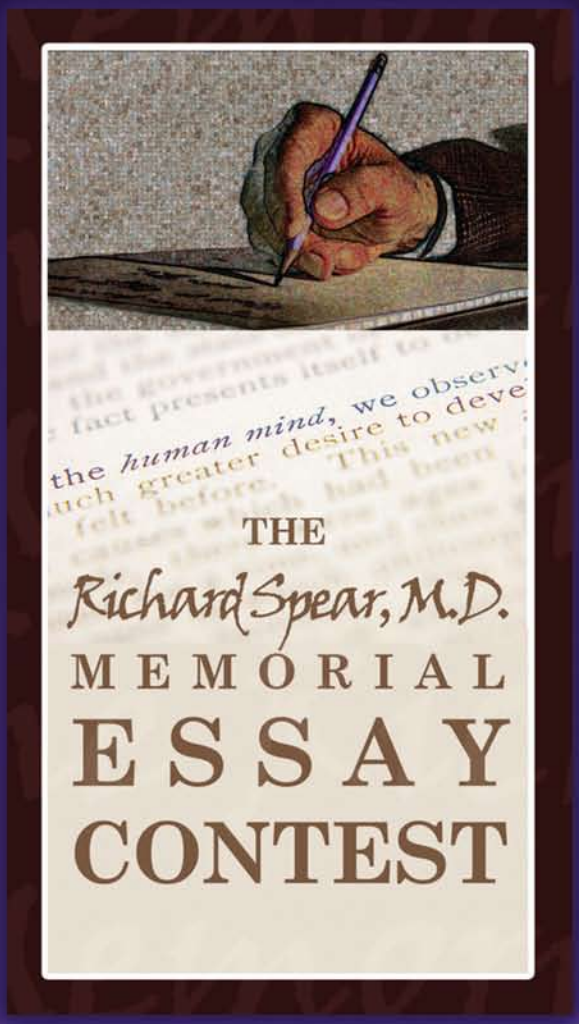

PRACTICING AND LIFE MEMBER CATEGORY WINNER

IT'S WORTH IT

Sohail Ikram, MD, FACC

I went to bed that night at 2 a.m. I was determined to do my taxes early this year to avoid that disorganized last-minute scramble. I was on call and was hoping for a quiet night. I dreamt that my pager was going off. Moments later, my cell phone started ringing and I realized that it was not a dream. It was the hospital operator calling for an emergency. The time was 5:30 a.m., and within 30 minutes I was in the cardiac catheterization laboratory. The patient was a young man who'd been brought in by EMS with a myocardial infarction. He was also in cardiogenic shock. He had received a stent in his Left Anterior Descending (LAD) coronary artery six months ago. He was a heavy smoker and had been counseled to completely stop smoking and to take aspirin and Plavix without fail. He was uninsured and was given a follow-up appointment in an indigent clinic. His "fiancée" accompanied him to the hospital. She told us that the patient had resumed smoking one week after his stent and that a few weeks ago, he had also stopped taking all his medications. He never showed up in the clinic for follow-ups. She said that he felt good and "they did not give him all his medications," so he did not go to the clinic. He smoked three packs per day and that night the two "also smoked pot and did cocaine." Coronary angiography showed total occlusion of his LAD with a large blood clot in the stent. After a successful thrombectomy, angioplasty and hemodynamic support with an intra-aortic balloon pump, the patient stabilized and was transferred to the coronary care unit.

The time was 8 a.m. now and I was craving a cup of coffee. My clinic was starting in 30 minutes. The nurse informed me that the patient's family wanted to talk to me. There were about 15 family members in the waiting room. Two women were crying, and the smell of smoke was strangling. The patient's mother told me, "I don't want my baby to die." A brother wanted to know why the stent closed up so soon. A sister remarked that "If they had given him his medications, this would not have happened."

It was 8:40 a.m. and the clinic staff was paging me. Two patients had already arrived. One patient had another appointment and was demanding to be seen right away. I rushed to the clinic. This was a new patient; she had come for a second opinion. She had brought along 60 pages of medical records. A quick review revealed that she had already consulted four cardiologists but was "not happy" with any of them.

I noticed that my regular medical assistant was not in the clinic. She had called in sick. I had 22 patients scheduled and seven of them were new. I had barely finished evaluating the first patient when I was informed that three more patients were in their rooms waiting to be seen. Two were straightforward follow-ups. The fourth patient was also new, following a recent hospitalization in an outlying hospital. No records were available for review. He was unhappy to learn this. "They were supposed to send them to you," he said. While seeing the patient, I received an urgent call from a fellow physician. It was not an emergency, but he requested an echocardiogram on a patient he was seeing in his OB/GYN clinic. The echo technician told me that she was busy checking in patients because my assistant was off and that she would try to do the echocardiogram when she had some time.

It was 11 a.m. now. I had seen nine patients. The office manager reminded me that the office was transitioning to electronic health records and all notes had to be typed into the new system. Everybody was struggling with the new EHR, and it was taking three times longer than the usual dictations. The next two patients were also complex. One was a middle-aged lady who came in as a new patient with complaints of syncope. She said that she had "passed out" five times in the last month. Surprisingly, none of those spells was witnessed; she did not sustain any injuries and did not feel like going to the hospital for evaluation. The next was a gentleman whom I had seen merely one week ago but who'd still insisted on an earlier appointment today. He was obsessed with checking his blood pressure four times a day. He was concerned that his systolic BP had increased last night to "125 from his usual around 110." Then came a cancer patient accompanied by her husband. The patient was doing fine, but her husband kept telling me that her previous doctors had "goofed up" and missed her diagnosis. Two more patients came for follow-ups after coronary stenting. They continued to smoke. One told me that he had "cut down to half a pack from two packs," and the other patient said that he "does not inhale." Then came a patient with heart failure, diabetes, hypertension and sleep apnea with a body weight of 361 pounds. Despite counseling him and his family regarding the hazards of obesity and referring him to a dietitian, he was 12 pounds heavier than his previous clinic weight.

The time was 1:30 p.m. and I had slept four hours out of the last 32. I had not had breakfast, lunch or even a cup of coffee. I started to wonder, "Was it worth doing what I was doing? Was I making any difference in the lives of my patients? Do they really appreciate what we doctors do? Should my children continue to grow up without seeing their dad? Should my wife wait for me every day to spend some quality time with me?"

I had one last patient to see before I headed off to the cath lab again. The patient was an 88-year-old black female, a new patient in the clinic. I was tired and frustrated. I was sure that she would have some dementia, and I had no intention of listening to her whole life story. I wanted to spend the bare minimum amount of time necessary. I walked into the examination room and introduced myself to her in a businesslike manner. I did not make much eye contact with her. "Thank you so much for seeing me, doctor," she said with a beautiful smile. "I would not have bothered you, but I am in pain." I suddenly found myself looking into her eyes. She was a lovely, young-looking 88-year-old lady. She had come for a pre-op evaluation prior to a shoulder surgery. I put aside my notes and started talking to her. She was intelligent, articulate and completely coherent. She told me that she had lived a wonderful life. She had never smoked nor drank. She had been widowed twice. Each time she had been married for more than 30 years. Both of her husbands were "kind and loving," and she had been so fortunate to have had them in her life. She had mothered 22 children. Sixteen of them were living and six were "gone." While she missed her dead children, she was blessed to have had them and it was the Lord's wish that they were with him now. Her 16 children were all very close to her and called her regularly. I kept listening to her, and she kept thanking all the people who came into her life. I felt a peace descending over me.

That night when I came home, I told my wife how beautiful she is and how much I love her. I tucked my children in bed and read them the stories that I had been promising that I would read. When I went to bed, I had no doubts that every day, every hour, every minute and every second that I spend as a doctor is worth it. **LM**

Note: Dr. Ikram is a professor and director of invasive and interventional cardiology at the University of Louisville School of Medicine, Department of Medicine, Division of Cardiovascular Medicine. He practices with University of Louisville Physicians.

Louisville Medicine Editor Mary G. Barry, MD, presents Dr. Ikram with his award at the President's Soiree.