

Letter from Chicago

Troops without leaders

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Libby Zion died in a New York hospital in January 1984. She subsequently achieved posthumous fame by having her case history published in the court reports of a New York grand jury, in several prestigious peer reviewed medical journals, and in numerous less severe throwaways. Her death raised several issues. One of these, the problem of tired house officers working too many hours, was given great publicity. The *New England Journal of Medicine* published her case, largely in the context of this issue, and so recently did the *BMJ* (15 October 1988, p 938). I will therefore limit myself to the bare facts, postponing for the time being the important problem of house officers' working hours, largely because it may not have been the main issue in this unfortunate case.

As described in the court reports this 18 year old woman had come to the emergency room with fever and agitation. She had been ill for several days and had taken a multitude of drugs including phenelzine. She seemed dehydrated and had a leucocytosis. She was seen by a junior resident and was admitted under the care of an intern and another resident to a general medical ward. There she received an injection of 25 mg of meperidine (pethidine). During the night she remained highly excited and was noted to be thrashing about wildly. The intern was called and ordered haloperidol by telephone, then had her placed in restraints but did not come to see her. Towards morning she again became agitated, her temperature rising to 107.0. She collapsed and died. The medical examiner found evidence of bronchopneumonia, but also determined that she had developed hyperpyrexia and sudden collapse after injections of meperidine and haloperidol while struggling in restraints. He noted that meperidine was incompatible with phenelzine and he could not rule out an effect of cocaine.

After extensive publicity a grand jury was called. It concluded that her death might have been avoided had the hospital provided experienced doctors to care for the patient. It commented on the attending physician's absence and his leaving the patient in the hands of a trio of first and second year house officers. It criticized various aspects of the medical care, notably the failure to admit her to the intensive care unit, the use of haloperidol, of meperidine, and of physical restraints. It deplored the inadequate observation, the intern's failure to go to the bedside, and the lack of means of resuscitating her when she aspirated or underwent a respiratory arrest. The jury then issued a series of recommendations. These would require that all emergency rooms be staffed by doctors with at least three years' postgraduate experience; that house officers be supervised "contemporaneously and in person" by attending physicians or graduates of three years' standing; that interns' hours be regulated and shortened; that indications for use of restraints be specified by law; and that hospitals should consider installing computers to check for contraindications of combinations of drugs.

In the light of the debate that followed (and that focused largely on the house officers' hours) several other questions may be reasonably asked. Was the case handled fairly or not? Was it an exercise in sensationalism and demagoguery, or was it symptomatic of a deeper malaise about

doctors? Unquestionably, the media played the case for what it was worth, this being perhaps the price we pay for neglecting the traditional warning against dallying with the press. The jurors thought that the patient might have had a chance had she been cared for in an intensive care unit. Leaving her on a general ward, especially if beds were available in the intensive care unit, turns out in retrospect to have been an error in judgment.

Doctors are fallible

Yet in the frontline of medicine errors will occur. Considering the range of possibilities you may rightly wonder why they do not occur more often. Perhaps the media would have been less indignant if they were reminded periodically that medicine is an imprecise business and that doctors are fallible. Perhaps too the public should understand that the only doctors who never make mistakes are those who never see patients. It is mostly they, incidentally, who have all the time in the world to talk to the press. But the jurors also came up with the wrong answer with their computer to detect drug incompatibilities. They might well have asked instead why an 18 year old should have been taking phenelzine, oxycodone, chlorpheniramine, diazepam, flurazepam, and imipramine, as well as erythromycin, and tetracycline, let alone cocaine. Could it be that we cave in too easily to public demand and prescribe too often and too freely?

But perhaps the complaint about inexperienced doctors goes to the heart of the matter, more so than the fuss about working hours. It is not that American medical graduates are inexperienced, most of them having served longer clinical clerkships than their counterparts in other countries. But the American patient is educated and demanding. He expects to be seen by an experienced doctor, preferably by his own or at least by someone qualified. Had the attending physician (who never saw the patient during the hospital stay) sat by the patient's bed like in Sir Luke Field's painting he could have done no wrong in the eyes of the family.

But in the Libby Zion case, as in many others, the public felt abandoned, left to the care of three young "learning doctors," and perhaps understandably resentful. There was no general, no captain, there were only foot soldiers. It happens all the time, in all kinds of hospitals, but the public does not like it. If the general does not wish to take the field in the middle of the night he should at least be represented by able captains, by doctors at least three or four years out of medical school, to work with the interns in person and not on the telephone. Such doctors would see every patient admitted to the hospital, decide who should be in intensive care and who can be safely left all night in a general ward. They are likely, especially when it comes to procedures, to be as effective as the aging attending physician, or often more so. And they will dispel the prevailing opinion that medical care is often given by an army of inexperienced foot soldiers learning largely from their mistakes.