

About Last Night

Category: Stories

written by H. Lee Kagan | December 21, 2018

H. Lee Kagan ~

It was a night like many others. I was taking call from home for my medical partner and myself. My wife and I had settled in, planning to stream the new season of *Goliath* on Netflix. But the internet was down, so we were watching a talent competition on regular TV instead.

At 8:30, my phone rang.

“Hello, this is Dr. Kagan.”

A long pause, then a tentative “Hello...”

I muted the TV. “Can I help you?”

More silence, then I heard a woman’s voice uttering inarticulate sounds.

“Who is this?” I asked. “Are you looking for the doctor?”

I heard her say my partner’s last name. Older voice. Indecisive. Unsure.

“Yes, I’m covering for him. What’s your name?” I asked.

She managed to say her name, but the rest was unintelligible.

“Are you having trouble talking?”

Silence.

I asked again and heard something like “yes.”

“Where are you?”

More silence, a long one. I could hear her breathing, mouth close to the phone. My iPhone screen said “No Caller ID.”

“Can you tell me your phone number?”

Just breathing. I prodded several more times and eventually got “818,” but no more.

“What street do you live on?” No response.

“What city are you in? Sherman Oaks? Burbank?”

Nothing.

"Is anyone there with you?"

"No."

"You need to get some help. Can you hang up and call 911?"

"9...1...?" Silence.

I repeated the questions again, then again. Long pauses. Word fragments. Ten minutes had passed.

The clinician in me thought: *This woman's in trouble. Most likely a stroke in progress. The rapid breathing—tachypnea—is from what? Heart attack? Atrial fibrillation?* My head reflexively goes all clinical in these situations, lining up probabilities. But how to get help to her?

My wife, a critical-care nurse/nurse educator, had been listening. She picked up her phone and, after a futile attempt to Google the woman's name, mouthed, "I'm calling 911."

I gave her a quizzical look. "We have no address to send them to." She thought for a moment, then hung up, obviously frustrated. I saw her tearing up. Her own mother, back in New York, had recently been hospitalized with a stroke.

I put my phone on speaker. The patient's loud breathing filled our living room while, on the muted TV screen, a man with an eye patch was playing the accordion.

I handed the phone to my wife. "Here, you talk to her. I'll see if Emergency Services can ping her."

"Can you hear me?" my wife called into the phone. I picked up the land line in our kitchen and dialed.

"911. How may I assist you?"

Quickly, I relayed my dilemma to the operator, who transferred me to Emergency Medical Services.

Off in the living room, my wife pleaded with the patient to give her an address, a street name, a phone number, anything. "Are you in a house or an apartment?"

Meanwhile, the dispatcher confirmed what I already knew: Without a landline number to ping, there was nothing they could do. "Does your partner know where she lives?"

My partner! Of course. I hung up and dialed my partner's cell phone. He was at a Rod Stewart concert (don't ask), and I was surprised when he answered.

"She lives somewhere near the office." Best guess: Studio City. Maybe.

Now, twenty minutes into the call, my wife and I stood listening to rapid

breathing and occasional syllables emanating from the iPhone resting on my upturned palm—tonight’s unexpected soundtrack. The accordionist on TV had been replaced by a magician, and then a singer.

The reality was we had no way to know what was happening to this woman—not without getting to her. And right now there looked to be no way to do that.

Damn, I thought. *Are we going to listen to her check out on us?* My heart sank. There had to be a way.

Maybe, I speculated, *I could drive to my office and pull up an address on our computer system.* But at this hour the building was locked. And the locks had been changed recently and, shit, I didn’t have the new alarm code. Left it on my desk.

Idiot.

She’s elderly, I thought suddenly. *Maybe my partner’s hospitalized her before. Her data could be on the hospital computer.*

Ordinarily I can access the hospital’s system from my home desktop. But tonight the internet was down. (Remember? It’s why we weren’t watching *Goliath*.) I called the hospital.

“ER. How can I help you?”

ER nurses are special—uniquely trained to roll with the unexpected, to not freeze up. I explained my situation to the nurse who’d answered. With not a second’s delay, she said, “Let me log in.” I heard clicking.

“What was the name?”

I told her. She typed.

Thirty seconds later, I heard, “Uh-oh.”

“Too many people with that name?” I asked. The name was not uncommon.

“Yeah, maybe sixty or seventy.”

“Look for addresses in the San Fernando Valley, birth dates prior to 1945.”

Ten seconds later: “Bingo! Here she is. Born in 1938. Your partner’s listed as her doc.”

“Yes! Bless you.”

Within five minutes, paramedics were headed for the woman’s apartment.

Meanwhile, the call on my iPhone had disconnected. A total of thirty-three minutes had elapsed. My wife and I looked at each other, unsure whether to celebrate our success. Were we too late?

It was another forty-five minutes before I got to the ER and found a smiling

gray-haired woman reclining on her gurney. Two friends sat alongside. The ER doc, at my elbow, told me the story.

“When she arrived, her blood pressure was 230 over 133. We put her on a nicardipine drip, and the pressure’s better. She’s regained her speech, and now she’s talking almost normally. Still having some trouble with word-finding. There’s no weakness anywhere.”

The scans had shown normal brain structure, no stroke—but there was a narrowing of her left carotid artery, the main vessel carrying blood to the left half of her brain.

“Probably a TIA (transient ischemic attack),” we agreed. A loose clot had temporarily blocked circulation to the area of her brain responsible for speech. Despite her improvement, she was still at high risk for a major stroke. I had her transferred to the ICU, where she remained stable.

It was after midnight when I got home. The bedroom was dark, but I knew my wife would be awake.

“Scans were neg, but the angio showed a tight left carotid,” I said, crawling under the covers. “BP was over 200 when they brought her in. Better now on nicardipine. Speech is recovered.”

“Did you put her in the Unit?”

Such is pillow talk in my house these days.

“Yeah. Here’s the kicker,” I said. “She has no recollection of the phone call.”

My wife rolled over and kissed my cheek. “Good night.”

After over thirty years in practice, and more than my share of “saves,” it was still an hour before I could fall sleep.

Tomorrow, the vascular surgeon will come to see about fixing my patient’s carotid artery to avert the threat of a serious stroke. And on the home front, a lower-stakes repair: The cable company will come to fix our internet, so that we can start watching *Goliath*.

About the author:

H. Lee Kagan, an internist in private practice in Los Angeles, is an associate clinical professor of medicine at the Keck School of Medicine of USC. He is a contributing writer for *Discover Magazine*, and his work has also appeared in [Pulse](#), the [New York Times Magazine](#) and *The Intima*. “Given the dramatic events in this case, the story practically wrote itself. The intensity was the easy part; it’s the juxtaposition of our race against the clock with the quotidian bits of our everyday lives that took this story to another level for me. It lets me see how uniquely privileged and lucky I am to have a career in medicine.”

Story editor:

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