

## A Picture of the Patient Safety Movement

Overhead fixtures bathe the intensive care unit at Physician's Hospital in a dazzling unworldly light. The pale green walls glow with it. The curved, buffed aluminum rails of all eight beds reflect its sheen. Stainless steel encases the burbling, hissing, humming machines, the clattering instruments, the fittings of devices, the sliding cupboard doors. The metal captures the light and tosses it back and forth, around the room in hundreds of glinting mirrored glimpses. Even the stark white bedsheets seem to reflect the piercing light, the way white clothing reflects the desert sun. Only the plastic fixtures and tubes suck it up, the plastic and the wan, pale flesh-figures, the human beings who lie still or writhe uncomfortably in each of the narrow beds.

Other, apparently stronger human beings care for the ones who suffer. White coated specialists and nurses pad softly in and out of the unit, hover over the occupants in crises, monitor the ones who are still. Aides wipe up spills and vomit, sterilize surfaces. The pungent odor of chemistry lab barely disguises the human smells of sweat, waste and fear.

In Bed 3, Paula's heart is failing as a specialist, aided by a nurse, attempts for the third time to insert a wire-rigged needle and slender, flexible tube into a vein to study the right side of Paula's heart. In its proper position the sinuous device, a Swan-Gantz catheter, can read blood pressures and output accurately, and take pictures of the interior of her heart. Often this is an uncomplicated, though delicate, procedure. But every patient is different. Paula's veins do not cooperate. A bloody ooze seeps from the small incision in her neck where the catheter enters her body. The nurse dabs at the spreading stain with an antiseptic wipe. Paula is sedated and motionless, except for breathing.

The tube the specialist gently nudges forward stops abruptly. "It stuck again. It's hitting something; I don't know why," he says.

"Maybe a bit to the left?" suggests the nurse.

He tries again. Still no forward progress. He shakes his head. "Nope, I can't do it." His hands tremble. He clasps them together to stop the trembling. "I don't know what's wrong, but I can't get it placed." He stares at the ceiling, into the blaze of light, then shakes his head. "I give up. This is just not working." He returns to his task, and backs the tube out slowly, carefully. His face is ashen.

"What can we do?" asks the nurse. "We can't just let this woman go."

"Transfer," says the specialist. "We'll send her to University."

It is 1 A.M. on a Sunday. Paula, a 53-year-old diabetic with coronary disease, has been treated for the past three days in Physicians Hospital following admission for chest pain. Diabetes runs in her family. Her mother, aged 78, has it. But Paula is sicker than her mother. The wail of the ambulance carrying her through the night to University Hospital, thirty miles away, confirms that fact.

At 2 A.M., Mary Myskinski is wakened by a confusing phone call. Someone at University Hospital is asking for permission to insert a Swan-Gantz catheter. "But Paula

is at Physicians,” she protests. “I was with her this afternoon! The nurse there asked me about inserting that...whatever it is...and I signed the paper. No one asked for permission to move her...What happened?” The voice explains the situation briefly. Mary listens carefully, then whispers, “Do whatever you must,” and drops the phone back into its cradle.

Mary, eyes wide in the dark room, can’t calm her mind, though she tries. Instead she sees Paula as a baby and small child, successfully recovering at Babies Hospital, from surgery after surgery for the cleft palate she was born with. The surgeons did a remarkable job. The scar on her lip was practically invisible. Mary smiles.

Then the picture in the night room shifts and Mary sees her long-dead husband Paul, sitting as he did at their breakfast table for what was to be his last meal. She sees him clutch his chest, sees the two of them hurry to the garage where he struggles with the garage door, stuck with ice that wintery Ohio morning. Lying in her bed, alone, Mary hears again his rapid panting breath, a sound that lurks in the back of her mind all these years. They race to the hospital, skidding around corners. The nurses whisk him away in a wheelchair. She sees her hand, still filling out papers as “Code Blue” echoes on the loudspeaker. It can’t be Paul...but it is Paul. She never sees him again.

Dread is in the wind. You can’t see it, or smell it, or taste it directly, but it’s there. Dread is an invisible force that captures the imagination and holds it hostage to visions of inescapable harm. The dread people feel about health care is not usually the first thing you know about them. It’s rarely on the surface. But ask a friend or seatmate about doctors, or hospitals, and what they think about going there. Watch their faces for tension. Look for a tinge of anxiety. Listen for a strained or angry tone of voice. Those are signs and symptoms of dread.

Mary Myskinski is a typical midwestern grandmother, like most of our grandmothers or parents. She lived through the Great Depression. Her husband went off to World War II. She lived through the Korean War, Vietnam, social upheaval. She knows a lot about hardship. She understands what it means to suffer. Mary was raised to believe in loyalty...to her family, to God, to the community. What you give, you will receive. That was life’s lesson—life as barter, good for good. It didn’t always work that way, of course. But that was the theory, ingrained in the psyches of most members of her generation.

Yet tonight, in her dark ghost-ridden bedroom, Mary is unnerved. She lies awake fearing for the safety of her hospitalized daughter, fearing what might happen to herself when she faces medical treatment. She never used to be afraid, but the world she was raised in is different now, and she’s not quite sure how to deal with it, or what to think.

Mary is not alone. Ask around and you’ll find ordinary people with diverse histories and experiences, but with one characteristic in common: each has a deep seated, core fear of medical care, especially hospital care. They may fear doctors who do too much, or too little. They fear the cost of health care, the immobility, the pain. Above all, they fear the lack of control as the once-familiar family doctor is replaced by multiple specialists and a confusing array of treatments they don’t fully understand.

Wary, suspicious, unsure, our neighbors shudder at the prospect of surgeons who sometimes cut off the “wrong” leg, or operate on the “wrong side” of the brain. The TV says these stories are true; the incidents may be uncommon, but they’re not urban legends either.

Dread is in the wind, so potential patients create self-protective devices of resistance, denial and inhibition. The joke “Don’t take me to the hospital! People *die* there!” is not much of a joke to them. They believe bypassing medical care is safer than trusting strangers in a complicated health system which can harm as well as heal.

Where do these dread-feelings come from? What is the source of uncertainty about today’s health care that leads otherwise intelligent individuals to forgo “preventive maintenance” on their bodies out of fear?

After all, this is America...it’s not the Third World. We have sanitation. We have highly trained, rigorously credentialed professionals caring for us. We have technologies and drugs and medical expertise that stacks up equal to, if not better than, most sites in the Western World. America is chock full of success stories...people living longer, living better. We all want to be those people, the fortunate lucky ones. But getting treatment is scary. People weren’t always so untrusting of their doctors—were they? What happened to damage that level of trust?...

(end of excerpt)