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Episode 3: When I Did What I Swore I Would Never Do

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Murmurs: Stories from Our Journey in Medicine
[Episode 3: When I Did What I Swore I Would Never Do](#)
By David S. Hatem, MD

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 (1).

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 knew 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, had 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 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 had seen those neurologist 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,

Good bye Harry

Good bye Doris

1. Russell S, Triola M. The Examination of the comatose or stuporous patient. In The Precise Neurological Exam.

<https://informatics.med.nyu.edu/modules/pub/neurosurgery/coma.html>.
Accessed 12/6/18.

All on 4/5

Curt,

Thanks. I completely agree with your decision. To see her, lying peacefully, but unresponsive, I do not believe is the way that she would want to live. yet her hardy stock and strong heart are not giving out immediately. the longer she goes without meaningful brain function, the less likely, (even with a miracle, that if she were to somehow wake up) it is that her brain will work properly. Yet we are left, not knowing how much time will pass, while we make efforts to keep her comfortable. and that should be the goal, knowing the many conversations we had about the challenges of your Dad so gradually losing function and quality.

dave

Dave,

Thank you for getting involved. I have not been able to visit since Tuesday but plan on going tomorrow afternoon. I admit that I do not fully understand how her body is functioning and the process she is going through. I'm confident we made the right decisions on Tuesday, but it is difficult to not know how this will play out. The St V social worker called to suggest we work on transporting her to a lower level care facility and said we will discuss on Friday. I will update you if that happens.

Curt

Curt,

I saw your mother today at St V's. She appeared quite comfortable, pain free but deeply unresponsive. I could detect no meaningful or purposeful response. The morphine drip looked to be keeping her stable while I was there, and the nursing staff was attentive, and said that she had been comfortable much of the day. I can only imagine that this sudden change is a shock, the only comfort that I can take is that she appears not to be suffering. I have been keeping in touch with the staff as St V's, and don't know if you have been able to see her in Worcester, but hope you are able to. let me know if you have any questions or if I can be of any help.

Best,
DAVe

4/3

Dave,

Mum was diagnosed with a massive hemorrhagic stroke. She will not survive. There was severe bleeding on the left side that pressed on and then spread to the right side injuring her brain beyond any ability to function. She did have limited ability to recognize people and communicate with her eyes this morning at Athol Memorial. She recognized the sound of my voice briefly around 10.30. She was transported to St. Vincent's for a neurosurgical evaluation; she presented as unresponsive in the ER. A CT scan showed increased bleeding that had expanded into the right side of the brain. Tonight, she is admitted at St. Vincent's where she is being given comfort measures only. We expect a call from the hospital in the coming hours confirming her death.

I am sorry to bring you this news . . . my best to you always,
Curt