

Lessons From Our Learners

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Feature Editor

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A Sequence of Unfortunate Events

Jon O. Neher, MD

Admittedly my state of mind was not good at the start of this rotation. I had just learned that my trusted ward partner was “making it” with Becky, a nurse I had hoped to win over. Emotionally distracted, I went in for my first surgical call night at the stark, imposing veteran’s hospital that overlooked the confluence of two freeways. The first patient of that long and utterly terrifying night was a tribal chief from a small Pacific island. He had been made an honorary veteran after resisting the Japanese advance in World War II. The chief was flown to the states by military airlift because of a fever of unknown origin. They sent me in alone to evaluate him.

He was huge, looking very much like a king. With his broken English and a lot of sign language from both of us, I was able to conduct my history and physical. The story was pretty uncomplicated—3 weeks of continuous fevers. On exam, there was only one curious finding: one

of his testicles was the size of an orange.

This was something new for me. I did not know what it might signify. Perhaps it was a disease. Perhaps it was normal for kings. So, in my note, I wrote, “Genital exam: ____.” I intended to fill in the space after I had discussed the finding with the surgery resident. However, in the chaos of the rest of the evening, this never happened. I then forgot the question, and my admit note entered the medical record with its tragic little blank space down near the bottom. Forgetting about an abnormality is never a good thing for a doctor. It is also not a good thing for those who want to be doctors in the future.

Two days later, the surgery attendings decided that the king needed to have exploratory surgery to find the cause of his fevers. I was standing in the operating room—the king in deep anesthetic sleep—as the nurse was preparing him for the operation. She was about to pass a foley catheter into his bladder when she noticed the king’s scrotum. Actually, it would have been hard not to notice.

“Does anybody know about that?” she asked. The two surgeons

looked at the scrotum and then quizzically at each other. Apparently, they did not know. The nurse turned to the patient’s chart. “The resident’s admit note does not have a genital exam at all,” she said, flipping the page, “and the student’s note is blank.”

The operating room suddenly seemed to become quite chilly. The younger surgeon examined the king’s scrotum. “Maybe we should biopsy this,” he mused. “We could do it during the laparotomy.”

The older doctor spoke emphatically, “We did not consent the king for orchiectomy. I do not want him unpleasantly surprised when he wakes up.”

“Oh,” said the younger surgeon. “Probably best not to proceed then.”

So the procedure was stopped. Because of some genetic quirk, it took 2 days to wake the king up. When he was finally alert enough to communicate, the surgeons asked him how long his scrotum had been enlarged. The king told them that he had been hit in the crotch by a big fish when he was a young man and that it had been large ever since. It had not bothered him for years (and had, perhaps, even helped his

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political aspirations). With the 2 extra days of empiric antibiotics afforded by the delay of the operation, the king's fever broke and he was cured.

The week after the king left, the case was presented at Surgery Mortality and Morbidity Conference. Every surgeon, every surgical resident, and every student on a surgery rotation at the veteran's hospital was expected to attend, and they all did. We sat in a depressing off-green auditorium, while the senior surgeons presented from the stage. The case of the king was reviewed with serious tones. After the facts of the case were out, the chair of the department went to the podium.

"The care in this case was a travesty," he declared to the 100 or so members of the audience. "I fully believe that the resident on this case should be fired." I hoped that he would stop there, but he did not. "I also believe that the medical student on this case is not

fit to become a doctor!" He went thundering on, but I did not hear a word he said after that.

A student next to me mumbled, "They ought to do their own exams." But I did not stay to discuss the point. I slunk out of the back of the hall and escaped from the hospital into the rose garden. I took a seat on a bench, lost in some very bad thoughts. It was the low point of my admittedly short medical career, a career that now looked as if it might be significantly shorter than expected.

Things could not have gotten any worse, except that they did. As I sat there, wishing to be invisible, a long line of white-coated surgeons began to file out of the hospital and into the rose garden! Presently, every single surgeon in the department was milling about in the garden around me. Horrified, I kept my head down and desperately hoped that no one would notice I was sitting there.

After a terribly long minute or two, they assembled into three lines facing my direction directly across the garden from my bench. I know they all saw me then. I hoped they were forming a firing squad.

Suddenly, a woman in a mini-skirt appeared, carrying a camera. She stepped between the assembled surgeons and me and snapped the annual surgery department photo. The surgeons then filed back into the hospital without any one of them ever acknowledging my presence. The woman with the camera followed the last one through the doors into the darkness.

My destruction was complete.

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