholera ward at the public hospital one day where a woman had corralled her husband into seeking medical care. He had just become ill with cholera symptoms that morning but had refused to seek medical care. When he ultimately became too weak to object, she called a taxi and forced him inside it. Unfortunately, it had taken too long to convince him to seek medical care and by the time they had arrived he had passed away.

I was in immediate agreement with my current patient's husband's concerns because she had a very rapid pulse, borderline low blood pressure, and a low pulse oximetry reading (that thing we put on your fingertip that gives us an immediate indication of your blood oxygen level), all of which were just screaming pulmonary embolism (blood clot in the lungs). To cut to the chase, the CAT scan of her lungs showed that she had what is called a saddle embolism. This is when an extremely large blood clot straddles the bifurcation of the pulmonary artery as it leaves the right side of the heart to deliver blood to both lungs. To clarify, this is a point where every single drop of blood in the body has to pass by during the course of normal circulation. I had received an immediate phone call back from the radiologist after her scan reporting the embolism and adding, "Is this patient stable? Because it's a pretty massive clot and I'm not sure how much blood is getting past it at this point." I reported that I had been in there a second time already, and a small amount of IV fluids had improved her blood pressure, but not her heart rate, though at least her oxygen level was improved on supplemental oxygen. The radiologist comes back with, "Well, let me know if she becomes unstable because I might have to try something interventional." Again, to clarify, at that particular time we did not have any interventional protocol, or even the use of clot dissolving drugs, set up for a large life-threatening pulmonary embolism, as we subsequently did a few years later. So, I understood the radiologist to mean that if push came to shove, she would try something that she doesn't do regularly. I asked her to hold a minute while I checked on the patient a third time. She, stoical individual as she was, said she was feeling somewhat better. The radiologist then confirmed my own conclusion that the best plan was to transfer her to a nearby, larger, better-equipped hospital that was set up for specific emergency intervention in just this setting. I was then left with the dilemma of how much change

for the worse constituted unstable. I stuck my head in briefly to see her cardiac monitor and vitals and say, "How are you doing?" on my way to the secretary's desk to have them place a call for me to arrange for a transfer. When I was confident that was in progress, along with at least having her nurse initiate intravenous heparin to slow any further clotting, I was back in her room for a fifth time. I hadn't wanted to get into any details with her until there was a distinct plan in place, so as not to worry her prematurely. The husband had gone to deal with some pressing home matters, so that had made it easier to not yet engage in any detailed conversation. After yet one more, "How are you feeling?" on my part, this selfless and compassionate soul, in the midst of her suffering, says to me with obvious concern, "Oh, I'm okay, but how are you?"

I don't know what I looked like at that point, but my immediate thought was, "Damn it, Drew, you've failed this woman by letting her see how worried you are about her." I felt like I was going to be standing next to this woman's stretcher at the exact moment when she died in front of me and there was nothing further that I could do to change that. Apologies to my family and friends, but at that moment there was no person in the world who was more important to me. I would have jumped into a raging river to save her if given the opportunity just then. Instead, I could only try to adopt a calm that I did not feel, while explaining to her what was going on at that point, and what was going to happen next. I tried to put the gloss on it that quite soon she would be under the care of specialist doctors who had dealt with this exact problem multiple times before, as we had not, and that the IV fluids and heparin that we were giving her would get her there safely.

She was one of only two patients in my entire career for whom I made the effort to look up their medical records to see if they had survived my care and had made another visit to my ED after I took care of them. My severe head bleed gentleman was the other. As in that first case, a month or so later, I was able to reassure myself that she had indeed survived that day and had been able to visit us again. However, I was unable to learn any details of her further care of that day and beyond, and, unfortunately, we never met each other again. I sometimes wonder if her caring about my welfare, seemingly as much as I cared about hers, somehow had helped her to pull through that awful experience.