Editorial

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Gooood Evening...(But It Certainly Wasn't!)

Some of you more senior readers may recognize my reference to the late Alfred Hitchcock in the title. The master filmmaker always began his television anthology series with an on-camera greeting that combined perverse and humorous elements at least peripherally related to the evening's drama.

The reason Hitchcock has been on my mind, apart from the fact that I have been a 50-year fan, is that I recently saw Sir Alfred's distinctive profile in the decorative pattern of the curtains in my hospital room. After a bit of careful study, my wife was able to confirm my sighting, and hence, to affirm that I had not yet gone completely bonkers as a result of my hospitalization. But the fact that I was reduced to studying the room in detail for such quirks and other unexpected findings tells you everything you need to know about my mental and emotional state during my recent hospitalization. In short, I was completely and irretrievably wretched and miserable as an inpatient.

I was hospitalized (only my second time ever) for a recurrence of a severe, angry-red cellulitis affecting my entire right leg. My illness came on relatively abruptly, just as the original episode of this same wretched disease did 2 years ago. This time the illness began as I was finishing up at the end of the day at an out-of-town medical meeting. I was very surprised to unexpectedly develop sudden fever and shaking chills. A VA colleague, who was attending the same meeting, graciously offered to take me to a local Emergency Department (ED), but I foolishly declined the generous offer. I wasn't sure what was going on medically, but I was very pleased when it seemed to abate after a few hours. I was able to convince myself that the whole thing must have been a particularly nasty recurrence of one of my recurring ailments, namely, gout. All of the symptoms did, indeed, respond quite nicely to high doses of nonsteroidal antiinflamatory drugs.

I arrived home a few days later and realized that my leg was now grotesquely red and swollen. I came to my senses and promptly reported to a local ED. I was quickly admitted and found to be in acute renal failure with a blood pressure (BP) of 83/50 supine, all attributed to septic shock from the cellulitis. I wasn't actually feeling all that bad at that point, apart from the fact that my mouth and throat were extremely parched, and I was thirsty beyond belief.

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But here's where the real meat of this editorial kicks in. My real troubles were just beginning by the time I was delivered to my bed in the telemetry unit (don't ask me why the telemetry unit; I had no rhythm disturbances as far as I know). Although I hadn't exactly been having a ball before then, it was only after I was confined to my hospital room that I began to experience the agony of what it means to be an inpatient. It's truly a hackneyed cliché that every physician or other provider needs to experience things from the other side of the bed, but I really received a whopping dose of this theoretically educational medicine.

The first thing I realized was that I had virtually no freedom of movement whatsoever as a hospitalized inpatient. I had a bulky IV in each arm. Because of my low BP, getting these IVs in place had required a real team effort, with the second IV finally being placed by the third operator on the sixth overall attempt. If I moved either arm more than just a tiny bit, I ran the very real risk of pulling these delicately placed lines out of the veins they so precariously hugged. I also found that I had to contend with a call cord, a TV cord, and my telemetry monitor, all of which were getting hopelessly tangled in my IV lines. Hobbling over to the bathroom, just a few feet away, was truly a nightmare, in light of the almost-impossible logistics of moving all my equipment (after unplugging the IV lines from the wall) without disrupting either of my precious lines dripping in life-saving antibiotics. I became very familiar with the true agony of using a urinal, which always seemed to spill all over everything in spite of my best efforts to avoid soiling myself and my bedclothes.

Then things worsened on my second night when I abruptly awoke at 4 AM unable to breathe. This time I got my self-diagnosis right: They were drowning me with excessive IV flu-

ids, to the tune of a liter of normal saline every 4 hours. I had the presence of mind (and the arrogance) to demand an immediate chest X-ray, which showed bilateral pleural effusions, bilateral atelectasis, and a nice pseudotumor (a localized patch of pulmonary edema), one of the most impressive I have ever seen. The covering hospitalist mercifully acquiesced to my request to turn the IVs down to keep the line open.

After 6 days of agony, I advised my attending physicians that I was suffering from severe and progressive hospitalitis, which may seem a bit strange, given that I have been employed exclusively in hospitals for more than 30 years. My hospitalitis was exacerbated by the fact that my room had no window to the outside, the window having been blocked off because of construction. My doctors could see the desperation in my eyes and reluctantly wrote discharge orders, hoping that my medical background, my wife's nursing background, and some very potent and expensive oral antibiotics would compensate for a premature and ill-advised discharge.

The bottom line is that this hardened and jaded physician was very painfully reminded of what it is really like to be an inpatient. Unlike the average patient, I had a fairly sophisticated understanding of my disease and its treatment, so I had no real sense of doom that could have easily overwhelmed a less-informed patient. And I also had the medical knowledge to stop the near-drowning that developed as the result of my aggressive rehydration therapy; the average layperson would be largely clueless about why they were suddenly not able to breathe. So caregivers really need to make every effort to empathize with all our patients, but especially with our poor inpatients. They have been suddenly delivered into a virtual Dante's Inferno of ringing buzzers, vampire phlebotomists who show up unexpectedly in the wee hours of the morning, and aggressive ancillary staff determined to check vital signs at all hours, even though they were perfectly fine just 2 or 3 hours earlier. Being an inpatient is truly a hellish experience, punctuated by occasional squeals and moans emanating from adjacent rooms. Those of us who contribute to patients' agony, even as we strive to restore their health, are truly obligated to do what we can to reduce the suffering endured by these poor souls. Be kind and gentle to your patients; they really need you to do your best to alleviate their agony. ●

Author disclosure

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