

The Man in Room 7218

Nicholas Wade Salupo, OMS III, ATC

From the Marian
University College of
Osteopathic Medicine in
Indianapolis, Indiana.

Financial Disclosures:
None reported.

Support: None reported.

Address correspondence to
Nicholas Wade Salupo, OMS III,
ATC, 5001 Carvel Ave,
Indianapolis, IN 46205-1220.

E-mail:
nsalupo750@marian.edu

Submitted
December 2, 2015;
revision received
December 7, 2015;
accepted
December 10, 2015.

I didn't know how we were supposed to treat inpatients. I didn't know how to stage his cancer. I didn't know why he was receiving antibiotics. I didn't know why a palliative care consultation hadn't been ordered. There was a lot I didn't know.

In mid-October, trees in the Midwest start to change colors to the most brilliant shades of red, yellow, and orange. I had never seen them through the windows of a hospital before, and even then, only once did I have the opportunity to look at them with Mr C. The sun was never up when I went to see him each morning.

Mr C was a 53-year-old man who presented to the emergency department with pressure and pain in his abdomen. A computed tomographic scan was taken, and the next day, he was prepped for surgery.

Some will say the operating room is the least personal place in the hospital, but I can't agree. Even though I hadn't met Mr C before I prepared for his surgery, he was the first living person I had ever put my hands in. I touched the rocks on his liver, the masses obstructing his colon, and the solid sheet his omentum had become. As soon as our incisions revealed the extent of Mr C's condition, the resident suggested we close the incision because of the complications that could arise. The attending surgeon, however, couldn't walk away from what he started; he refused to be afraid. We proceeded to drain 8 liters of fluid from his belly. Eight liters of fluid are never meant to come out of someone's belly; however, patients like Mr C with widely metastatic cancer need any hope they can get, and abandoning a surgical procedure would rob them of that hope. So we removed a fraction of his suffering.

The operating room took away someone's misery, and that was personal.

The morning after his surgery was the first time I was expected to check in on Mr C. I went to room 7218 to wake him up. I asked him how he was doing. He looked through me. He fired back with, "Look at me. How do you think I am feeling?"

I made sure to put gloves on before I touched anything because his liver was infected with hepatitis C. His belly had already swelled back up. His osotomy hadn't resulted in any discharge yet. He started begging me to get the tube out of his nose, to let him drink and eat real food, and to give him pain pills.

I was not qualified to give him anything he wanted.

On postoperative day 2, I still couldn't give him anything he wanted. I started thinking that maybe real medicine wasn't an order through the electronic medical record. The resident and I discussed consulting with the palliative care team for Mr C. Maybe less was more. Mr C threatened to tear out his tubes and peripheral lines because they were making him uncomfortable. He continued to complain about how thirsty he was, but it became clear that he needed more than just water to quench his thirst.

It took 4 days, but the surgeons finally allowed him to have a clear liquid diet and removed his nasogastric tube. That wasn't enough for him, so he ripped his IV out. Mr C was a man of his word. I admired and respected him for that. Why would we be surprised when he did exactly what he told us he would do? I found myself grappling for a linear timeline for treatment of a nonlinear illness.

Maybe our patients don't always care about timelines.

Five days after his surgery he smiled and laughed with me. The acute pain service had given him his own pain pump. Mr C was presumably happy. He told me that he was now walking, sitting up, and eating. He was still curious why his belly was so swollen. I had to double-check that he had been told about his cancer before I explained it. Both he and his wife appreciated that someone was talking to them.

Maybe we should spend more time in the hospital talking with patients and less time typing into their electronic medical record.

Six days after his surgery, Mr C wasn't smiling anymore. He was crying. His belly hurt and he wanted the fluid out. We agreed to put a drain in so

that fluid could be taken out whenever he wanted. However, this drain caused confusion among the staff. No one seemed to be aware of who should manage it. No one put orders in to drain it. In our infinite wisdom, we had put a draining tube in a man fighting for his life but restricted everyone from draining off the fluid. At 4:30 am, his cries to have it drained jolted nurses and doctors back to his bedside.

Sometimes it can be onerous to love our patients at 4:30 am.

By this point, I had the pleasure of meeting Mr C's family. They were soft spoken, but their demeanor seemed to come more from passive acceptance of Mr C's fate than personality. They asked for someone to shave him. They asked me how long he had to live. They loved Mr C. His wife became a pillar of support, not just for Mr C, but for myself as well. She was always quick to wake from her bed on the floor next to her husband. I never saw him without her in the room. His sons, neither older than 11 years, would joke with him. They seemed confused as to why he was always in a gown, why we were always poking at him.

I can't imagine how they are feeling today.

It seems that we weren't just treating this man, but his family, too. His family was somewhat unknowingly preparing to lose a husband, a father, a brother, a son. It was around this time that I was told to stop seeing Mr C in the morning because "there isn't much medicine to learn from a dying man."

I have never been good at following directions.

Seven days after his operation, Mr C met his palliative care team. The service's attending physician called me to discuss a treatment plan. I felt uncomfortable speaking my mind because I was being asked for the first time to make a real decision for a real person dying of cancer. I told her I thought he should be sent home. Maybe it was finally going to happen. I let Mr C know that I would stop by his room before I left for the day because, if everything worked out, I wouldn't see him tomorrow.

It didn't work out.

Three days later, on the morning of postoperative day 10, I found Mr C sitting upright in his chair. I was told that he had asked for a more comfortable bed the night before just after the nurses had changed shifts. Now, just before another shift change, he was asking for his old bed back. I asked the first nurse I saw for permission to unplug the bed from the wall. She thought I was joking but told me I could if I wanted to. I went back to his room, released the brakes, and dragged the bed into the hall. I pushed the bed he preferred back into his room. I changed the sheets. I helped him back into bed, and he fell asleep.

I overheard someone call me naive for giving Mr C what he had been asking for since midnight.

Whether it's old or new, there's no bed like your own, and at last, Mr C was going home. I stopped by Room 7218 to say goodbye for real. There was Mr C in bed, his wife, and his sister. I thanked him for putting up with me all month. I brought up how angry he had been with me at times. He brought up how loving I had been with him at times.

Tears began to well in his sister's eyes as she clasped my shoulder. She called me "doctor" and I didn't have the heart to remind her again I was just a medical student. We looked out the window at those aging leaves still holding on to the Midwestern trees.

It has been 18 days since Mr C's operation. It's another dark morning in October, and this year's leaves are just beginning to let go of the branches. I am turning 25 years old today. I am supposed to be celebrating, but I arrive at the hospital a little after 5 am and a resident tells me Mr C died.

Mr C taught me that a life in medicine is shaped by the daily duality of living and losing, but that loving makes it worthwhile. Now I know how to care for a person in the hospital.

Thank you, Mr C. (doi:10.7556/jaoa.2016.028)

© 2016 American Osteopathic Association