

Room for a view

Changing the view

It would be a daunting group for anyone with white-coat hypertension: eleven medical students, a faculty physician, three residents, and two other team members, one of whom is me. We slide through the doors of the intensive care room and draw the curtains, lest hospital visitors think the patient is in distress.

Mrs. S is a white-haired woman well into her seventies. She has the lined and leathered appearance of someone whose life has not been easy — but she is alert, and her gray eyes look at us with interest.

Time is always of the essence on morning rounds. The student physician flips through layers of paper and quickly begins to give the history.

“Seventy-seven-year-old female with chest pain ...”

The faculty physician interrupts to tell the patient to feel free to interrupt if the student makes mistakes. Most patients don't respond to this invitation, but this lady is not shy. As the student proceeds, she firmly corrects certain points about the after-effects of her stroke.

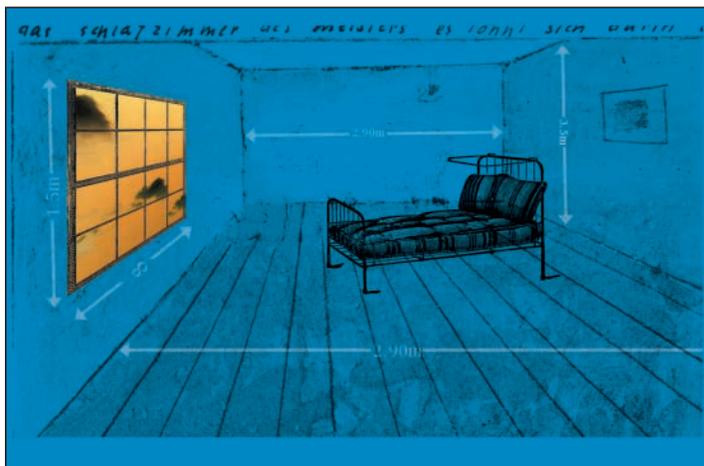
The student continues with rapid-fire details of physical findings. Mrs. S points out that, since she is in her seventies and has had a stroke, the student ought to go slower. The student continues, this time speaking a little more slowly, but giving lab results in shorthand — BNP, INR ...

“Are you speaking English?” the patient interrupts.

“It's just medicalese,” the student says. Some of the younger students giggle. I am not sure if they are dismissing the patient's response or enjoying her participation.

The phone rings, and the patient answers. She talks briefly, and then tells the person on the line that the doctors

are in the room. “My oldest daughter,” she explains to us, hanging up, “the Colonel.” I wonder what this daughter is like to merit such a description. “The oldest of five daughters and five sons. I married a drunkard and a gambler and a babymaker.” It sounds like a line she has used before.



“One husband, or three?” I ask her, playing along.

“Just one,” she laughs.

The faculty physician asks if he was any good at his different occupations. Obviously the babymaking, I think. But the patient's response is more blunt:

“He was good at sex,” she says.

There are some widened eyes. “I don't believe you said that,” the physician says, smiling.

“You asked me, and my mother taught me always to tell the truth,” our lively elderly patient says.

I wonder about the stories this woman has to share with anyone willing to listen. But her mind is on the present.

“How long are you going to keep me in this room without a window?” she demands.

“There *is* a window,” the faculty physician says, but for the first time we take notice of the fact that it is behind the head of the bed, with the blind partly

drawn. The patient is facing the nursing station for easier observation. We can see through her window, but she can't.

“Maybe the bed could be turned,” I venture, and the faculty physician nods.

The students appreciate this patient's frank and cheerful style and are quick to respond. One goes to consult with the nurses. Two others look at lines and monitoring connections and consider the possibilities. Another checks the end of the bed and unlocks the brakes. Another pushes the bedside table to the end of the room. Others hold lines and monitoring cords while the bed is turned to a 45-degree angle from the window.

Medical equipment still blocks the view. More adjustments are made. “Can you see out?” the resident asks.

Mrs. S answers slowly, already absorbed in the scene. “Yes, that's better. I can see snow and trees and cars going up the hill.”

There is a slight delay in the hallway as the faculty physician writes a note in the chart and returns a call that has come through on his pager. Mrs. S looks back and smiles goodbye at us before returning her attention to the window.

The team flows, energized, through the hallway of the intensive care unit. We move into the next patient's room, draw the curtain, and face a thin, elderly man. A few students gaze past him to the window, and a student begins a new patient history in a room without a view.

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