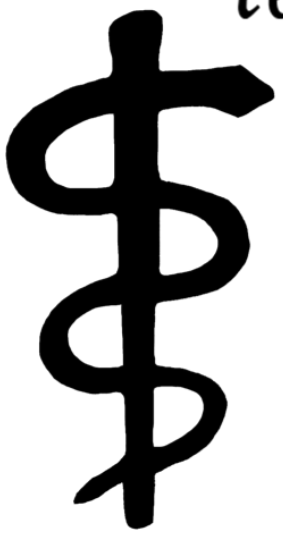
HOPES& *fears* DREAMS& *tears*



a county memoir

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PUBLISHED BY

MD2B
HOUSTON, TEXAS
www.MD2B.net

Hopes and Fears, Dreams and Tears: A County Memoir
is published by:

MD2B
P.O. Box 300988
Houston, TX 77230-0988

www.MD2B.net

ISBN # 978-1-937978-03-7

Library of Congress Control Number: 2014959443

Printed in the United States of America

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For my indigent patients whose eyes fill me with Hope

For my teachers who helped me overcome my Fears

For the students and doctors who dare to have a different Dream

For Sheila, Natasha, Poonum, and Nikhilesh who wiped away my Tears

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Internal Medicine

We're so smart, we speak in riddles.

July 1, 1991. The day every medical student yearns for was finally here. We were starting our clinical years, the rotations that would ultimately help us choose a career pathway. This was true of most medical students, anyway—except that lame student who knew in kindergarten that he or she would grow up to be a left maxillary sinus specialist of thirty-two-year old Caucasian women whose last name began with the letter *B* (and perhaps ended with a *t*). Now there would be no more Krebs Cycle to memorize! No more looking for *ora serrata* on your cadaver! Yes, the best years of our medical school were about to begin.

I was nervous and excited to begin at the local county hospital, Lyndon B. Johnson (LBJ) in Houston, Texas. Unlike the third-year students starting similar rotations in today's medical schools, I had no orientation. I was told to report to 3C where the "team will explain the rest." So I jumped into my blue Nissan 200SX convertible, an upgrade from the scooter I'd had during the first two years of medical school, and took US-59 North to The County.

I'd lived in Houston since 1979, but had never been to this part of the city for reasons that would soon become obvious to me. As I approached LBJ, I realized that I was no longer in middle-class Houston, such as Alief on the southwest side, where I was raised. Instead, I was in the middle of mom and pop shops, small grocery stores, and what appeared to be fast food heaven. Only years later would I realize that the so-called McDonald's heaven was leading my patients at LBJ to a faster hell.

I saw more motorized scooters and wheelchairs than I could count and wondered if I was at Wal-Mart. Although every gate leading to the hospital parking lot was open, it seemed that every space was full. I would learn later that unless you arrived by 8:00 a.m. (something I would do consistently for the next seven years, even if I was running two hours late), there would be no parking spaces—you would be left to do laps in your own Indy 500, competing for the space that would hopefully vacate at the exact right time. After doing my own AJ Foyt routine for thirty minutes, I hopped out of the car and approached the seemingly harmless building with my short white coat—long coats were worn by doctors, and I wasn't one quite yet—and an overnight bag.

I was assigned to Team B, who happened to be on call that day. What luck! On the first day of my third year of medical school, I'm on an internal medicine service team that was on call! I didn't know anything yet, though. What would I do?!

I asked directions for 3C, and was told to take the elevators up and ask again. "Oh, by the way, only one of the elevators is working, so you might want to take the stairs, but I'm not sure

which doors are open on which floors."

Where was I? Afraid that I might get lost if I used the stairs, I waited impatiently for the elevators, which patiently arrived fifteen minutes later. When I finally reached the third floor, I fumbled my way to 3C, wondering why Team B rounded on C. As if to feed my dry sense of humor, I almost collapsed—internally, of course, since I didn't want to be admitted to a county hospital after fainting—from laughter as the resident stated that B would usually meet on A, but not to confuse 3A with 4A because post-call we would start on 3C. Was he making this up just to mess with my mind?

We received our so-called formal introductions at this time. I quickly assigned a nickname to each member of the group, a skill that has served me well even to this day. The lead resident was from India and had a mustache that matched the one made famous by my favorite Indian movie actor. *Did I really say that? After all the years of torturing my parents by criticizing Indian movies, had I entered a parallel universe? Should I have taken the parallel hallway to the left instead of the right?* I naturally named him "Stache." One intern had a nose bigger than mine, which was no small feat, so I named him "Senior" since I was now officially "Junior" (thank God). This would create confusion because I would at times spit out "Senior," and Stache would turn around instead.

I wasn't sure what to do with the other intern until he began to speak. He had a very thick accent and was from Vietnam. I decided to call him "Morning" after *Good Morning Vietnam*. This moniker led to even more confusion because, at times, I would say "Morning," not always under my breath, at 11:00 p.m.

Finally, we were introduced to our attending physician, often called just "attending." The first thing I noticed was his age. I called him "Harvard," having been told that he graduated from "the med school beast in the east" in 1938. Now that I was standing in front of Harvard, I wondered if my friend meant 1838. This is when Harvard spoke to us for the first time. *Are you kidding? Was this guy a plantation owner? Was Lincoln still the President when he graduated?* I later learned that Harvard was from Charleston, South Carolina and had been a big shot at a medical school in "Carolinaahh" before coming to Houston. I would realize only much later the importance of what I learned during the introductions that day; there is no substitute in medicine for the power of humor and observations.

My first month at The County on an internal medicine service would be my first step on a journey I didn't know I was embarking on at the time. Since this was July, I learned later that the interns only one day earlier had been students, and that by extension (no pun intended in spite of the length of the worm under his nose) that Stache had been an intern. At least two things were working in my favor. Harvard had clearly been an attending for a long time, and more importantly, I wasn't the patient. I was told to leave my things in the call room and report to the EC. This was my first introduction to initials and abbreviations that I would continue to learn on the fly. The only things that weren't abbreviated in the chart, and especially during senior/junior conversations, were curse words. Or did "SOB" in the chart mean something else?

I came to the emergency room (ER=Emergency Room, EC=Emergency Center, both being one and the same) where I was assigned my first patient who—surprise, surprise—didn't speak a word of English. Morning told me that before things became even busier, I needed to see this patient with melena.

"What?" I asked.

"He has a GI bleed," responded Morning.

"Huh?" I continued with a look of confusion.

"He has a goddamned ulcer!"

Oh, sort of like the one I'll probably have by the end of this rotation! I said to myself.

"What do you want me to do?" I continued out loud.

"Well, he's Vietnamese, and I'm too busy to translate for you, so just go and tilt him."

I was too proud—or perhaps too terrified—to ask for help. I had no idea what "tilt" meant, at least not in the context that Morning meant. So, I approached the patient, who had a tube in his nose draining material that looked like ground coffee, and shook his hand. This was when the comedy of errors began. I started to shift the patient on his bed from side to side, in essence tilting him like I had been asked. I immediately felt as if a laugh track had been turned on for a live taping of *Happy Days*. The entire ER staff, which had been tense only two minutes earlier from what appeared to be a *M.A.S.H.* unit of endless patients, was on the floor, laughing uncontrollably after witnessing my ridiculous act.

Thirty days and counting, I said to myself as Morning, between bouts of humorous tears, showed me how "tilt" meant orthostatic hypotension, and how to correctly assess the patient for this important sign. I was crushed, but I'd made my first therapeutic intervention without realizing it.

When Morning translated what had just transpired to the patient, the seventy-plus-year-old-man with one tube, two IVs, and three concerned family members at his bedside, burst into laughter. It was my first honors grade as an MD-to-be, and like most other such rewards on this journey, it was only with time that I was able to appreciate its true meaning.

After a sleepless night of continued mishaps, I saw my first patient (Mr. Tilt) at 7:00 a.m. two hours before rounds with Harvard. The patient was now on 3C, but something was clearly wrong. He tried to communicate with me, but I couldn't make out what he was trying to say. Alarm bells in my mind were starting to match the butterflies in my stomach. I asked Senior for help. He was frantically preparing for rounds and in no uncertain terms told me, "Go away—it couldn't be that important." I ran to Morning for assistance and was told, "He can't speak English, nothing is wrong." I tried to tell him that the patient doesn't speak English, but now I wasn't sure if he couldn't speak at all because he was gesturing. There were no family members present, and I didn't know what else to do. Stache was nowhere to be found because, as the interns told me, "He's getting his ass kicked in morning report and whatever you do, don't page him."

Frustrated, I gave up until rounds. I presented the story to Harvard, leaving out, of course, the details of the tilt episode, and noticed that Harvard was smiling. I told him that something had changed that morning but I didn't know what it was. Harvard kept smiling. I told him that the patient had been talking yesterday and now I wasn't sure if he couldn't talk or didn't want to talk.

Harvard kept smiling and asked, "What else?"

Without trying to be funny, I stated, "The end."

At this point, Harvard turned crimson red and lifted the patient's right arm. To my surprise, the arm fell back onto the bed.

"My God, Niraj, this man has had a goddamn stroke involving his speech-dominant left hemisphere, and all you can say is 'THE END!'"

Since crap rolls downhill and I was at the bottom, I chose not to tell Harvard that I had run this by Senior and Morning, both of whom had dismissed my concerns and told me not to disturb Stache. I thought I would be perceived as a team player for falling on the proverbial sword, but I was wrong. I received the blame for not presenting information to the team in a manner that would have alerted them to the disaster. I learned another lesson that day. No matter what, the lowest rank receives the blame and the higher-ups are not held accountable. I would hope to change that someday.

You would think that the story of Mr. Tilt would end there, but it didn't. Usually when the proverbial you-know-what hits the fan as it did that morning, it's only the beginning. Why? We live in a society where someone must pay for the bad things that happen, and anger from family members can lead to litigation. As it turned out, one of the family members was a doctor who lived in another

city. *What was the father of an MD doing at a county hospital?* I still haven't found a clear answer to that, even today, because I haven't seen another family member of an MD since that day at The County.

So what came next? Yes, you guessed it: a lawsuit. And yes, the family sued everyone who remotely had contact with the patient, including the medical student—me—who had nothing to do with the outcome. Once the lawyers found out who did and didn't have money, I was dropped from the lawsuit. I still remember the sick feeling I experienced when I was handed the subpoena, and I'm sure that my heart was probably visible in my mouth. I wrote to the best of my ability about my role—or lack thereof—in the care of the patient. I haven't been sued since that day, but as Tears for Fears suggested "Memories fade, but the scar still lingers." The litigation process is fraught with emotions for both physicians and patients. In the end, there are no winners, just losers with lost or broken lives that will never be the same.

I continued to excel at my deficiencies throughout the month, but at least I was consistent, for I knew nothing. I missed a Grade V tricuspid regurgitation murmur that Harvard claimed he could hear while driving home from work. Morning told me to read about the antibiotic vancomycin "pig and trough" and was upset the next day when I told him I could find nothing on the topic. I'd forgotten about his accent—I was supposed to look up "peak and trough" as it applied to the dosing of vancomycin. Senior continued to scold me about my lack of knowledge in neurology—the field he'd chosen, of course. I was called a "smart ass" (*but you just said I know nothing!)* when I reminded him that my knowledge was lacking in all fields of medicine equally, not just neurology.

With all my shortcomings, what was I good at? I didn't know then how important it was, but I spent as much time as I could with my patients. I would watch TV with them. I would follow stroke patients, including Mr. Tilt, with the therapist and even take them outside the hospital for a walk and a conversation, if they spoke English. I didn't understand why an eighty-four-year-old guy with lung cancer and end-stage emphysema couldn't smoke, so I would take him outside to smoke a cigarette. I would drive the team crazy by reminding them that another family member wanted to talk about their loved one. These requests inevitably came at the end of a long day because most family members worked and could only visit at night.

I would feed patients breakfast if they needed help. And most importantly, I couldn't understand death, and the twin lakes on my face would routinely flood over when a patient would die. Without realizing it, I was learning how to take care of people, not just their diseases. *Hopes, fears, dreams, and tears...*

I never received a Harvard education, and maybe that's why I never understood Harvard, the attending. Was I alone? There was a generation gap—or in this case, maybe a century gap—but Harvard spoke in riddles and analogies that I just didn't understand. From the chuckles I heard from other team members, I knew I wasn't the only one. One day, Stache asked if 40 milliequivalents of potassium chloride infusion administered intravenously (IV) over four hours was reasonable to correct a potassium value of 2.5 in a patient admitted the night before. Harvard responded with, "Am I my mother's keeper?"

Harvard's notes were just as ambiguous. An eighty-two-year-old patient was admitted with a heart attack and Harvard's note stated, "This man's children don't love him. Life is just not fair!" We were going over Killip classification (a system used to risk stratify heart attack patients) with Senior, and meanwhile Harvard was worried about love! Years later, I realized that Harvard's language had meaning, but back then, we were only hearing, not listening. Harvard wasn't his mother's keeper because part of residency was a learning curve of making mistakes—hopefully not catastrophic ones. What else could be more important at age eighty-two, after having lived a full life, than the love of

your dear ones, especially after a heart attack? I chuckle now thinking of how history repeats itself, because my students now wonder why I speak in riddles. In time, they'll understand.

Finally, the last day of the rotation arrived, and it was time for me to receive my grade for the month. I had been dreading this day for some time. I was great at getting "informal honors" from patients, but the actual grade was a different story. Harvard sat me down in his office and started with yet another analogy. "Niraj, a few of you medical students need to be taken out to the parking lot and shot!"

I'm so tired of having a heart in my mouth, and it's only the first month of my third year! I thought.

"What do you mean?" I said sheepishly.

"Nothing personal, Niraj. Some of you are bright, but you're just not cut out to be doctors. You shouldn't waste time and we shouldn't waste time. You should just be shot and if you survive, go onto other things."

Excerpt from Hopes & Fears Dreams & Tears: A County Memoir by Dr. Niraj Mehta