QUERY

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Just a few days ago I blithely floated from examining room to examining room, seeing sore throats and infected big toes, listening to epic tales of insomnia and marital frustration, adding pills, subtracting pills, switching pills. I flitted behind door number one, barged past door number two, sashayed through door number three. I made my diagnoses quickly and did not second-guess them.

Now I third-guess. And fourth-guess. The toes are the same. So are the sleepy people and the kvetching marrieds. It's me who's changed.

I saw Katy on Wednesday morning. Healthy, with no past medical history except for depression, she is twenty-five and a graduate student. She had been having trouble with her supervisor, who is dissatisfied with progress on her thesis, and so we talked about why her work was going slowly. I asked if she thought she might be depressed again, if she had been taking her medication, and if she had any depressive symptoms. She sounded fine and laughed at certain points. But she did mention a strange tingling in both feet that started the day before. I reassured her that it was probably nothing.

A few days later, as part of my ritual, I logged on to the hospital network to see who had been admitted under my name the night before. Katy's name was on my patient list. Panicking, I looked at the floor: ICU. For a second I thought it might have been a suicide attempt until I looked at the diagnosis box: Guillain–Barré.

That tingling sensation I dismissed meant a missed diagnosis; a critical mistake. I ran up to the unit and learned that since I had seen her the tingling had gotten worse, that she became weak in the legs. My office was impenetrably booked and when Katy had called back she was given a follow-up appointment in two weeks. After all, my receptionist probably thought, she had just been seen. Katy held on until she had to go to the Emergency Department, where they feared that she would have to be intubated; a few hours later, she was.

Ever since this has happened, I've been taking much longer with patients, shaking them down for every piece of information I can. I examine parts they've never had examined before. I'm antic, frantic and overcompensating for something I can't change. It's like being told by the dentist you have cavities and then brushing your teeth extra hard as a result, too late.

Because of this confidence crisis, I'm forced to consider what's different about the me of now versus the me of then. I feel as if I've lost something ineluctable, something intrinsic to my ability to function as a doctor. Now that I've made this terrible mistake, I'm afraid I'll make more, even bigger ones. That this will be the first in a series of mistake dominoes. But the hardest part will come when Katy is extubated and instead of looking into her eyes, which blink once for yes and twice for no, I'll hear her voice — one that might accuse me of being responsible for her illness. For I am, in a way, aren't I? As her doctor?

The intensivist in charge of the ICU has promised he'll call when it's time for extubation. And when this time comes, I'll finish up at the office and drive the ten minutes to the hospital. I'll walk up two flights of stairs and announce my name into the intercom system that gives entrance into the unit. I'll greet the nurses. Then I'll walk to her bed and admit my mistake to her, saying simply, "I'm sorry."

I don't know what will happen next.

— Dr. Ursus

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