

# The Curse

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*In 1901, the Presbyterian Church founded a mission in Ganado, Arizona, the largest Indian mission in America, reached by driving "40 miles over the worst road in Arizona." In the ensuing years, the mission grew to include a church, a school, and, in the 1920s, a hospital named Sage Memorial. When it first opened, Sage Memorial was the only hospital serving an area slightly larger than West Virginia and remained so until the establishment of the Indian Health Service in 1957. Sage Memorial went on to become the first Native American-controlled hospital in the United States in 1974, when the Navajo Nation Health Foundation was formed. The author of "The Curse" practices at Sage Memorial Hospital on the Navajo Reservation.*

My morning started quietly enough. I was on call and therefore had no appointments. Most of our patients do not have telephones, so our walk-in patients include most of the hospital admissions along with patients with common colds and minor accidents.

My third patient that morning was a 20-year-old man with a fever. He had awakened with a swollen, painful left fourth finger, which he attributed to a spider bite. We see a few patients with *Loxosceles* envenomations, but 103°F fevers are not commonly associated with them.

The patient's history was unremarkable. Results of a recent employment examination were benign, as was his high school sports assessment. Physical examination showed a warm, swollen finger, a loud, harsh holosystolic murmur, and little else. His white count was 16,000 per  $\mu\text{L}$  with a marked left shift. I admitted him to our hospital for serial blood cultures, intravenous antibiotic therapy, and close observation. A telephone conversation with an infectious disease specialist confirmed my impression that it was premature to transfer him to another facility 200 miles away for further workup.

I explained to my patient that he might have a serious

infection of the heart, rather than merely a problem with his finger, and that we would be treating him while we sought further evidence. He accepted hospital admission as well as young men ever do.

At evening rounds, he was in a double room, without a roommate. Six adult men and women were gathered about his bed, speaking but little, quietly in Navajo. It is uncommon to see that many visitors here, and more uncommon for all of them to be standing together and not socializing among themselves. It was soon clear that a delegation of his extended family had come to take him home. After offering a number of implausible reasons, the family revealed that an uncle had died of cancer down the hall 4 months previously. To be in a building where someone died is taboo, although most of our patients make a distinction between Navajo homes and *Bilaganah* hospitals. I offered to move the patient to the most remote room possible. He concurred, the family demurred. He was going to leave. I protested that if he had an endocarditis and left the hospital, he might die. He stayed.

At morning rounds, family members were still there, silent and angry. It was apparent that something was quite wrong. My efforts to learn the nature of the problem were rebuffed. I requested a consultation with a Navajo physician assistant. She came back with the answer after 90 minutes and an early attempt at mediation.

I had placed a curse on the patient. By stating that he might die . . . , I had effectively wished him dead should he leave the building. The PA and I had a troubled discussion about the meaning of informed consent and the ethical duty to provide the patient with the knowledge necessary to make such a choice.

She eventually offered an elegant solution. One uses the third person plural when explaining undesirable possibilities. In the case of my patient, "People who have heart infections can die if not properly treated."

A sincere apology and a third-person plural discourse satisfied everyone. Fortunately, the blood cultures came back negative and the heart murmur disappeared. I have never again knowingly placed a curse on a patient. I suspect that using the third-person plural is often appropriate with *Bilaganah* patients as well.

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