A call I never made

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When I was working as a resident in Patan Hospital, Kathmandu, on one busy on-call day, I was called by the emergency room resident to see a patient with possible myocardial infarction. The patient was being treated for congestive heart disease and had fainted that morning. His vital signs were stable and an electrocardiogram showed ST segment elevation and widened QRS complex, which were new findings. I made a quick diagnosis of acute myocardial infarction while chemistries were pending. I called an intensive care resident to find out if any beds could be arranged, but no beds were available. I decided to transfer the patient to the Heart Centre in the other side of the town. I rang the Heart Centre and made arrangements and finally transferred him, escorted by an intern. Later the blood chemistries came back. He had potassium levels of 6.7 mmol. The typical ECG findings were due to hyperkalaemia, probably not to myocardial infarction. I sent the report with the patient and forgot about him that day, as I was very busy.

Later my assistant informed me that the patient I had referred had died of an arrhythmia. The Heart Centre had told my assistant about the patient's death. He said only that I could have telephoned the centre about the hyperkalaemia. Then he said no more and went away. That was enough for me. A gush of electric current passed from my head to my feet;

I started sweating and my heart started racing: I had made a serious blunder; what kind of doctor was I? When it came to transferring the responsibility of the patient care from my head to others, I was doing all I could. I was making phone calls, wherever I could. But when it came to real patient care I was so indifferent. I acted as if once the patient had left the hospital, it was not my duty. I told myself that my attitude, knowledge, and skill cost a patient's life and I was deficient in all those qualities that a doctor should have.

The incident taught me the meaning of that most talked about topic, the doctor-patient relationship. The doctor-patient relationship doesn't end when the patient leaves the physical boundaries of our care. Most of the time, it haunts me that if I had given a call, the patient's life could have been saved. These thoughts lead to a concept of universal doctor and universal patient, analogous to health and disease respectively. There are no individual doctors or individual patients. Because I identified myself as a different doctor from those in the other hospital, I thought the patient was no longer my responsibility: there was somebody else to look after him. Had I thought that he was just a patient and I was just a doctor, wherever he was and whoever was treating him, this incident would have been avoided.

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No time to talk

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Think carefully enough and mistakes come flooding to mind—a missed pneumothorax, an unnecessary resuscitation, and a pacing wire that tickled a tricuspid—memories of follies that influence individual practice more than they ultimately affect patient outcomes.

Yet, one memory still haunts me. I was a junior doctor in a busy specialty, rushing to manage patients and pass exams. My peers were coping with the same competing demands in their own firms and in their own ways. Some responded with machismo, their spirits unbowed; some by internalising their pain; and others with an equal calm.

One colleague stood out. He was from overseas and a loner, but we struck up a friendship over pizzas, televised football, and black humour in the doctors' mess—the lifelines of a night on call. In six month posts these friendships ebb and flow, from endless hours in the mess on a quiet night to barely an acknowledgment when busy. And we got busier and we talked less.

One day his firm had just swept through our ward, but he hung back, wanting to begin a conversation it seemed, a conversation I had no time for. I moved on, with a promise to talk later. The next day he wasn't at work. He was still in his room—directly across the corridor from mine—an insulin syringe lying next to his dead body. The next day, his mother flew in to reclaim her son. But how must he have suffered—alone, miserable, a long way from home, in an endless and thankless job, patients too ill to be grateful, colleagues too wrapped up in themselves to care.

Would it have made a difference if I had talked? My greatest mistake was not to find out. As the royal colleges strive for a new definition of medical professionalism, what will we do to ensure that professionalism extends to consideration for our colleagues?

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Festive fare and Christmas competition

Eat healthily, eat well

To complement the article on the Polymeal (p 1447), bmj.com carries Raymond Blanc's recipes for one such repast—watercress soup, grilled mackerel with a tagine of winter root vegetables, and chocolate mousse. To fulfil all the Polymeal criteria, add some

nuts before or after the meal, and a glass of wine during it. And if these inspire you to culinary creation, submit your recipes to our Christmas competition—details are at the start of the journal, on the Editor's Choice page.