In "Changing Places" bioethicists share their personal experiences as patient or family member rather than their usual role as healthcare professional. The Editors of *CQ* invite your contributions and request that they be sent to Tkushner@aol.com.

Everyday Disasters

JOSEPH J. FINS

Homecoming

"That's my dad on the floor."

And there he was unconscious in a pool of blood in the bathroom. A paramedic who had accompanied him to the john was holding him off the ground, the USMC tattoo on his forearm cradling his head. My sister shrieked, and I went down on my knees to see about his airway. "We need a doctor here. Cardiac Team!" Could this really be happening to him? To us? Jesus Christ.

My sister and I had just come back to the ER from the coffee shop. The ENT doc had come to pack his nose and the bleeding had slowed. His nose was broken, but his head CT was OK. The nasal tampons were soaked but they no longer dripped blood down the side of his face. He had a black eye and was exhausted, but it looked like we were in the clear. So we went off to get some coffee and a danish.

We came back to the dimly lit part of the ER. The blue square tiles and the orange pillars contrasted with the earth tones and wood of the latest renovation down the corridor. It wasn't quite like the ER I had worked in as a volunteer during high school, but it was close. In a bit of wistful personal archaeology I could still see the footprints of that earlier space where I had fallen in love with the idea of becoming a doctor.

So here I was again. Twenty-five years later with my 80-year-old dad. He had fallen on the ice at the train station rushing to make the 10:15 to the City. He had dropped his paper and tried to pick it up. His momentum brought him forward and down. His glasses told the tale. The metal bridge was gouged and his lenses abraised. His nose was gashed with a flapping wound.

He was going to have a checkup with his cardiologist and a coumadin check. His coumadin levels were always better than my patients. He managed his meds with the precision that comes with being a former combat medic in the European and Asian theaters. A pocket calendar on his bedroom bureau was neatly marked with his doses, 2.5 alternating with 5 milligrams of coumadin. He took pride in his INR always being on the mark. Never too high or too low. He tinkered just a bit when he ate more greens and had a knack for dosing.

He was on coumadin because he may have had a TIA a few years ago, but it was a soft call. A touch of aphasia, word finding difficulties. I wonder now if he had been treated a tad

Cambridge Quarterly of Healthcare Ethics (2005), **14**, 207–213. Printed in the USA.
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https://doi.org/10.1017/S0963180105050267 Published online by Cambridge University Press

aggressively because he was a colleague's dad. Not that the coumadin was wrong. He was, after all, on aspirin but maybe the judgment was tilted just a bit.

When he fell, the local paramedics came to get him. Took him to the community hospital. Eddie and the mayor's son were on the crew. Life in a small town. Old and good friends, volunteers caring for one of their own. Dad told them to call the cardiologist in the City. He had fallen and was fine. Just slipped. He would have to reschedule. Stoicism, greatest generation style.

I had just given grand rounds at the medical school when my colleague handed me a pink message slip. "Dr. P called. Wanted to let you know that your father fell—fortunately okay + only needs a few stitches on his nose. He asked me to emphasize that your father is okay."

I stood in the well of the auditorium. Somehow the arcana of the post-talk huddle seemed frivolous now. I tried to explain. "My dad just fell. I need to call his cardiologist."

"Have you written your talk up? Is it published?"

Impatiently, "Yes. Yes. If you give me a card, I'll send you a reprint." I wanted out of there. Don't these people get it?

After everyone left, I called Robin.

"Rob, Dad fell. He's in the ER. They tell me he's OK. But we need to get out there."

We cancelled our meetings and appointments and met at the garage. The ethics committee meeting I was to chair could be rescheduled. Our dad needed us. All the rest was commentary.

Bloodied and Bruised

When we arrived in the ER Dad had been there for four hours. He sat in a blue vinyl barca-lounger, nose bloody in street clothes. Not a pretty sight. The monitor above his head was on but he wasn't connected, the electrodes draped over the vacant screen.

He hadn't been seen by the doctor yet. With his usual stoicism and sense of fair play he hadn't made a fuss. The place was busy, and he was OK. There were sicker and older people in the hallways who needed care more than him. He would wait his turn and not complain. They would get to him in due course.

Unfortunately Dad had been triaged as if he were a guy with a broken nose from a bar fight, not like an 80-year-old on coumadin. I understood that because he really didn't look his age. He loved to tell the story how he was recently carded at the train station when he asked for the senior citizen rate. "You're 80?" the ticket vendor had asked with a grin, "I want to party with you!" Dad loved that and told everyone about the fountain of youth he had found at Penn Station months back.

He was a young 80 and sure, his fall probably wasn't cardiac in origin, and he seemed to be mentating well, but I always thought that patients were guilty until proven innocent. My professor of neurology always taught me to think probabilistically about the common stuff and about the things that can kill patients. So I was troubled to learn he had not had a neuro exam or an EKG. There wasn't likely an arrhythmia—he knew exactly how he fell, and he never lost consciousness. But you need to exclude the bad stuff. Where I work, you don't even think about these things. It is basic protocol.

It's always hard to know when to meddle. But this was my dad, and it seemed like he had fallen through the proverbial cracks. Respecting boundaries and professional and private roles I asked to see the attending physician. A young fit guy in his late 30s, sharply

https://doi.org/10.1017/S0963180105050267 Published online by Cambridge University Press

pressed, stainless Rolex on his wrist. Director of Emergency Services was emblazoned on his coat and the obligatory lapel pin in red, white, and blue.

We had differing world views. I was concerned about the precipitants and consequences of his injury. He seemed more concretely focused on the trauma and the physical packing of his nose. Dad continued to bleed and I still felt I had to push a bit for an EKG and CAT scan.

I ask, "Was he orthostatic?" I was worried that he might have lost blood volume and that his blood pressure might drop if he sat up and blood drained to his legs.

"The best way to check that is to stand him up."

I think, yeah but … that could be dangerous …

"You internists always think it's the heart."

Fair enough. But you lose points if you miss stuff like that. Eventually, the tests were done and his nose was packed, but the bleeding continued at a good clip. Ever the combat medic, my dad suggested to the ER doc that they give him Vitamin K to reverse the coumadin effect.

"That won't be necessary." The ER physician turned to me and asked if I had prompted the question.

"No." I had no idea where he had picked that bit of therapeutics up and was proud of him.

"That's pretty good, Dad." Robin and I smiled. Dad had passed his mental status exam, so we left for the danish.

Errors of Omissions

We came back and he wasn't in the barca-lounger and asked a nurse where he was. She didn't know.

"He needed hand films and a chest x-ray. Could he be back at x-ray?"

She looked up from her paperwork and said, "Yeah."

So we sat and waited for him to come back. More accurately, my sister sat. There was just one orange metal chair. I leaned against the wall.

Next to our cubicle was a patient bathroom. We noticed the red light over the door go on. We went over to the nurse, still charting, and told her about the light

"OK. I'll get to it." She went back to her papers.

We returned back to the cubicle and mentioned the light to a bright-green-smocked nurse or tech. We didn't know anyone's name or position because no one was wearing an ID.

The lady in green grunted. "That's not my area."

We strolled back over to the first nurse, we didn't catch her name either, and reminded her about the light.

She looked up from her charting, "I told you I'd get to it." (I'm thinking, yeah, that was five minutes ago.)

We were still waiting for our dad when we heard muted cries from the bathroom.

A high pitched, "Help! Help!"

Robin and I looked at each other. Good, not Dad's voice. Then we heard the whistles, and we again told the nurse, and she came and opened the door.

Dad was on the floor.

Robin shrieked and started to wail. I went down to see if he was breathing and called for help.

Although he had a pulse and was breathing, I called for the Cardiac Team. I knew I was overreacting but I felt that crying wolf here was warranted: Nothing else could get anyone's attention around here, and I didn't want to lose him. My Mom died a sudden death seven years ago, and now he was suddenly critically ill. I couldn't believe the course the day had taken. This was ridiculous; he was going to die from stupidity.

Stupidity, that's a simple word for iatrogenesis—physician-induced error:

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bad triage; less than timely and effective care; and bad judgment. You don't let a woozy, vagal 80-year-old walk to the bathroom. Yes, he was attended by a paramedic, a burly and kind former Marine, but that is still asking for trouble.

As Joe, the Marine, and I held my dad, he came to. Still covered with blood, he was groggy but with us. *Post-micturition* syncope was probably all it was. A fancy euphemism to say you passed out after peeing, unless it is your dad.

Joe looked up apologetically. He must have felt like shit. Earlier we had determined that his dad and mine were probably on Okinawa at the same time. Army and Marines, but still Vets. Tomorrow he was taking his dad to his doctor.

Joe was a good guy. He took his work seriously. Handled the docs well and was always in demand. Everyone seemed to want him for something. He even wore an ID. But there was something more, Joe really seemed to care. There was a real sadness below that crew cut as he looked across my father's body. He had let us down.

But it wasn't his fault. The system of care had let him down, and he was left holding my dad's head off a bathroom floor. The attending let him take Dad to the john. His mates let him down, until he blew the whistle. He was the genuine item. Joe left at the end of his shift before we could thank him.

I thought back on the Institute of Medicine Report *To Err Is Human*, which suggested that medical error was not the fault of individual practitioners but more often systems errors. The model was aviation. When a plane went down it was a cascade of misjudgments that caused the disaster, and so it was here.

Rationally, I knew the nurse who didn't respond to that call for help was a victim of a system that left the ER understaffed and with a huge burden of paperwork. She wasn't responsible for all of that, but she was responsible for her own moral bearing. And in that she was culpable. She didn't create the nearly catastrophic context of care but did nothing to rise above it.

Her professionalism and my dad were victims that night. She has to shoulder some of the blame. Her error though is still nameless; we don't know her name. Is that what they mean about blaming *systems* of care?

Fluidity

Post-micturition syncope. We thought that was all it was until Dad passed out again. I saw that one coming. I was skeptical of the vaso-vagal explanation for all untoward events. Sure, having your nose stuffed and blood coming down the back of your throat will make you gag and trigger vagal tone. But it didn't explain everything.

Something else was going on. His vital signs soon suggested that he was headed toward shock. His blood pressure was drifting down and his heart rate was picking up speed.

By now, a second-year medical student could tell you that he had lost blood volume and that his body was compensating by trying to maintain a stable cardiac output with a bit of tachycardia. The problem was no one was prepared to see what his vitals showed. He was still a guy with a bloody nose, and you don't bleed out from that. His course and its growing potential for complications did not fit the staff's preconceptions. The ER doc triumphantly told me that his hematocrit was normal at 45 a couple of hours earlier. And to be honest, when we drove out to the hospital, Robin and I thought that we would have been back in the City by now. We

https://doi.org/10.1017/S0963180105050267 Published online by Cambridge University Press

never expected that Dad would have lost a third of his blood volume because he bled for hours without being seen.

His hometown internist had now arrived and was checking him out. Dad got his medical care in the City and flu shots and episodic care from this guy. Not an ideal setup, but not uncommon in this bedroom community. But Dr. S. was a good sport and willingly shared in Dad's care with his City docs.

And now he generously allowed me to participate as well. I liked him and would have enjoyed having him as a colleague. A former engineer with a Ph.D., he was a realist but not an alarmist, with an Oxbridge sense of humor and fashion sense. He wore a black turtleneck and jeans.

Dad was groggier than he should have been and hemodynamically it was getting a bid rocky. We began to puzzle through what was going on and speculated about the scope of his blood loss. We both concluded that Dad had lost more blood than we had originally thought.

Turning to Dr. S., I speculated, "I bet his crit is 30."

He wasn't sure it had dropped that far but agreed to recheck his crit. We had a hypothesis to explain things and were just waiting for some proof. I trusted him and was relieved that he was there. Robin was trusting nobody.

We waited for his blood count to come back, and Dr. S. went off to rounds upstairs. Meanwhile Dad got some fresh frozen plasma to quickly reverse the coumadin effect. I couldn't help but think that the Vitamin K my dad suggested would be kicking in by now.

Just after Dr. S. left, Dad threw up a basin full of dark blood. Not the small kidney-shaped spittoon they give you but the bucket variety intended for bathing. The color of the blood suggested that it had been swallowed and had pooled in his stomach.

Dad felt more comfortable and some relief but now was sweating profusely and getting pale. I suggested to Lisa—the nurse now caring for him in the renovated earth-tone section of the ER—that they get another blood count and type and cross him in case he needed a transfusion. And maybe, another line just in case.

When Dad got upgraded to the better-lit part of the ER, we also got a better class of nursing care. Lisa was a pro. She had good horse sense and was obviously a veteran of an ICU or ER. Although this ER couldn't triage patients, they did triage staff. Dad now had a superb nurse.

Lisa knew Dad was heading south and readily took my suggestions to heart. She started to put in the line as I reminded her I was a civilian and didn't work there. No problem. "I'll get an order." First things first. She had a patient to take care of.

Dr. S returned and heard about the vomiting and added we should also get a type and cross. Lisa told him that it had just been sent. Dr. S was no longer skeptical about the blood loss. He had heard about the episode of emesis. Lisa and I experienced it first hand. She had to change into scrubs and I had to mop up my shoes and pant legs.

Dad's numbers soon confirmed what was not apparent. His hematocrit was 30. He had lost a third of his blood volume and was getting shocky. Dr. S. ordered two units of blood.

Before the blood arrived, Dad passed out again when I was in the family waiting room on the phone talking with my wife. Poor Robin was there to see Dad unconscious for a second time. As she tells it, Dad's eyes rolled back and he vomited for a second time. She called for help and came to get me. I ran over, the phone off the hook, no time for a proper goodbye. My wife told me later she thought we had lost him.

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Another scare but fortunately nothing serious. They put him in trendelenberg and opened up the fluids. He soon came to and his blood pressure began to climb. A third repacking of his nose by ENT finally quelled the flood of blood. Dad was out of danger but poor Robin had a bit of shell shock.

I was marveling at Dad's resiliency but couldn't help but wonder what would happen next. In an excess of caution, I decided to check Dad's chest and back to see if he had any evidence of a transfusion reaction. I knew the odds were remote but felt that it was worth a look. Just as the first unit was finishing and the second one was en route, I checked for a rash. He had erythematous welts over his chest and back. Dad was having a transfusion reaction.

I shut off his IV and called Lisa over to let her know. I suggested she call Dr. S and cancel the next unit and get an order for IV Benadryl. She called Dr. S and he agreed with stopping the blood and giving the antihistamine.

Another close call. Three in a night. But we were very lucky. We were there to protect our dad and had the training to intercede. What about everyone else's dad? Who looks out for them?

Quality Time

The next morning I walked down the executive corridor and looked for the highest ranking administrator I could find. I knew that this was a prerogative unavailable to other family members but I felt that I could get in to see—*somebody*. I settled on the executive vice president/chief medical offer and introduced myself to his secretary. I asked if I could make an appointment to talk about, "... my dad's near catastrophic night in the ER."

To his credit, the CMO came out to the CCU visitors' lounge and came to get me. I wasn't angry or litigious but felt that he really needed to know what had happened to prevent it from happening again. I made a point of saying that I came to talk "... in the spirit of collegiality."

It still surprises me that I wasn't angrier. Friends have remarked on this. They thought it strange, as if my lack of emotion meant I didn't love my dad. Nothing could be further from the truth. My dad has been my best friend and best adviser during my whole life. And that night, I expressed my love for him by looking out for him and doing not what I wanted to do but what I had trained to do. The tears came later.

So I spoke to the hospital VP without anger or threat. Though I had seen malpractice, we didn't talk about lawsuits or lawyers. We spoke about medical error and systems of care. We spoke for nearly an hour, and he took careful notes. IOM language peppered his response. We had a "near miss" and he would undertake a "root-cause analysis" of the evening's events. He concluded our meeting by saying that he "... would like to think the outcome would not have been different if you hadn't been there, but that would not be true and that is not acceptable." He walked me back to the CCU so he could apologize to my sister and introduce himself to my dad.

Dad spent five days in the CCU after he left the ER. Not because he needed it really but because of medical error and because no one trusted he would get adequate nursing care elsewhere in the hospital. Too much care, too late, because he got too little care early on. If properly triaged, it is conceivable he wouldn't have lost a significant amount of blood and would have been able to go home after a night's stay, if that.

Inadequate staffing in the ER not only injured my dad; it placed an additional strain on hospital resources

https://doi.org/10.1017/S0963180105050267 Published online by Cambridge University Press

downstream. Improving quality wouldn't only save lives it might also save money. But despite all the reengineering, quality improvement, and corporate tinkering to fix what was clearly broken, not much had happened on the ground, at least in that ER.

Too often these initiatives are little more than arts and crafts projects put together for a site visit or accreditation. I saw the remnants of one up in the CCU where Dad went for five days. It hung on a clipboard next to a sink, water logged by errant spray. A clever acronym about quality and process and initiative. The slogan was now all wet.

It is ironic that we can prepare Emergency Rooms to respond to disasters but we can't get them to handle a night when the ice is out and old people slip and fall. I was in a New York City ER on 9/11 and saw brilliant preparations and improvization that sadly were for naught. Where is the creativity for everyday disasters? We prepare for unthinkable disasters, but isnt't it unthinkable that my dad almost died from a broken nose? Isn't quality of that sort the real threat to the public health?

Organizationally, we need to rethink the quality question so improvements take root on the ground within the microcosms of hospital culture. We also have to value the input of those who work the wards and inhabit the sickrooms. Our organizations and tables of organization have gotten too layered, and local leadership has suffered. I saw this watching the chaos of that ER. It struck me that no one was operationally in charge and because of this there was no opportunity for on-the-spot leadership. Everyone was busy and scurrying around trying to get their own work done. Even the ER director who was trying to care for my dad should have been able to turn to the bigger picture about the health of the system of care upon which every patient would depend. I am sure that my dad was not the only victim of medical error that night in that stressed ER.

The staff were like wide receivers, downfield running their own patterns, but without the benefit of a huddle or even a quarterback. If a pass were completed it would be by chance and not design. Was there any way to build a huddle into the playbook so that staff could work together to prioritize and support each other as the system strained just to keep up? How do we reconstitute local authority to sustain leadership as power becomes increasingly centralized?

After the Fall

It is said that time heals all wounds. Fortunately, that has been my dad's case. He has regained his strength and his lost confidence, pleased that his body has rebounded so far so fast. His fall from grace—an old age as yet unblemished by serious illness—was brief and without sequelae. All he has to show for his night in the ER are some dim memories and a scar on his nose.

It has been different for me. I can neither forget him on the floor nor the fear on Robin's face. Every time I talk to Dad on the phone—and let him talk to his new grandson—I remind myself how lucky we all were to escape the mishaps of his emergency care. That is, of course, a tremendous consolation.

As grateful as I am for dad's recovery, I am still saddened by what I saw that night in the ER. It was more than the errors. It was the arrogance, apathy, and the lack of professionalism. None of that belonged in that Eden-like space where I had seen professionalism first embodied. Not there, where my idealism remained, until Dad's fall.

https://doi.org/10.1017/S0963180105050267 Published online by Cambridge University Press