Mrs. C

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"Make friends with those critical care nurses in the ICU," my friend from high school and general floor nurse whispered in my ear before the start of my MICU rotation. "They can really save your butt." This was one of my many goals I set out to achieve during my first month in the intensive care unit as an intern. I wanted to become more comfortable managing very sick patients, get some procedures under my belt, and mostly "survive" the emotionally and physically taxing weeks that were sure to come.

The sign out I received on my 3-patient load suddenly did not feel at all detailed enough on that first morning. Where can I find the ventilator settings? What happened during the spontaneous breathing trial? How is one supposed to do a neurological exam on a heavily sedated patient? This was before I pre-rounded on my final patient that morning, Ms. C. Weighing in at 675 pounds, Mrs. C was a transfer from another hospital for further management of respiratory failure and fever of unknown origin. She was also the largest person I had ever seen.

I stood at her doorway timidly, thankful to be gowned and gloved due to the patient's positive MRSA nasal swab. I yelled, "Squeeze my hand!" as the nurses looked on from outside the room. I couldn't hear much with my plastic yellow stethoscope. Circling her special bariatric bed, poking and prodding, I wondered what was causing her persistent fevers to 102 degrees.

This question would go largely unanswered during Mrs. C's several week-long ICU stay. Our CT scanners and MRI machines were unable to accommodate her size. In fact, no other CT scanner in a city filled with hospitals could handle her habitus. We ordered a staggering number of lab tests in order to work up this fever. The only abnormal signals were non-specific inflammatory markers. A dutiful medical student kept a spreadsheet of the various test results which were given to each new and bewildered consultant. Neurosurgeons, with the help of several brave interns to help with positioning, were able to access her spinal fluid. With each new test, we, along with the patient's very involved family, remained hopeful. The weeks continued without answers. We were beginning to run out of tests. The family was becoming increasingly frustrated. "Why does she continue to have fevers?" Why can't all of these doctors explain why mom isn't waking up?

Mrs. C also proved to be a challenge for the nursing staff. Turning the patient every 2 hours required the use of a lift and several helping hands. She was an easy target for "gallows' humor." One respiratory therapist compared her to a farm animal. Other residents jokingly asked if I had made sure to look under her pannus. I commiserated with the staff about her "difficult" family.

This is not how I planned on establishing a collaborative relationship with the ICU nurses. I knew it was my role as a professional to be just that- professional. Was I crossing the line, joining in these jokes?

Mrs. C's case challenged me in ways I did not expect. Caring for Mrs. C challenged me in ways I did not expect. Coming into my role as a physician meant maintaining respect for the patient at all times. I realized that I did not have to join in with the jokes in order to gain respect and trust from the ICU team. Becoming a professional meant keeping the humanity of the patient in the center at all times. Being a leader meant motivating those around me to do the same.

The uncertainty surrounding this case also proved challenging. I learned that it's sometimes easier to deliver bad news regarding a prognosis than to provide answers for families when we are struggling to make a diagnosis. Navigating these family discussions, addressing complex emotions, and admitting defeat was an important lesson. Unlike straightforward textbook cases, I realized actual patient care can be ambiguous and growing as a physician involved becoming comfortable with uncertainty. Discussing this inevitable facet of our work with colleagues and our patients will help us create authentic doctor-patient relationships and armour ourselves against burnout.

I am still working on my professional identity as an internist. Mrs C taught me to reflect on the differences among clinician's goals of care and the goals of patients and families, as they are often they are at odds. In our increasingly complex world of sub-specialized medicine, patient goals can easily be lost in translation. Perhaps a new definition of professionalism must include working in teams toward a shared goal with the patient in the center.