



Book Excerpt

White Coat Wisdom

Stephen J. Busalacchi
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The following excerpt is from the book, White Coat Wisdom, in the chapter Young at Art, in which LuAnn Moraski, DO, a pediatrician and internist from the Medical College of Wisconsin explains what it takes to learn medicine, as opposed to getting a medical degree.

Doctor LuAnn Moraski, a residency director, states flatly that she once killed a patient. Not on purpose, of course, and she's making damn sure her residents don't make that same mistake.

Residency is where you learn what you are made of. We admitted a gentleman. His wife brought him in for a headache. It was a progressive headache, and it was a bit worrisome.

On the CT there was this orange where one of the lobes of his brain should have been. Your gut sinks. This would be the medical emergency they talked about. He's having all these danger signs that go with increased intracranial pressure, so I call the neurosurgery resident.

He says, "I'm sorry, but I'm doing an emergency procedure at the other hospital. If he needs a burr hole—an actual hole in his head to relieve the pressure—"I need to know how chronic this is." I'm pretty hip with a needle, but I'm not drilling holes in people's heads without authorization.

The resident says, "Unless he has papilledema," which is a change in the retina that you see with intracranial pressure, meaning it had been going on for a while, "I'm not going to be able to come over right away."

Well, at the time, the only way to tell if there was a papilledema

was with an instrument called an ophthalmoscope. At 11 o'clock at night, you're not going to find an ophthalmoscope. What are we going to do now? One of the guys who cleaned the rooms where the medical teams work, says, "LuAnn, you're a wreck. You need to go home."

"I am, but I don't understand. I'm just going to check this one more time." It was before all the computers. I was there with my nose buried in a book.

"LuAnn, go home. The book will be here in the morning."

You're trying not to cry. That whole girl thing kicks in. "I'm trying to figure it out because if I'm wrong, this guy's going to die and if I'm not wrong, he might die anyway. I don't know what to do."

"LuAnn, I've got keys. Let's go down to the ophthalmology offices."

He took me down and we got an ophthalmoscope, and he did have papilledema. The neurosurgery resident was over in 45 minutes, he was in the OR, and we saved his life. I didn't save that man's life. A janitor did. When you're trying to think about who's going to help

you? Who is part of your world? Everybody's part of your world.

How does stress affect you during training?

It's very hard, and you have to learn how to deal with it appropriately because it can be very consuming. I was a second year resident the first time I actually, knowingly, killed somebody. He was a wonderful gentleman who had end stage prostate cancer, who came in for a routine chemo appointment. He was working with a junior medical student who said, "Would you mind just reviewing this stuff with me?" His kidney numbers didn't look right and we did some interventions, but they didn't work because he was really sick. We knew he was sick, but it was one of those communications things where the fellow on call didn't think so.

Rather than calling the attending physician, the fellow said, "No, you're wrong. You're not looking at it the right way." He coded the next morning and he died from hyperkalemia (high potassium)—one of the first things you learn. It's page 37 in the Washington manual. It's something you learn every day, how to manage it and what to do about it. Yet, he still passed because we didn't do it.

When the attending read the notes, she's like, "You did everything right, except the most important thing. When somebody was telling you, 'You don't know what you're talking about,' you should have called me. What would have

happened? You woke me up. What would I have done? Yell at you? Did anybody ever die from being yelled at?”

Medicine is hierarchical, so you have to be a little careful. But again, if you state your case, justify it and have the evidence, you’re gonna usually do pretty well.

Why didn’t you call the attending physician?

I don’t know if it was self-confidence or following chain of command. Now, the students and residents going through are a lot more understanding of the rules. They’re more afraid of the litigiousness. Interestingly enough, this family deliberately decided not to sue because they knew how hard we had tried. He had terminal cancer.

If you’re worried about being sued, it has a lot to do with (poor) communication. But it weighs on you horribly. There is not a resident here who doesn’t understand the treatment of hyperkalemia to this day because of that.

He needed emergent dialysis. Your heart requires a very narrow balance of potassium, and once that’s out of control, you can’t control a heart rhythm.

It changed my view of medicine in terms of what is really selfless. What was I afraid of? If I would have picked up the phone, something different would have happened. I was afraid I was going to get in trouble, so it changed me in terms of what it means to be an advocate for your patient.

The selfless part of medicine isn’t as much about time, anymore. You don’t have to be the doc who works 24/7 and stays until all the patients are seen. It really means being an advocate for your patients, regardless of what it takes to do that.

That’s one of the things that residency really does for you. When do

I call? How do I get help? What do I do when I’m in a situation where I’m in over my head? If you can make hard decisions in the middle of the night, you’re going to be able to make hard decisions in the middle of the day.

You develop a confidence and you develop ability. It’s easy to get paralyzed by indecision—I’m not going to do anything or I’m going to call somebody else. Sometimes you can’t call a specialist. If you call a specialist, it’s going to cost the patient another thousand dollars. Do you really need a specialist or do you know it’s a benign murmur?

I tell every single group of medical school students that in a couple of years, this is going to happen to them: You walk into the room and the person has already passed. Four o’clock in the morning is the last time the nurses checked, and now it’s 6:30. Your first impulse is to absolutely run away, sneak out of the room. Close the door. I was never here. Not call for help. I’m not sure what occurred here. (Laughs) Those are the scary ones.

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I look back at things I did as an intern and if you asked me today, could I do that? I’d tell you no. I could not do that. It’s another one of those moments when you know you’re in trouble. You worked hard. It was crazy. I distinctly recall procedures that I did working with people all night, multiple codes. Doing stuff like that, if you asked me now, I’d say, I couldn’t do it. And I know I did. I was there. I can’t imagine a time of such growth. You’re in the thick of it. You do what you’re supposed to do.

You take all these things that you learned and you apply them, and you dial them down on one person and they get better. There’s no rush like that. There’s no bank

balance or stock ticker that comes up to somebody saying, I feel pretty good because of the order you wrote, because the thing you found. I mean, that’s slick.

I remember after graduation, I had started my new job. It had been five or six weeks and I rolled over. It was one of those brilliant moments you have at 2:30 in the morning that you make your spouse participate in.

“Kevin.” (whispers)

“What?”

“I get two days off every single week.”

He’s like, “Uh, huh. They’re called weekends.”

“No. You don’t understand. Two days of every week I don’t have to work.”

“Go to bed.”

I don’t begrudge any of the time I did. Was it hard on my family? Yeah, it was hard on my family. But I’m fortunate enough to be surrounded by people who supported me, and who sacrificed with me, and understood and allowed me to become what I could be. It was as much their gift, as my ability. ▼

Stephen J. Busalacchi is a medical journalist whose work has appeared on Wisconsin Public Radio and National Public Radio. Most recently, he was director of public relations for the Wisconsin Medical Society from 1997-2006, before starting his own health communications firm.

During Busalacchi’s time at the Society, he got to know many more doctors on a personal level and developed many friendships. It’s from those relationships that White Coat Wisdom was born. The idea was to personalize the profession by letting doctors candidly explain what they do and how they learned to do it.