

Uncompassionate care

Two days after returning from a tropical country, a woman doctor awoke in the middle of the night with shaking chills and diarrhoea.

She calls for an ambulance. She waits in the emergency room of a prestigious teaching hospital for six hours and is admitted to the ward. They find *Escherichia coli* in the blood and administer a wide spectrum antibiotic (piperacillin-tazobactam). But the fever and diarrhoea continue unabated for the next three days. The patient and her spouse are becoming anxious. They have seen the attending physician only once, briefly, on the day of admission. The residents work in shifts, are constantly rushing around, and nobody can shed light on the problem.

A computed tomograph is now ordered. It shows a complex mass in the left iliac fossa. Is it an abscess or cancer? The patient, a surgeon herself, thinks it is abscess and should be explored and drained. The internist in charge is nowhere to be seen.

She is next transferred to a surgical ward. New doctors, new history, and exams—all the previous doctors have vanished. It is Friday. A taciturn young surgeon visits but says little. Antibiotics are continued. The family is becoming desperate.

Comes the weekend. Everything slows to a standstill—that is until Sunday night, when the patient has severe abdominal pain and undergoes emergency surgery at 2 am. A benign small bowel tumour is removed; because of peritonitis she is left for three months with a colostomy, also an ileostomy that is highly awkward to manage. Eventually everything is restored to normal.

It is unfair to second guess the management of this case without at least seeing the x rays. Some seasoned surgeons have suggested that they might have intervened earlier; have wondered why both a colostomy and ileostomy were necessary; and implied that academia does not lend itself to surgeons becoming highly experienced. And yet nobody's reputation would have been harmed if the doctors of that prestigious institution had spared a few minutes of their valuable time to talk to the patient and her family, listen, explain, and assuage their anxieties.