

The Cardiologist

Category: A Turn for the Better
written by Marilyn Barton | August 7, 2024

Forty-four years ago, my husband changed jobs and I followed him—moving from a major university on the East Coast to the Coronary Care Unit (CCU) at a small community hospital in the Midwest.

Patients admitted with chest pain spent at least three days with us to see if their cardiac enzymes rose, indicating a heart muscle injury. Oxygen, morphine, antiarrhythmic medications, and defibrillators were our best friends. The nurse-to-patient ratio was about 1:3, and as we monitored our patients' every heartbeat, we had time to also listen to their concerns and talk with their families.

Our patients' conditions ranged from stable ("It was a false alarm, but we're glad you came in") to life-threatening ("You could die"). The CCU had modern rooms enclosed in glass, with privacy curtains around pull-down toilets. Our bedside and central cardiac monitoring equipment was the latest. We prided ourselves on stationing a registered nurse at the desk 24/7 to watch for lethal arrhythmias, so we could render immediate treatment. Patients often said they felt safe within our nursing care.

I was disappointed, however, that we lacked a cardiology specialist as the captain of our ship—especially the time I assisted a physician who had great difficulty threading a temporary pacemaker wire into a patient with a complete heart block.

Instead, a wide range of specialists—internists, pulmonologists, general surgeons, family physicians—admitted and treated our patients. The care they delivered also varied widely. For example, if a patient had suffered a heart attack, one doctor would discharge them home and let nature take its course and another would refer them to a cardiologist three hours away for cardiac catheterization and possible open-heart surgery.

Our turn for the better happened the afternoon a young whippersnapper cardiologist showed up from the capital city and wanted to take the helm. I didn't understand why, but the current physicians resisted him. Ultimately, the specialist's credentials and expertise won them over.

Like computers and cell phones, knowledge in medicine can become outdated quickly. Our new cardiologist was trained in the most advanced diagnostics, drugs, treatments, and procedures. Soon we were inserting Swan-Ganz catheters to take the guesswork out of measuring internal heart and lung pressures. He opened a catheterization lab so our patients didn't have to travel. Physicians and staff attended on-site advanced cardiac life support classes.

Most importantly, we developed a good working relationship with an authority who could help us deliver the best care to our heart patients.

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