

# HUMANITIES

## Sunday

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**R**ing ring. I drag myself out of bed and grab my phone. 6:05 am. It's a Sunday morning, but I don't feel rested at all. I need to get to the hospital early, while it is still quiet, so I can look through our general internal medicine patient list and plan out my day.

I step off the hospital elevator and head towards the nursing station. A group of nurses are sitting around the centre table quietly chatting. I sit down in front of the computer and nervously open up the list: 24 patients. The last time our team had 24 patients was three weeks ago. That was on a weekday when there was a full team including a staff physician, three residents, and several nursing and medical students. As the resident-on-call during the weekend, I am expected to round on every patient and write a progress note while carrying the team phone and responding to calls throughout the day. In the evenings, I am asked to see patients who have been referred to Medicine for new consultations usually in the Emergency Department. Today, I need to figure out how I am going to see all our team's patients on my own.

As I stop by the corner room, I see Mr. H is awake already. He is probably the most complex patient on our team. He was recently treated for an aggressive respiratory infection. Thankfully, he is stable and sitting up comfortably. I leave his room and open up his bloodwork results on the computer. His liver enzymes have been slowly creeping up over the last couple days. I scan over his medication list. He hasn't started anything new over the last few days. It's puzzling, but his levels are not high enough that I suspect he is in liver failure. I write a quick note and close his file.

Mr. C is next on my list. As I walk into his room, something does not seem right. Mr. C has an oxygen mask on and it looks like he is working hard to breathe. I had seen him a couple days ago and he did not look like this. "Mr. C?" I say. No response. "Mr. C?" I hear my voice growing louder. No response. I take another look at him. He looks like he is dying. I pace to the front desk and ask: "Can you please call his nurse?" The nurse comes over and tells me that Mr. C's breathing got worse last night. He has also been drowsier. I ask the nurse to repeat his vitals and let me know when he has them.

I speak with the on-call respiratory therapist. She tells me there's not much more that can be done at this point. He is already on high oxygen settings and expressed a wish to not be intubated. His chest x-ray does not look all that different from his previous

ones. He tried a new medication recently which could be making him drowsier so I decide to hold that for now. I need to call our team's attending physician as this situation could go downhill very quickly. Staff physicians always say: call earlier rather than later. I do not want to call so early in the day, but I am grateful that he doesn't mind. "He looks very unwell," I say. I explain the sudden decline that I had noticed in Mr. C. "You could call CCRT," he suggests. The Critical Care Response Team provides 24/7 urgent support for sick patients. I let the nurse know that we are going to get CCRT involved and do more tests. His family should probably know what's going on, I think to myself. I contact the family then walk over to the team meeting room.

It's time for handover. The resident who was on-call last night reviews new patients who have been admitted and provides updates on other patients: Mr. E is a young man who has been admitted for a mysterious rash that no one has been able to figure out. Ms. A has a long list of medical issues. I am struggling to keep up as the resident rapidly reviews them. Mr. K is in acute renal failure and may need dialysis if things don't improve. Follow up on his bloodwork in the afternoon. I draw a checkbox beside his name on my patient list. Mr. A may be actively bleeding. Call Interventional Radiology today. Call Hematology today. Ms. S has been having fevers. Follow up with her blood cultures. Mr. Y had black stools yesterday. Call GI today if his hemoglobin is low and he is having more bleeding.

I scribble some notes and draw more checkboxes on my list. "I can take the phone from you," I tell the resident-on-call. She hands over the team phone to me. I scan down the list. Mr. Y and Mr. A probably should be seen next since they may be bleeding. I stop by Mr. Y's room. He has no new concerns. No dark stools. No bleeding. We are not entirely in the clear yet. His bloodwork was done earlier in the morning so I make a note for myself to follow up later in the day.

Mr. A is next. He got a blood transfusion a couple days ago. He has not noticed any new bleeding and his vitals are stable. Right now, I feel he is safe enough to go for a CT scan. I call Radiology to arrange a scan for him today to assess for active bleeding. "I'll make sure it's done today," the on-call radiologist says. I start to write a progress note for Mr. A.

*Ring ring.* "Hi it's Matthew, resident with Team Medicine," I say. Hematology on-call recommends more blood products for Mr. A and says they have left a

note on the chart. *Ring ring*. Respiriology is calling. They want me to put in a chest CT for Mr. S. I look back to Mr. A's chart. I can't figure out what the Hematology team has written on the chart. I send another message asking them to clarify the orders. *Ring ring*. The Hematology team clarifies the order. I go back to Mr. A's chart to finish writing the progress note.

*Ring ring*. Urgent e-message: Ms. E with cancer is refusing bloodwork. In addition to phone calls and pages, I also get messages through the hospital's online messaging system. The message for Ms. E can wait so I close the message window. I need to figure out what to do for Mr. A. I remember the resident who was on-call last night suggested calling Interventional Radiology. I page Interventional Radiology. *Ring ring*. Ms. E's nurse calls to let me know that Ms. E is refusing bloodwork. "She doesn't want to be poked twice," she says. I can't force her to have bloodwork if she doesn't want it. "Can you explain to her that it's very important for her to get bloodwork today?" I ask. The nurse agrees to speak with Ms. E again. I look down at my list. I order Mr. S's CT chest before I forget. *Ring ring*. Mr. C's latest set of vitals are back and they don't look good. *Ring ring*. Mr. C's family is here and wants to speak with the doctor. *Ring ring*. Ms. E's nurse calls back. Ms. E doesn't want any bloodwork. I say to the nurse: "I guess we can only encourage her. I'll talk with her later."

Hanging up, I look at the clock. I know I'm in trouble as it's almost 11:00 am and I've only seen 4 patients. 20 more to go. I look at my list, then at the message from Mr. C's nurse. I'm already so behind but I know I need to go back to Mr. C's room to talk with his family. He could die today. I quickly walk back to his room. His family is by the bedside. I sense a mix of inquisitiveness and nervousness. They can clearly tell he is having difficulty breathing. I provide them with the facts I know. He has required more oxygen. We have ordered more tests to see if there is anything reversible that we can treat. He is not doing well. "I know this is a difficult time for your family," I say. Although they never directly ask the question, I can see in their eyes that they want to know how long he has left. "I know this is hard but he could pass away suddenly," I say softly. They seem appreciative even though the news is not good. "Let us know if there's anything you think we can do to help him feel more comfortable." They nod understandingly. I feel myself choking up a bit, holding back a tear as I leave the room. I don't have time to process it further and I know I need to move on.

I stop by Ms. E's room. She is feeling better but needs cancer treatment. I let her know that we're going to do everything to help her. At the end of our encounter, I ask her if she can provide us with some bloodwork later today and she agrees. I page the Oncology team and start writing her progress note. *Ring*

*ring*. Oncology calls back. I ask them if they can follow up with Ms. E for cancer treatment and they inform me that they will arrange this. *Ring ring*. The x-ray results for Mr. R are back. *Ring ring*. Someone is paging me from the Emergency Department. I call back and am put on hold for a few minutes but no one comes to the phone. *Ring ring*. The Emergency Department calls. Mr. G is requiring more oxygen. I run downstairs to the Emergency Department. He looks worse than when I last saw him and he is already on multiple antibiotics. *Ring ring*. The senior internal medicine resident asks me when I am free to see new consults. The senior resident triages new consultations and delegates them to the junior members of the team. I let him know that I am way behind schedule and that I'll be free probably at 6:00 pm at the earliest. I know this is not what he wants to hear.

I look at the clock: 1:00 pm. I dart in and out of several rooms down the hall. Mr. D has a mysterious virus that has left him quite disabled. He seems cheerful as always and there haven't been any new changes. Mr. S is coughing less today. Mr. N was confused last week but he looks better today. Mr. F's cellulitis is resolving. As I haul their charts back to the computer, I get interrupted again. *Ring ring*. Ms. B's family wants her diuretic medication changed. I print off several notes and slap them onto the charts. I go back downstairs to see Mr. A. He is not bleeding from anywhere. *Ring ring*. Ms. E's nurse asks me if I want to take a look at a wound. I dart over to Ms. E's room to take a look. *Ring ring*. The senior internal medicine resident has a new consultation for me to see. "I'll try to get to it soon," I say. I look back at Mr. A's CT scan: no active bleeding. I breathe a sigh of relief. *Ring ring*. Mr. O has been out the whole day but is back in his room now. When I get to his room, he doesn't want to talk to me. "We can come by tomorrow," I say. I honestly don't have time to persuade him to talk to me.

*Ring ring*. My staff physician is asking if I want to review the patient list. I apologetically inform him that I'm not ready to review yet. He asks if he needs to come in to help out. I thank him for the offer but let him know I will call him after I see the remaining patients. He seems okay with this.

I'm exhausted. I need a break. I know there is a consult pending, but I need to eat something. I go back downstairs to the cafeteria. I stuff down a sandwich and head back to the ward to see Ms. K with endocarditis. She is on antibiotics and I don't see the need to make any changes to her medications today. I call back the staff physician and fill him in on all that's happened today.

By the time I see the new consult, it's almost 10:00 pm. The intensive care unit wants to transfer another patient to our team. I open up Mr. P's chart

and sift through a dizzying array of medications and investigations. After I see Mr. P, I go back downstairs to the Emergency Department to find the senior medicine resident. While we are reviewing the case, a nurse comes into the room asking: "Can we put restraints on Mr. T? He is very agitated." I'm hesitant, but it does not seem like we have another alternative so I say okay. When the senior resident and I finish reviewing, he mentions: "I have another one for you." It is a new consult for a patient with prostate cancer. I start looking through the patient's chart.

*Ring ring.* Mr. T is very agitated with the nurses. *Ring ring.* My girlfriend sends me a message wishing me a good night. I really wish I could talk with her right now. *Ring ring.* Mr. T is threatening one of the nurses. I walk over to his room. I try to talk with him but he is clearly confused and agitated. I order some medication to help him calm down. I look at the clock again: 5:00 am. If I finish off my notes, I might actually be able to lie down for half an hour. *Ring ring.* "I have another consult for you," the senior resident says, "DVT". As I sit back down, I realize the afternoon bloodwork for Mr. K who is in acute renal failure was never done. I put in an order for it to be done immediately. Panic sets in as I remember my staff physician saying that we would review at 6:30 am. That gives me about an hour to see the new consult, Mr. D, and wrap up all outstanding ward issues.

I pull up Mr. D's chart on the computer. My eyes start to close. I perk back up and look through his bloodwork. My eyes start to close again. Shaking myself out of the stupor, I start skimming through Mr. D's notes. I scurry over to his room. He is sound asleep. I hate waking him up, but we need to move the admission process along. Thankfully, the history and physical exam is straightforward. *Ring ring.* The attending physician is on his way to the hospital and wants me to contact him. I call him to discuss the new patients that I saw overnight. He only asks me a few questions and tells me that he can review with me in more detail when he gets to the hospital. I have about 15 minutes to wrap up notes and put in orders before he gets here. *Ring ring.* He is here now. I discuss the cases in more details with him in the Emergency Department conference room. After that, we head upstairs to meet with the rest of the team.

I pass along the team phone to the day team resident. My pocket feels a lot lighter now that I have handed over one phone. I go back downstairs to the Emergency Department to finish off my notes and makes some phone calls. I page Hematology to help us out with Mr. D who has a DVT. *Ring ring.* Hematology calls back. I ask for a new consultation.

When I head back upstairs, the nursing student tells me there's something going on with one of our

new patients. His breathing is laboured and he looks like he is gasping for air. I review the case with the respiratory therapist and order a stat chest x-ray. We need to call the critical care response team to assess him. The senior resident comes by to our team and commands us to stop for lunch. Relieved, I go upstairs to see that our staff physician has gotten lunch for all of us. As I check in with him, he tells me that I've done a great job. I thank him for the encouragement but I don't think I've done a great job. I feel like there are still a lot of outstanding issues. I tell myself it's time for the day team to take over though. I look at my list one last time, checking off the remaining checkboxes. Interventional Radiology never called back but there's no urgency now. I look at Mr. K's bloodwork. His creatinine is rising and I ask one of the residents to follow up with Nephrology about this. I also ask another team member to follow up on Mr. A's blood product orders. I look at my list one last time then drop it into the garbage. I can barely keep my eyes open as I trek back home. I am finally able to put my phone down: 2:26 pm. I plop down on my bed. *Ring ring.*

Note: names have been changed in this article to protect patient identity.