

## Sweeping the Floor

by H. W. Moss

Nurse Addison opened the door and waved a clipboard at Doctor Skaven.

“The patient in room C is ready for you, doctor. Here’s his chart.”

The physician leaned back from his desk and took the information proffered. He pulled his glasses down from his brow, did a quick read through and said, “This guy’s forty-four and checked himself in with the self-diagnosis of a heart attack? Where’d he get a medical license?”

“I know, doctor,” she replied with the sigh of an exasperated school teacher. “The man looks physically fit, but that’s what he complained of: chest pain.”

Skaven knocked politely with two taps before he pushed the door open. He extended his hand, introduced himself, said, “You are Evan Burgess?” When the response was affirmative, Dr. Skaven gave a hearty smile. “Good, Mr. Burgess. I always like to confirm that before we do anything. Wouldn’t want to be treating the wrong patient now, would we?”

Burgess had removed his shirt as the nurse requested and Skaven was aware of the man’s physique which was excellent for a middle aged adult male. His posture was good, his skin clear, his complexion ruddy which was to be expected from the outdoorsman type he appeared to be. Skaven had already convinced himself the man’s heart was not an issue here. However, before the patient could say anything in reply, Skaven continued: “You don’t smoke? Have diabetes? You look fit. What kind of work do you do?”

“Forest ranger is the best way to describe it,” Burgess said obviously brightening to the topic. “I mostly walk around the forests of Marin, Mount Tam. That’s where I was

when I felt the pain in the center of my chest. I was hiking and at first I thought it was muscle strain, the backpack pulling, that sort of thing, but it didn't go away. It was, like, different from muscle pain, I don't quite know how to describe the difference, plus I couldn't catch my breath."

The doctor said, "The nurse took your blood pressure which is normal." He worked at palpating the man's chest and back, listened intently as Burgess talked. All the while Skaven was thinking, recalling symptoms he had learned and become familiar with over the years. "You aren't taking any medication? Haven't been sweating a lot, have you? Has the pain spread to any other extremity?"

"No. I've never smoked or been overweight and there is no history of heart attack or stroke in the family."

The doctor considered other indicators such as stress. He asked, "How's the family life? You filled out the form and checked 'single.' You didn't check 'unmarried.'"

"Me and the wife didn't share the same things that made us happy," Burgess said with a hint of wistfulness in his voice. "We broke up five years ago. She faked liking backpacking and camping out. No, I don't think about her much a tall." As an after thought, he added, "And I love my job."

"Pulse is sixty and regular," the doctor said dropping the wrist. "Typical for an athletic guy such as yourself. Let me listen to your chest." He placed the stethoscope, said, "Good heart sounds. Take a deep breath. Exhale. Another. Exhale. Another," all the while moving the chest piece. The doctor sat back and looked Burgess in the eyes. "I detect no abnormalities." Then Skaven did a somewhat unorthodox thing: he pressed the spot between Burgess' ribs and breastbone. "Do you feel any pain?"

“None.”

The doctor placed his hand beneath the patient’s leg and lifted the calf. He examined, then touched the calf and thigh firmly, did the same with the other leg. “I see no evidence of swelling in your legs or ankles.”

Burgess could see where the examination was going and said in his own defense, “It still hurts, doc. It’s a dull, deep burning pain and it won’t go away.”

Dr. Skaven said, “Oh, I believe you, Mister Burgess, and I’m just sweeping the floor, trying to clear things out of the way so I can figure out where we stand. It’s just that everything I know that would tell me what I am looking for or what you are suffering from comes up negative.”

“Well, I waited long enough before coming in. But it seemed like an emergency to me, I’d waited three days.”

The doctor gave a condescending chuckle. “That’s why we call it an emergency room. We’re here for you when you have an emergency. But I don’t think this is one, Mr. Burgess, for which you may be thankful.”

The patient began to pull on his shirt, a thick red Pendleton that smelled of pine pitch. “I guess I can go?”

Dr. Skaven was busy making notes on the top sheet of the clipboard. He lifted it and glanced at the sheet below, made several marks with his pen on that piece of paper and finally said, “Well, not quite. We want to make sure I cover all the bases so I’m gonna order an electrocardiogram, a chest X-ray and blood tests to measure your cardiac enzymes. Can’t be too careful, can we?”

He winked at Burgess as if to say, “Don’t worry. It will all turn out fine. I already checked everything I could possibly check, these are just icing on top, additional but unnecessary. Get me?”

Skaven pulled a third slip of paper from the clipboard and handed it to Burgess. “Take this to the front desk, they’ll direct you to the proper departments. Then I want to see you again in,” he paused to check his watch, “labs and X-ray should be about four hours. My shift ends at eight, so I’ll ask them to expedite the tests, should be ready by seven. That okay with you?”

Burgess poked his shirt into his jeans, zipped the fly, buckled and said, “Like I have a choice, doc?”

As he opened the door to let them both out, Dr. Skaven chuckled again and said, “Well, yes you do have a choice. You could go straight home from here and we might never hear from you again because your muscle pain went away. Or you can have the tests which ought to rule out anything I might have missed.”

Burgess waved in a half-hearted attempt to show he took the examination and these tests lightly. “See you at seven, then.”

Distracted by his thoughts as he walked down the hallway, Dr. Skaven had his clipboard ripped from his hands and a second one placed in it. He looked up to see Nurse Addison with an intense gleam in her eyes, a stern expression on her face.

“What’s the matter, Catherine?”

“Doctor Normer saw you ordered all those extra tests on the lumberjack who was just in here. He started muttering about excessive patient care, how it’s costing the hospital to meet your every whim when it comes to tests and the level of patient care.”

Skaven said, "Is that all?" and began to study the latest chart that had been thrust in his hand. When he entered after knocking he immediately began sizing up his patient. He noted the tilt of her head, her complexion, the fluttering of her eyelids, the shape of her mouth, the sound of her breathing. This last was labored.

"Hello, young lady. It's Irene Kennedy, is that correct? I see you are complaining of a head cold. I've seen six others today so I'd call it an epidemic, wouldn't you?"

The woman's voice was deep and wet with nasal congestion. "Gee I dunno. I guess so."

He used a device in her ear that checked her temperature, noted it was 100.2 degrees. He observed that she was breathing rapidly, perhaps twice the normal rate. He used his stethoscope and listened to her chest, but heard none of the harsh raspy sounds indicative of mucus.

"Open wide, let me take a look-see," he said pulling a wooden tongue depressor from a jar on the counter. His flashlight revealed a bright red throat. "Yep, it's undoubtedly another case of viral pneumonia. I've seen literally dozens in the last week or so."

"Is that why I'm having difficulty breathing?"

"I'm sure of it. Completely curable with antibiotics. We call it 'subclinical pneumonia.' Time is the best medicine, but I can give you something to alleviate some of the symptoms."

She watched him write the prescription and said, "I started feeling bad a couple days ago, but I just thought I had a head cold, so I drank orange juice and tea and took a few aspirin."

He handed her the script, then another. “Well, I want to be sure so we need an X-ray. Viral pneumonia shows up well on an X-ray. And a blood test, to check and see if your white count is elevated.”

Skaven saw several more patients before the results of the tests for both Burgess and Kennedy were brought to him. He examined the X-ray for Kennedy first. It showed no white streaks which would have been a symptom of the disease. Lab said her white cell count was normal, but the electrolytes indicated her blood had become slightly acidic, both tests contra-indicating viral pneumonia. He decided she was in the early stages of the infection which would explain why the X-ray was clean and the white cells had not organized to fight the disease.

He had her paged.

“In addition to antibiotics, I am going to prescribe an over the counter antihistamine and decongestant. No, no prescription necessary. Bed rest. Plenty of bed rest and at least eight glasses of water a day. All right with you? Good. I have to get to the next patient, so goodbye for now.”

Skaven was able to take a quick look at Burgess’ chest X-ray which, just as he suspected, showed no abnormalities. The blood work indicated cardiac enzymes normal which meant there was no damage to the heart. He left a message with Nurse Addison to tell Burgess to take an antacid and go home.

At the bedside of a long term cancer patient, Dr. Skaven was once again saddened by the gravity of the case in one so young and, until recently, so full of life.

“Hiya, Bryan,” Skaven said to the half aware patient. A morphine drip kept the young man comfortable if semi-conscious. The end of his life neared and Skaven knew it

better than anyone. He diagnosed the osteosarcoma six months ago and had Bryan under his care ever since. There was an affinity between them, a shared love of literature that Skaven found rare these days. “Nobody reads anymore” was their common lament. To have a patient in his care with whom he could share such Joycean jokes as “What was Leopold Bloom’s favorite food?” while looking at kidney function results meant a lot more to Skaven than he at first realized.

Bryan Hitown was an English instructor at the local city college, a former bicyclist whose riding stopped when the ache in his left knee turned out to be much more than a sore muscle. Skaven had seen Hitown many times on San Francisco streets weaving in and out of traffic, skirting bike lanes and often on Sundays in Golden Gate Park where Skaven, too, did a weekly bike ride.

It was difficult seeing the young man in such a deteriorating condition especially after all panaceas failed to halt the disease. The cancerous growth was discovered near the end of the femur a few inches above the knee.

But the tumor was probably not what was going to kill Hitown. No, ultimately it would likely be Dr. Skaven who would do that. Skaven knew full well he was responsible for this latest and gravest setback. Despite all efforts to prevent infection, the patient had developed sepsis.

“I’m taking you off the Adriamycin regime, Bryan. I have to.”

The look of sheer terror in the man’s eyes caused Skaven to avert his own. Adriamycin, nick named “red death” for its deep red color and its virulence, was an experimental treatment that in some cases shrank this type of tumor, avoiding amputation and allowing surgery to be performed. But it caused sores to develop in the mouth,

patients to become extremely nauseous and to vomit frequently. In addition, it altered blood chemistry and had been known to lead to heart failure due to the amount of strain it put on that muscle. With the bacteria coursing through Hitown's bloodstream the chemical treatment weakened an already compromised immune system paving the way for the final moments of life.

Skaven forced himself to again look directly at his patient. He decided not to stint on the prognosis.

“Your body reacted badly, Bryan. You have been acutely nauseated; we've had to tube feed you. Your white blood cell count has dropped precipitately and you are running a fever. From this latest blood test we know you have sepsis and, besides all that, the latest CAT says the tumor in your leg has not shrunk. Amputation is now the only option if we are to prevent the cancer from spreading.”

If they had been able to beat the sarcoma, that was one thing. But the prognosis had merged and diverged into one where death was more imminent.

Until this afternoon, there had been no obvious reason for the fever. That was when Skaven learned a site between Bryan's buttocks that was the probable source had been discovered by an intern. Skaven had missed it even though he had searched. It had been a routine exam for the doctor who was assisted by two residents who propped Bryan up in bed. Skavin began at the top of the head and examined the scalp for unnoticed cuts or scratches that might have become infected, ingrown hairs or shaving nicks on the face and neck. He worked his way down the torso and ended at the toes making sure there were no infections hiding between cracks in the skin.

But the patient was obviously in pain throughout and displayed considerable discomfort with almost any movement or adjustment the residents made to him. So Skaven did not have him turned over on his stomach that he might search for infection in the most obvious of places, where there was routine soiling: around or near the rectum.

Skaven's failure to examine Bryan's back and buttocks was the proximate reason the abscess went undiscovered and untreated. Dr. Skaven had cut the examination short because he was in sympathy with his patient and did not want to increase his pain and torment.

And that was the reason Bryan was probably going to die: because Dr. Skaven made a decision based on what he wished. He had wanted to believe the cause of his patient's fever was minor and no additional inspection would have revealed a source that might have led to earlier treatment.

At that moment the monitor began screaming, its call signifying patient distress and, perhaps, death. The graphs indicated Bryan had no blood pressure and a temperature of one hundred and four. Dr. Skaven grabbed a phone on the wall, called for assistance and asked to have an intensive care room made available immediately. Bryan had gone into septic shock.

Skaven ordered intravenous pressors, drugs that help the heart pump better and tighten vessel walls to maintain blood pressure. The results of lab cultures had just come in, so Skaven demanded wide-spectrum antibiotics be administered immediately. He had a crash cart brought into the room and wore himself out trying to find a way to forestall the inevitable. But within twenty minutes it was clear that Bryan Hitown was gone.

Dr. Skaven called the time of death. He dismissed the resident who had just arrived as being too late, then told the nurses he was through for the day. "I finished sweeping," he said enigmatically. "I'm heading home." On the way he picked up a bottle of Chardonnay. Sipping from a glass, he made a dinner salad and settled in for an evening with the only Dickens he had never read, "Martin Chuzzlewit."

Skaven began his shift the following day and was almost immediately greeted by one of the younger interns, a colleague who singled him out and said, "Very interesting case, that man you saw yesterday."

Skaven could not distinguish from this comment which of five male patients he had seen the day before who could possibly be the subject of this statement. He muttered a non-committal, "Um?"

"The forest ranger. He came in this morning with an acute myocardial infarction."

Skaven immediately realized he had overlooked the surge of chest pain as a symptom of unstable angina caused by coronary-artery disease even though that was well known to precede a heart attack, but the why of his not seeing the problem eluded him. He knew the numbers. Half of all unstable angina cases fail to show up on an EKG; the disease would not be revealed by enzyme tests because the heart remained undamaged, had not yet begun to fail, therefore there was no fluid back up in the lungs.

Yet instead of recognizing Burgess' chest pains for what they were -- early stages of muscle deterioration -- he assumed a man in his forties could not be suffering from coronary disease, especially since the type of pain he described was not typical. In fact, as things did not check out, as the physical exam and the blood tests failed to identify a heart problem, the less Skaven gave credence to the patient's self-diagnosis.

Dr. Skaven had talked himself out of finding the problem early on when it could have been treated. Instead, he asked the intern what the ranger's status and learned, "The man died sitting in chairs. Just keeled over, coded blue and nothing worked to revive him."

Anguish over the unhappy results must have washed over Skaven's face because the intern said, "Hey, don't get me wrong. You did way more than I would have with what he presented. I looked over your notes on his chart and you did everything right. You think I would have ordered enzyme and X-ray? Not on your life, not with our budget crisis I would not have. About all you could have done would be admit him, keep him overnight, give him a second enzyme in the morning or maybe a stress test. And even then he'd probably of croaked before you could get him off the treadmill, if that's any consolation."

Skaven did not quite know how to respond. His patient was mortally ill and he missed it?

"Oh, and that woman with the viral pneumonia didn't make it through the night."

"What?" Skaven was incredulous. "I put her in a bed with an I.V. fluid drip to get her fever down."

"That was a prudent decision and probably kept us out of a malpractice suit. We dodged a bullet on that one because of it."

"Why, what do you mean?"

"It wasn't pneumonia at all. Aspirin toxicity. Classic case."

Skaven was astounded. "Are you serious? She said she'd taken 'a few' when she first felt symptoms of a head cold."

The intern seemed mildly amused at that comment. “Yah, I know. I looked at your notes on that case too. She did say ‘a few,’ or at least that’s what you wrote down. But before she died the doc on duty managed to read those notes and ask her what ‘a few’ meant. Seems she took at least two dozen. At a time. For several days. But, hey, I wouldn’t have caught it either. A few. What can you do if the patient can’t count?”

# # #