Murmurs: Stories from Our Journey in Medicine
Episode 3: When I Did What I Swore I Would Never Do
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Podcast Transcript

Hugh Silk 0:21
Welcome back to the podcast Murmurs: Stories from Our Journey in Medicine. This podcast series is meant to act as reflective experience for the way health providers and those in training think about their patients in medicine. Not so much about how they make diagnoses, but about how they relate to their patients, continue to think about them long after visit, and what makes doctors and nurses tick. Each episode we will interview someone from UMass Medical School who has written a creative piece and listen to the story behind it. The hope is that this podcast will inspire others to be more reflective practitioners as well.

Qiuwei Yang 1:03
Hello, and welcome to another episode of the podcast Murmurs: Stories from Our Journey in Medicine. This is Qiuwei.

Hugh Silk 1:10
This is Hugh Silk.

Qiuwei Yang 1:11
And today we're pleased to host Dr. Dave Hatem. Dave Hatem is a professor of medicine at the University of Massachusetts Medical School here since 1989. He practices general internal medicine, and is the co-director of our learning communities, a program that combines clinical skills teaching with a professional identity formation process of turning laypersons into physicians. The humanities, observation, reading, writing and reflecting on our experience are central to this transformative process. During his time at UMass Dave has taught courses on medicine and literature and creative writing. And he is a founding co-director of the Humanities Lab, a new initiative that promotes projects on the humanities and medicine. Today, Dave will be sharing a piece he wrote about a difficult medical exam he performed. Thank you so much for joining us today.

Dave Hatem 2:00
Thanks for having me.

Qiuwei Yang 2:01
So before we get started, I was wondering if you could introduce us to your piece a little bit and talk about the process of writing it.

Dave Hatem 2:09
So I think by writing, there's times where I begin to sort of see a story either happening or about to happen. And I have some communication with a patient's family member. And he

realized that, okay, this is a significant time in their lives when their mom was critically ill. And I was going to go to a hospital across town where I didn't usually go, so I was going to probably feel a little bit out of place. Whenever I feel that way I start to watch and observe and I start to think about what it is that I'm experiencing, which is just, that's the stuff of story.

Qiuwei Yang 2:46
And when you shared your piece with me, I noticed that there were two titles going on, one called "is the exam cruel," and the other was called "when I did what I swore I would never do," and I wanted to ask you about what your deliberation between the two titles was.

Dave Hatem 3:02
I think you'll hear some of that in the piece. But I realized that a lot of times when I first write, it's almost the theme is this examination cool or question? And then once you write it and you read it, you're like, that's not the real question. The real question here is what made me do this? Or, you know, I, at some point, swore that I would never do this. And yet I did. I realized that was the learning for me in this. So that's, that's really what the story was about. It wasn't the simpler surface question of is this examination cruel? And that answer wasn't simple, I realized as well.

Qiuwei Yang 3:40
And so without further ado, Dave Hatem.

Dave Hatem 3:43
When I did what I swore I would never do... Mental status is evaluated by observing the patient's response to visual, auditory and noxious (i.e., painful) stimuli. The three main maneuvers to produce a noxious stimulus in a comatose patient are: 1. press very hard with your thumb under the bony superior roof of the orbital cavity, 2. squeeze the patient's nipple very hard, and 3. press a pen hard on one of the patient's fingernails (taken from Russell and Triola, The Examination of the Comatose or Stuporous Patient).

I remember, during my training, watching neurologists, examine patients with a depressed mental status, doing the kind of exam detailed above. Somehow to me, at the time, what they did seemed unnecessary and cruel.

So that day, I had heard in an email from her son, Chris, that his mother was hospitalized, had been found, down on the ground, out in the cold, for no one new how long, and they had taken her in an ambulance for the hour long ride to Worcester from their home to one of the hospitals across town. I would not ordinarily see her in such a foreign environment.

Later in the day, another email and he told me that they had found that she had a large stroke, and was not responsive. Now he also lived about an hour away. I had taken care of the whole family. Another son, Chris's brother Jack had presented late to the hospital after feeling

fatigued and then feverish, and died of endocarditis. His father, who was in the hospital at the end, bad valvular disease, couldn't withstand an operation, died with hospice type care in CHF. Now, Chris had difficulty getting to the hospital and I wondered how the staff at the hospital, the staff that I didn't know, were reacting to their patient whose family didn't visit. I called over there, checking for updates, uncertain what they would say, but the staff was always willing. They told me that the family had not come in to see her.

More emails, more questions, I updated Chris on what I knew, but as the day of admission passed on to the next, and then the next, it became increasingly clear that I needed to see her, to see what she looked like and to be able to provide any type of real information to the family.

I went over to the hospital, parked, walked in to the hospital, on to the floor, uncertain as to how I would be received. I spoke with the nursing staff, they seemed surprised to see someone like me, a doctor they didn't know in their hospital, but directed me to the room at the far end of the hall, as far from the nursing station as it could be. I wondered what I would see. I walked in, looked at the vitals, pretty unremarkable, then walked into the room.

The room was spotless, a shiny floor, nothing else in the room but a bed in the center. There were no pictures or cards from her shrinking family. She was lying in the bed, the crisp white sheets pulled up to just below her neck, starched straight across the bed, her head resting on a pillow, her mouth open. The way the sheets fell, it looked like she hadn't moved since they last made the bed, much earlier in the day since it was mid afternoon. Her thick white hair was beautifully combed. I stood at the foot of the bed. She was breathing. Her eyes were closed. I was not sure what to do. I thought about all the cruel neurologists I have ever seen.

I spoke with her ... no response.

I held her hand ... nothing.

I put pressure on the nail of her thumb. I squeezed hard; still nothing.

I rubbed her chest, I pushed down on it with the bony parts of my hand.

I pressed above her eyes, not sure if I was placing enough pressure, but it was as much pressure as I could stand to transmit.

I stopped short of squeezing her nipples, something I'd seen those neurologists do.

I backed up. I stood there. I said nothing. I walked slowly out of the hospital. I spoke with no one.

I drove back to my office. I slowly composed an email to her son.

I saw your mom today. She is profoundly comatose. I told him, with more certainty than I have ever said anything in any medical situation I have faced. I told them that now was the time, that they should come in and say their goodbyes.

I sometimes thought neurologists were cruel. Maybe some of them are. A central lesson that my parents taught me was to care. And here, when I did what I swore I would never do to any patient, I learned something about neurology, something about certainty and I learned something about caring.

I sat back in my chair. I thought of Doris and her family, and then I broke my silence ... Goodbye, Jack. Goodbye, Harry. Goodbye, Doris.

Hugh Silk 10:37
Dave, that was a very powerful reading. And I was fortunate enough to get to hear you read the same piece at the Med Moth, which for our listeners, that is an event we have a couple times here at UMass Medical School, where people will read their pieces or poems or tell stories. And at that occasion I also detected just emotion in your voice. And so I wonder if you can say more about that. It's been a while now since this happened, and yet the emotions still come up.

Dave Hatem 11:06
I think for me, that's one of the values of writing is to capture some of these moments of, of doctoring and learning in ways that bring forth the meaning and the real power of our work. And I'm always struck, when I read them out loud the first time. I usually write it, and then say, this is probably awful. And then I read it, and it it captures something and there's something about reading it out loud. And if I've captured it, and when I read it again, you can just get right back into that experience. And so it brings out the emotion again.

Hugh Silk 11:41
Yeah, which I think is important. I mean, we're physicians and we're emotional beings. So that happens. You know, I know that you're an avid writer, and yet you chose at that Med Moth to perform this story, to read this story. Why this story over other stories?

Dave Hatem 11:56
In thinking about doing this in Med Moth this was the first time I was going to read it at Med Moth. And you know, I think early on when I wrote, I wrote about things that often I did something, there was some great insight that, you know, I led the patient to have or something like that. And yet, I think as I write more, it's capturing small moments. And this is one that just turned my own thinking on its head, I had kind of sat in judgment of neurologists about this, and this cruel diagnostic acumen. And yet the challenge in this was to take a patient who I knew well, and to realize the power that this exam had in terms of what we could say to the family, and hopefully, you know, all of their uncertainty about being able to travel and were they there enough and things like that you could answer those questions by having done this exam and realize she's not going to come back in a meaningful way. And I feel like I can tell them that in

ways that feel true and in ways that I think will bring them comfort. And it made me think about neurologists differently and it made me think about my prior thinking differently.

Hugh Silk 13:02
Yeah, I mean, there's times we're meant to do no harm, but we do a little bit of harm to do a greater good.

Qiuwei Yang 13:08
This reminds me a lot about a narrative that I read in the AMA Journal of Ethics. They were discussing a passage in the Talmud that reads, the best of doctors go to hell. And I feel like when I was listening to your story, and hearing you struggle to perform actions that you thought were socially cruel, that helped, ultimately, the patient and family reckoning with what was going on, I thought it kind of was like going to hell in order to provide the best care for your patient. And I was wondering if you thought that passage from the Talmud was reflective of that particular moment that you had with a patient, maybe even your experience in medicine as a whole?

Dave Hatem 13:47
You know, it's an interesting take, and you know, the idea that we're going to go to hell, I thought I was going there. Based on the question a little bit, but yet I think the idea I've been surprised in medicine at some of the things that we have to do, and some of the things that aren't polite or aren't nice, or some of the characters we end up having to deal with that we wouldn't deal with in any other way. If it were just if we were just walking down the street. And so doing unpleasant things, or interacting with people who we would consider unpleasant in any other circumstance, if that's what it takes to go to hell, I realized I'm capable of, I'm capable of doing that. And again, with this one, though, it taught me something about maybe this isn't as bad as I first thought.

Qiuwei Yang 14:33
I know another interpretation of that passage is that in order to provide the best care, like the doctor also physically goes through hell, in terms of treating the patient too, so just emotionally just going through that entire process of being like, I feel like this is wrong, but it's also my obligation as a physician to do this so that the family can have answers.

Dave Hatem 14:53
Yeah. And I think in that in that way, sometimes we just broaden our perspective, this sense that you know, my parents taught me to care. But I thought that that meant in a certain way, and you realize that something that looks or seems cruel, is really a different form of caring, and allows us to express that because of what we've done.

Hugh Silk 15:17
And I think this happens a lot. Last week, I was draining an abscess in a patient in a sensitive area. And when we started the procedure, the patient was screaming, and I had like a tear

coming to my eye. And then five minutes later, she was like, thanking me and holding my hand, right, because suddenly she was completely so ...

Dave Hatem 15:33
Yeah.

Hugh Silk 15:33
It's part of medicine.

Qiuwei Yang 15:36
How have your opinions about this portion of the neurologic exam changed since?

Dave Hatem 15:42
I don't think they've changed since then. I think this was a seminal moment. And I think one of the things that was interesting about this was, I did this a lot when I was a resident and as I've gotten away from hospital medicine and been more in the outpatient setting, I'm doing this less with my own patients and seeing this less. For a minute when I first saw her in the hospital, you know, I felt a little bit like, wait a minute, I don't remember what to do. And then you recall that and some of it was I haven't done this for a while, and I wasn't really a fan of doing this. But I think seeing the utility of it changed my point of view. Some of it as well, I think, is the relationship that we have with people. So when I was a resident, you know, you're largely working in a hospital and people come in, and if I had seen her in the hospital, and never known her before, all I see is a comatose patient. Whereas what I have is a very longstanding meaningful relationship with a family. And that's how I know them. And then you hear this over email, and then you see her, and you've known her in a different way. And we've had a number of meaningful interactions. And so I think as a human being, you're reacting in part to not only the exam, but the loss that you're experiencing of this patient who really means a lot to you.

Hugh Silk 17:08
I think that says something about the importance of longitudinal continuous relationships with patients like we get in primary care.

I have one last question, Dave. So thinking about, you know, you share this out publicly at Med Moth and on this podcast, and there's certain messages within this. Do you think those messages are better intended for learners or for your colleagues or for both?

Dave Hatem 17:33
How you receive this might depend on where you are. And so there's different lessons that I might take from it. For me and for my colleagues, it's this sense of being able to examine our own thinking and to watch ourselves as we grow. For learners, it's probably to keep your eyes a little bit on the human and see if you can figure out something human about this person who you've only seen as somebody comatose and seen as somebody who you're doing something dehumanizing too. And so I think it's for both of those people, but they'll take different things away from it. I realize that a lot of my writing is to come to a greater understanding of what it is

that I'm doing. Some of it's for myself, and yet there's generalizable lessons in doctoring that are evident in just the day to day work that we do.

Hugh Silk 18:19
Well said.

Qiuwei Yang 18:21
Thank you so much for sharing such a meaningful reflection.

Dave Hatem 18:24
Thanks for having me.

Divya Bhatia 18:33
Thanks for tuning in to this episode of our podcast Murmurs: Stories from Our Journey in Medicine. If you have any questions, comments or suggestions, reach out to us via email at murmursumassmed@gmail.com. This podcast was produced and edited by Divya Bhatia and Qiuwei Yang with advice from Hugh Silk. Special thanks to Jake Paulson for our original theme music and Hillary Mullan for our logo art. To learn more about medical humanities and narrative medicine at the University of Massachusetts Medical School, visit the Humanities Lab page on the UMass Med Library website. We'll see you again soon at the next episode of Murmurs. Until then, keep reflecting and storytelling.

Transcribed by https://otter.ai