

Panic in the Outside Messages Folder

Category: Accidents

written by Pamela Adelstein | April 18, 2022

As I scan the numerous folders of my electronic medical record in-box, typically I open the "Outside Messages" folder with some trepidation. This folder contains messages from other hospitals detailing emergency room and specialist visits, hospitalizations, and test results concerning my patients.

It is important to me that I track these patient updates and append patients' electronic charts accordingly. After which, perhaps I reach out to check in with the patient, or I schedule an appointment. When I see those patients in the office, I am updated on their health. As my patients have aged and their stressors have increased, the number of hospital visits, and consequently of outside messages, has skyrocketed. Keeping on top of this folder, given copious competing tasks, is time consuming and challenging.

Occasionally I learn of a catastrophic event that affected my patient. Or I learn that my patient died. Despite over twenty years of practicing medicine, my reaction to these notifications has remained constant. My stomach drops into a deep internal pit, my heart sinks into my stomach, and swallowing becomes difficult. A flush and warm prickly sensation permeates my skin. My vision tunnels, and a low-level panic ensues, yielding an uncontrollable urge to make sure I did not somehow cause the catastrophic event.

Did I fail to address an abnormal lab? Did I minimize a symptom reported that should have been investigated? Should I have called them after their missed appointment? Should I have better tracked the symptoms they reported in their portal message, despite asking them to go to the ER if the symptoms worsened? Was there a medication that I should have prescribed to prevent this? Should a medication have been discontinued to prevent adverse effects?

Plagued by these possibilities, I hunt through their external medical record to learn everything possible about their events. Either the pit in my stomach grows, or my shoulders relax as I discover whether the patients' event can be directly traced to my action or inaction.

Notably, what is left out of this internal tumult, is the possibility that accidents happen. Unforeseen and unexplainable situations ensue, unrelated to me and my abilities. How egotistical and self-centered to imagine that I have such power to determine the fates of my patients in such a granular way. Yet the notion of being the cause of a tragic medical outcome is so devastating, common-sense probabilities are overshadowed by irrational emotion.

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