

ARTS & HUMANITIES

The Apology

Marc D. Rothman, MD

Yale University School of Medicine, New Haven, Connecticut

This is the second issue featuring a selected piece from the Yale Internal Medicine Residency Program's Writers' Workshop. The annual workshop began in 2003. Abraham Verghese and Richard Selzer, among the best known physician-writers in the United States, have served as workshop leaders, teaching the craft of writing to more than 35 residents. In designing the workshop, Anna B. Reisman, assistant professor in the Department of Internal Medicine at the Yale University School of Medicine and VA Connecticut Health Care System, and Dr. Asghar Rastegar had the goal of making participants better physicians by providing a creative outlet for reflection. The stories and essays written by the Writers' Workshop participants present a range of experiences, real and imagined, and take readers deep into the minds of young doctors trying to make sense of what they do.

Saturday morning smelled like autumn. Yellow rays of sunlight streaked through the bedroom window, and a blanket of fallen orange leaves covered the streets below. I dressed quickly, grabbed my stethoscope, and stared at the long white coat on its hook in the hall. It stared back but said nothing. I left for the hospital without it.

There were no rounds that Saturday. No physical exams. No X-rays to order or prescriptions to write. It was unlike any other day of internship. There was only one patient, and all I did was apologize.

Two weeks earlier

Morgan Davis is a 40-year-old black male. He weighs 380 pounds, has asthma, high blood pressure, coronary artery disease, gout, depression, sleep apnea, and dermatitis. He lives in a shelter near the

hospital, doesn't have a regular physician, and has been to the emergency room twice for chest pain in the past year. A complicated patient with a complicated past. The wheels of my clinic screeched to a halt as he lumbered into the examination room.

Mr. Davis had a mammoth muscular frame, tiny gold hoop earrings, and a neatly trimmed goatee. In the privacy of the exam room, with the door shut and the two of us face to face, he spoke candidly about his situation. He told me about the shelter with its lack of privacy and pervasive theft. He spoke with pride of his efforts to turn his life around. He had found a regular job again, was receiving health insurance, and was taking better care of himself medically and emotionally. We talked about his past medical history. His asthma. His recurrent chest pain. We talked about his knees, even though nothing can stop the knee pain of a

To whom all correspondence should be addressed: Marc D. Rothman, MD, Section of Geriatrics, Department of Internal Medicine, PO Box 208025, New Haven, CT 06520; Tele: (203) 688-3344; E-mail: marc.rothman@yale.edu.

380-pound man. That day he had come for an ear infection, dermatitis, and a new problem: frequent urination. He went four times a night and sometimes on himself if he didn't make it to the shelter's bathroom fast enough. Going to the bathroom so often was terrible, he said, because you never knew if all your stuff will be gone when you get back to your bed. But the accidents were embarrassing, too. The homeless shelter is a public space, and his bed was an island in a sea of other people.

I did a brief exam. I flushed his ears with saline and prescribed two medicated ear droppers. I made appointments with a dermatologist and a primary care doctor who would start seeing him regularly. And I gave him a plastic urinal to use in the shelter, for which he was extremely grateful.

When we were finished, Mr. Davis headed for the door with his plastic container in hand and a smile on his face. I headed back to the waiting room, hoping that nothing but sore throats and tennis elbows lay ahead.

* * *

Morgan returned for another urgent visit two weeks later. It was nice to see his familiar face among the strangers in the waiting room, but I knew he still hadn't seen his new, regular doctor. He had measured how much urine he was making each day, and we talked about the urine problem in greater detail. He admitted he was drinking a lot of water each night.

"To stay healthy," as he put it. But he didn't think his bladder was completely empty. "Sometimes I go, but then I have to go again five minutes later."

My physical exam revealed a prostate that was swollen but regular, like the male ego. I advised drinking less water before bed and prescribed a medication called Hytrin for benign prostatic hypertrophy. Morgan got dressed and sat by my desk, but he seemed restless.

"Will this take much longer, Doc?" he asked. "My aunt is waiting for me outside in the car," and as he spoke, a cellular phone rang in his pocket.

Our clinic has a fancy electronic medical record system that stores the notes, re-

lays the orders, and transcribes the prescriptions. It reminds us to ask about smoking and living wills, and it automatically fills in names and doses of medications when we type in the first few letters.

I typed "hyt" and "Hytrin 10milligrams" came up immediately. I hit TAB and entered instructions in the memo field. *Take one pill each night before bed.* I warned Morgan that low blood pressure and fainting were the most common side effects and told him to take it right before lying down. We typically start with a low dose, usually 1 milligram, and go up slowly until it begins to take effect. Isn't that what the order had said? Morgan was pacing back and forth now, speaking excitedly to someone on the phone. I hit ENTER, walked to the lone printer at the end of the hall, signed the script, and handed it to Morgan, who grabbed like a relay racer accepting the baton on his way out the door.

* * *

The clinic was crowded that day. Once all the patients had been seen and sent home, I sat down to finish all my notes, and that's when I saw the mistake. It spread out across the computer screen like blood from a gunshot wound. Ten milligrams of Hytrin? Not one? Hadn't there been a decimal point on my order that morning? I grabbed my pocket pharmacy book, frantically flipped the pages, and checked the dose. "1.0" was correct, as I had thought. But the prescription said "10." Alarm bells started to chime inside my head. Ten milligrams would topple a California redwood tree. Morgan was in danger. He needed to be warned. I called the pharmacy, praying for some dumb luck, but Morgan had come and gone with his prescription hours ago. I called his shelter and spoke with a receptionist.

"Tell Mr. Davis that Dr. Rothman called, and the prescription I gave him is wrong. He shouldn't take any of it."

"Uh ... okay, I'll give him the message," she said, but she wasn't very reassuring.

I hung up the phone and stared at the wall. Why had this happened? I jabbed my fist into my forehead, trying to shake loose answers like coconuts from a tall tree. Why

did the computer give me such a high dose initially? Had I seen a decimal point that wasn't really there? Did I move on too quickly? Why didn't the pharmacy call me to double-check such a high dose?

I could feel the ocean that separated Morgan and myself. His shelter was probably within 10 or 15 blocks of the hospital, but it may as well have been halfway around the world. If only I could set sail to search for him, to warn this trusting giant about the dangerous tides heading his way. Heavy thoughts began taking shape in my mind. What if he passes out in an alleyway, unable to call for help? What if the blood rushes from his head to his legs and causes brain damage? I felt bound to my mistake like a prisoner in shackles. It all seemed too important to leave to some disinterested receptionist at the shelter.

On another screen with insurance information was a second telephone number and a woman's name, Ms. Jasmone. I disregarded the late hour and dialed.

"Hello?" A soft-spoken woman with a polite voice answered.

"Hi. This is Dr. Rothman from the primary care clinic calling. Sorry to call so late, but I'm looking for Morgan Davis. He came to see me this morning. Are you his aunt, by any chance?"

"Yes, yes I am. But Morgan doesn't live here." I could hear the healthy dose of suspicion in her voice. She was wondering why a doctor would be calling so late.

"I gave Mr. Davis a prescription today which was incorrect. The dose is wrong, and there could be side effects if he takes it. I called the pharmacy, but they said he already picked it up."

"That's right, he did," she replied. "I was with him, actually."

"Do you have a telephone number where I can reach him, then?"

Ms. Jasmone told me Morgan was staying with a friend, not at the shelter, but there was no telephone there. She offered to drive by and give Morgan the message herself. I thanked her profusely for being so gracious about the whole affair, and we said good night. But as I hung up the phone and breathed a tentative sigh of relief, I felt a

new emotion come crashing down over me: guilt.

My mistake had put Morgan at risk, and that was a bitter pill to swallow. What kind of physician would do that? I had prescribed hundreds of medications a thousand times over since starting internship, and nothing like this had ever happened. Justifications came to mind immediately. Was that just a physician's mental reflex, I wondered. I was running late. I trusted the computer. I hit TAB too quickly. The attending was waiting. Morgan was in a hurry. His aunt was double parked.

It was the computer's fault.

I tried to ignore these self-protective instincts. It was time to write down what had transpired, to make it a permanent part of his medical record. It was a time for honesty.

It was my fault.

My error.

I wrote down exactly what had happened, using words like "wrong" and "in error." I described my attempts to contact Morgan and specified the correct dose in case he called again after I left for home. I forwarded a copy of the note to my attending so he would know what was going on.

The next day was intern switch day. My new rotation would take me far from the clinic, emotionally and physically. I wrote down Ms. Jasmone's telephone number, stuck it in my pocket, and headed for home.

* * *

Twelve hours, four admissions, and 11 new patients later, switch day finally ended. The switch is exhausting, but for an intern, exhaustion and excitement often go hand in hand. A new service means a clean slate. New patients, new personalities, and new diseases to learn about.

But Mr. Davis was still foremost on my mind. I had yet to speak with him directly, so I couldn't be sure he was all right. I hung my white coat on its hook, washed off the hospital with a quick shower, and called Ms. Jasmone again.

"Hello?" Her voice was familiar, comforting.

"Hello, Ms. Jasmone? This is Dr. Rothman calling again."

"Hello Doctor," she began. "I went over to Morgan's house real early the next morning, but he had already taken that medicine you prescribed." She paused, and in the empty space, I could feel myself balancing on the edge of a blade.

"So he stopped taking the medicine?" I asked hesitantly. "And was he all right?"

"Oh. I thought you knew," she said, then paused again. I felt myself stiffen from head to toe, bracing for impact. "Morgan is back in the hospital again!"

Her words slammed into me like an avalanche moving downhill at 100 miles an hour. My head split open like a hollow eggshell, and my spine bent over until it snapped. The pain shot through me from the phone to the floor like a bolt of lightning.

"Can you tell me what happened? Is he all right?" I was grasping at straws now. It was such a stupid question. How can you be all right when your doctor's mistake put you in the hospital?

"He seems fine now, I think. I have his telephone number if you want to call him." She gave me the number and said goodbye.

I hung up feeling a bit reassured. Despite the pain, Morgan was alive. But suddenly the floor gave way beneath me, and I tumbled down into a deep, dark chasm with no bottom. I looked up but could scarcely see my apartment above me. The regular sounds of my life were barely audible from this desolate, isolated place. I closed my eyes and in the darkness saw Morgan. He was in pain, writhing, afraid. He was smothered in a web of intravenous lines, heart monitors, and face masks. He was being poked and prodded by some other intern, asked the same 20 questions another 50 times.

My time with Morgan in the clinic replayed itself in slow motion. The decimal point that was not there. The pointing and clicking of the mouse in my hand. Morgan taking the script and rushing out the door. Now he was in the hospital, and it was my fault. I stared at my wife in the kitchen and reminded myself that doing the right thing is sometimes hard. I picked up the telephone again and dialed the hospital number. A deep voice answered.

"Hello?"

"Mr. Davis, is that you? It's Dr. Rothman calling."

"Oh, Dr. Rothman! I got your message, but it was too late!" He spoke quickly, excitedly, and I found myself staring into space, completely absorbed by his words.

"I got home and drank that pill just like you said, Doc, before I went to sleep, and it made me dizzy. But the next morning when I woke up, I felt real, real bad, so I took another pill, and then I almost fell down the stairs! I had to crawl to my bed and lay down, but I was nauseous. Then I was gettin' these chest pains, so my cousin told me to call the ambulance, and now I'm back here in the hospital again. Oh, it was just terrible, Doc."

He took another pill in the morning? I was confused. Why would he do that? And was he having chest pain now?

"Oh, yes, and I been short of breath, too, just like the other times I been in the hospital, Dr. Rothman." Oh my God, I muttered, did I trigger a heart attack?

"Have they done any tests yet?"

"They wanted to do something on Monday, Doc, but they say I'm too big for the machine, so they might send me to Boston or something. But I won't be taking that medicine again, that's for sure!"

"I'm so sorry this happened, Morgan. The dose of Hytrin I gave you was too high. I tried to reach you at the shelter, but I guess it was too late." He reminded me he had left the shelter and started talking about his friend and the new place where he was living.

I remember that he didn't sound angry. He should be furious, I thought to myself. Wouldn't I be? Why wasn't he mad? Had he not heard me? Had I been vague? Didn't I use words like "my mistake" and "wrong"? Had I fudged and emphasized how rushed we were, or did I imply that the pharmacy was somehow at fault? Had I truly owned up to the error?

The moral imperative to be honest with patients about an error is clear. Patients want to know the truth and hate being lied to most of all. Still, it's hard to use the first person. "The dosage was incorrect" and "I prescribed the wrong dose" sound the same, but they are not. The difference between "A mis-

take was made” and “I made a mistake” is subtle but important. Admitting a mistake in the first person is a thousand times harder. “I” wrote the wrong dose. “I” made the mistake. “I” am sorry.

Morgan seemed pleased to know I would visit him over the weekend. Saturday was my day off, but I would go to the hospital anyway. I needed to see my patient, to check on his condition, and apologize to him face to face.