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Cynthia Haq, MD

I'm Sorry

As I reviewed the small mountain of reports on my desk, one gave me pause. I had just returned to my small-town family practice after an extended leave of absence. Pat had lung cancer.

Pat was a 78-year-old beloved patient for whom I had cared for more than a decade. She was a dairy farmer, mother of six, interior designer, and one of the best pie bakers in the county. Reports from the hospital and oncologist confirmed widespread metastases. Pat had declined aggressive treatment. She was receiving palliative care from hospice under the supervision of an oncologist. I called Pat to express my concern. Her response was lukewarm. I offered help if she desired.

A few days later I spoke with the oncologist. He provided details and added, "You might want to check the records. The primary lesion was detected years ago, but there was no follow-up. Someone dropped the ball."

What had happened? I reviewed Pat's electronic record, including reports from a hospital stay more than 3 years ago for pulmonary emboli following knee surgery. The

computerized tomography (CT) report described extensive bilateral infiltrates and a possible small nodule in the base of the left lung. Follow-up was recommended, but no follow-up was obtained. A chest X-ray report from a visit more than a year ago with one of my partners revealed a left lower-lobe pneumonia and suggested follow-up to ensure resolution; no follow-up was obtained. Pat presented infrequently for care and usually only if something was wrong. There was no indication in any of the notes that the abnormality was noted. Pat had not been informed of the findings.

Who was responsible for identifying, discussing, and following these issues—the hospital team, my partners, or the radiologists? None of these was to blame.

As Pat's family physician, it was my responsibility to follow up abnormal tests. I had made a serious mistake.

I was afraid, ashamed, and confused. Had Pat rejected me because of this mistake? Was she angry? Would she sue me? What was wrong with me? Was I a bad doctor? Could I be trusted? Had I made other serious mistakes? What was wrong with our health care system? Was the mistake due to pressure to see more patients more quickly? Did the conversion from a paper chart to an electronic medical record contribute to the error? Would early detection and treatment have changed the outcome? What should I do?

Forgive Me

Discussion with a trusted colleague helped me sort out my thoughts. Yes, I had missed a finding. No, we will never know if early detection would have changed the outcome. Yes, I should share this information with the patient and apologize.

I took a deep breath, called the patient, and asked permission to visit her at home. She agreed.

It was a quiet, bright, sunny day. Pat was lying in bed in a darkened room with mildly labored breathing. I kneeled at the bedside and took Pat's hand. She wept when she saw me. She said she had no pain but was very tired. She was worried about her husband of nearly 60 years, who had also been ill, and distraught about conflicts with many family members who were not on speaking terms. I listened.

Finally I shared what I had come to disclose. I had made a mistake. I did not note the possible nodule on the CT scan. I was sorry that Pat had cancer. I was sorry that I had not fulfilled my responsibility to provide her with as much information as possible so that she might have taken action sooner. I did not know if this would have made a difference in the outcome.

Pat's immediate response was, "It's not your fault that I have cancer. If you had found this earlier, I might have had 4 terrible years, instead I had 4 good ones. You did nothing wrong."

I emphasized that yes, I was indeed responsible for not noting

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the nodule on the report, for not discussing it with her, for not providing options for further evaluation and management. She repeated that no, I was not to blame.

I was forgiven.

A tremendous load was lifted from my shoulders. Since Pat had forgiven me, perhaps I could forgive myself and continue as her doctor through the end of her life.

I Love You

I took another deep breath and continued. "Pat, I have known you and your family for many years. I care about you. May I continue to be your doctor?" I wondered if Pat could trust me with my imperfections. Pat immediately responded, "Of course. You're my doctor. You

know me. I want you to care for me. The oncologist is fine, but he doesn't know me."

One week later we conducted a family meeting in Pat's home with her husband, children, and the hospice team. Another deep breath: "We are here because we love Pat. None of us is perfect. There are no perfect families. Yet because of Pat's love, forgiveness, and courage, we have this precious gift of time together." We discussed Ira Byock's four things that matter most at the end of life.¹ Pat expressed her love and hopes: for the family to be at peace, to celebrate the good times, and to support one another in the difficult times to come. Pat died less than 2 days later.

Thank You

In her quiet and simple way, Pat taught us profound lessons about accepting the unexpected, forgiving, celebrating, hoping, and living and dying with courage and dignity.

I'm sorry. Forgive me. I love you. Thank you.

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