Med III

Justice to the patient versus fairness to oneself: The Unexamined Life is not worth Living.

Name withheld Upon Request

As a person who considers herself to be just and fair, I always take my time evaluating and criticizing other people’s actions. I often attempt to assess their moral values and to bring out the corruption in their behavior. I am a judge, and I enjoy the role I have bestowed on myself. Engaging in the field of medicine constantly exposes me to a battery of ethical dilemmas that would satisfy my lust for evaluating other people’s actions. Stumbling across materialistic and irresponsible medical students is a daily routine, to which I respond by explicitly lamenting the decadence in my society whenever I have the chance to do so. Physicians are not spared from my evaluations. I would often pick up their unethical actions no matter how subtle. This however does not prevent me from praising the decency and integrity many physicians so delicately exercise. I would look at them and imagine the future me. Having so much faith in my morals is intensified by the fact that no one takes his time to evaluate me.

The extent to which one can become corrupted, when the situation permits, is truly astounding. In fact, the internal medicine rotation in what I will call “Hospital B” is the setting for us to just “let go”; us being the AUB team that has been sent from AUB and that includes residents, interns, and medical students. Until one month ago, I had never been exposed to such demeaning behavior, whether exercised by the MD holders, or even us, the students. Be it the mockery during our sitting rounds, the abuse of physical exams during our walking rounds, no one could tell us anything; we were in charge. I found myself being lured into this corrupted environment. I would be amused by my colleagues’ stories and anecdotes with the patients, and even entertain them with some of my experiences. I would palpate the patient’s abdomen and listen to his heart after four of my colleagues have done so. After all, it was the only place where we would be exposed to severe cases and be able to detect genuine abnormalities on physical exams. I tried to convince myself that at this phase I should be exposed to as much as possible so as to become a better physician; the end justified the means. HOSPITAL B was also the opportunity for us to perform procedures, most of which we are not allowed to do at AUBMC. I often expressed to doctors and nurses my interest to perform such procedures.

During my internal medicine rotation at HOSPITAL B, on a late Wednesday evening, a nurse called me and told me that there was a patient who needed an NG (nasogastric) tube insertion for feeding. I had never inserted an NG tube before and my rotation was approaching its end. I avidly entered the patient’s room only to realize that this was the terminally ill emaciated patient that was transferred to our floor from CCU. I noticed that she had an NG tube. The nurse explained to me that this patient would always pull out her tubes by herself. He said that this time she also attempted to pull it out, and instead of making sure it is still in place, we might as well insert a new one since
he believes that it is not in place and that a new one is going to be inserted anyway. I agreed with the nurse and wanted to seize the opportunity. Normally, I should have called the intern to supervise, but this time I elected not to. I was too absorbed in the situation and I knew that the intern would do half of the work had he decided we should insert a new NG tube. I was truly fed up with how we, as medical students, are not given enough responsibility. It was my opportunity to “act” independently, for I realized that it is solely in these situations that one actually learns. Albeit the insignificance of this procedure, it was psychologically priceless. As Med III students, we are always oppressed by the interns who hog the patients and even do not allow us to interview them independently. I agreed therefore with the nurse that we should insert a new tube, and we did not check whether the old one was still in place or not. Unfortunately, the new tube could not be inserted because the patient was coughing. I attempted the insertion many times, to no avail. To my surprise, the intern suddenly entered the room. I did not want to get into trouble so I lied. I told the intern that the nurse called me to make sure the tube is still in place and since it is seemingly not, we should insert a new one. Many attempts were carried out by the intern to insert a new one over the following two days but it did not work. The patient passed away shortly thereafter due to cardiac arrest.

I cannot but lament my inappropriate behavior; I took advantage of a sick patient just to satisfy my lust for independence. My urge for domination was more important than the patient getting a proper tube insertion supervised by the intern. I treated a human being as a means to my well-being. Even though the patient was not competent to behave as an autonomous human being, I did breach her autonomy. In fact, it was the intern who was responsible for the patient and he had the full authority to decide on the appropriate course of management. I failed to consult him. The old tube was most probably out, and the patient was known to pull out every NG tube that gets inserted. This however does not justify how I did not bother to verify whether the old tube was still in place and act accordingly. What is mostly disturbing about this whole scenario is that the beneficence of the patient was not the notion that was guiding me in my course of action. Although the NG tube was definitely to the benefit of the patient, this was not why I wanted to insert it. One cannot disregard however the fact that this was probably my only chance to insert an NG tube, at least during this year, and that doing it on this patient would prepare me physically and morally for similar situations. In fact, I have realized that the confidence one obtains from performing procedures independently enormously shapes his medical skills, reflecting on the well-being of his future patients. In fact, at that time, I knew I was not hurting the patient, and it was the triviality of the procedure that drove me to perform it. Respecting the principle of non-maleficence was therefore evident, and I can assert that I would not have reacted the same had it been another procedure that was not as benign. Even though I did not hurt the patient, how just was the just person I consider myself to be? I cannot but lament the incongruency between my thinking and my actions. My constant preaching about fairness and justice did not guide me in my course of action. I did not follow the usual protocol and allow the patient to be examined by the intern before deciding on inserting an NG tube. She was partially deprived from medical care, compared to other patients that would have gotten the full medical attention. In addition, the fact that she had an altered level of consciousness made it easier for me to bypass the standard rules and regulations. Therefore, her altered level of
consciousness did affect the way I treated her, resulting in a dissimilar management compared to an alert patient.

The case I presented might not seem to merit the description of a dilemma, especially that it inherently carries its solution, which is informing the intern and letting him decide on the course of management. One has to take into consideration however our role as medical students and our right for full exposure to medical care. We are often obscured by those responsible for us, the reason for which is often underestimation of our capabilities. The intern who is allegedly more informed than I am about medicine is often not. It is he/she however who is allowed full exposure, with the medical student in the background. When I decided to insert that NG tube, I was confident that I would know how to insert it because I had already watched the procedure being done several times. I also took into consideration the fact that my decision is not going to inflict harm on the patient. Having realized that the issue would most probably go unnoticed, I decided to insert that tube for my sake. I wanted to finally materialize the reason why I had been relentlessly studying for years. The reason would be the ability to make a difference in one’s life and to look at him and realize that I left my fingerprints on him. Being denied that right by others is not fair when one works so hard to achieve his goals, leaving room for erratic behavior akin to the one I perfectly exercised.

I do regret what happened on that late Wednesday night. The possibility of having inflicted the slightest pain on the patient is haunting me. I do realize however and try to comfort myself that a new NG tube most probably had to be inserted and that the patient was removing several ones per day. I blame myself for taking advantage, albeit unconsciously, of the fact that the patient had an altered level of consciousness. She definitely deserved to be treated like any other alert patient. Most importantly, I do hate the fact that I had to lie to the intern, which did put my integrity at stake. I felt I was obliged to do so. I truly realize now that preaching about ethics does not make you an ethical person, it is how congruent your actions are with your morals upon being faced with a dilemma.