

Chapter 44: Scuffles with the Indira of Keokuk (2005)

Early October. The situation suddenly started deteriorating; and as often the case is we did not realize at that time, that we were sliding down a slope. As expected, Jack and Rachel, and whoever they could influence, orchestrated the evolving events but the personality who provided the key motive to unleash the onslaught against me was Dr. K'—our anesthesiologist. I myself called her "Indira", since she looked like Indira Gandhi: petite, slim, brown; outside the OR always clad in traditional *sari* and wearing elaborated Indian gold jewelry. She had arrived in Keokuk almost thirty years ago, after having trained in India and Pittsburgh, to become the sole local anesthesiologist. Dr. K', together with a divorced Indian psychiatrist whom she had married, had become a local "royal rural couple"— an Indian-styled mansion on the river, a private airplane, collection of Rolls-Royces, Bentleys and Mercedeses, stocks in many local businesses, ownership of agricultural land, and influential seats on many of the civic boards. Indira managed her small anesthesia department (she employed two nurse anesthetists) and the OR like a queen. At the same time she was hard working, always available, and a careful, albeit old fashioned, anesthesiologist. During the first year, my relationship with her had been correct —almost cordial. Often between cases, she would tell me about herself, her family —repeatedly emphasizing her superb training in Pittsburgh where "she could have stayed on as a professor", but, typically, she never asked me any question. She did not seem to like Jack with whom she had had a few unpleasant encounters over the years but never took a side in my ongoing conflict with him. Once, I remember, she approached me at the sink where I was scrubbing for an operation: "Moshe, do you have any social life here? Do you meet people?"

"Yes, a couple or two, we have an occasional dinner with them—."

"They don't like us foreigners, you know. We have invited local people to our place over and over again. But they never reciprocate. But people need company, need to meet and eat together." She sounded bitter. I made a mental note: *we have to invite them over for dinner.* But this would never materialize.

From my diary:

1 October 2005. In the morning I had an unpleasant confrontation with Dr. K, our lady anesthetist. Larry is a middle-aged alcoholic from across the river that for a few months has been begging to repair his large and unsightly abdominal, incisional hernia, which had developed, a year ago, after an operation for abdominal injury at the University Hospital. "You are high risk for such an operation. You suffer from cirrhosis, why don't you have the operation at the University Hospital?" I kept telling him. But because he is not insured, the University Hospital won't accept him for an elective operation. "OK, I will operate on you if you stop drinking for three month," I told him eventually, "But I won't touch you if I smell even a drop on you." So Larry stopped drinking and his liver functions normalized. I referred him to David, my internist buddy, who agreed that a hernia repair would be reasonably safe. I sent him to the financial office of the hospital where arrangements to pay in installments for the operation has been worked out.

The operation was scheduled for this morning 8 am; however at 7.45 when I walked into the OR I was surprised to find Dr. K' standing at the reception desk, clad in her red *sari*, instead of attending to my patient. She said: "Dr. Schein, your patient is not a candidate for an operation, he's cirrhosis, you know, let him have his hernia repair at the University Hospital, it's very dangerous to do him here." She did not pause for a breath but continued: "and he can't pay us." I was furious: why does she cancel my patient five minutes prior to the operation? But arguing with her did not help: "Your patient is drunk, he smells of alcohol!" said the Indian woman.

I stormed out the OR and complained to the CEO in writing: "...my intention is to point out an administrative problem which adversely affects this patient's management. In addition, I'm very upset about the anesthetists' callous attitude to the patient. Both the internist and I prepared the patient for an operation for which both of us felt he is fit. I was surprised therefore to be told five minutes before the operation that: a. he is not fit for the planned operation; b. he smells of alcohol (absolutely false) and c. he cannot pay (he had pre-arranged for payments with the financial department of the hospital.) Of course anesthesia has the right to discuss and question the fitness of patients, and the indications for operations, but for elective cases this should not take place minutes before the planned operation, in an already starved and stressed patient. Patients are seen and assessed a few days prior to operation at ambulatory surgery—this is when anesthesia should screen them. What they did with this patient was inappropriate,

dysfunctional and non-ethical. I contend that they have to apologize to the patient for calling him "drunk" and canceling his surgery for non medical reasons..."

5 October 2005. Dr. K' does not return my greetings. Oh' well. Who cares!? Today afternoon when I reviewed a CT with Bill Philips he said: "Moshe, I have to tell you this: you cannot be confrontational, letters to the CEO are contra-productive. Dr. K' is scared of you. Other doctors told me this as well. Everybody knows about your Brooklyn story, they know that you blew the whistle on some Docs."

Well, it seems that Jack is active in badmouthing me. Is my friend Philips a friend or an implant? So I had a tackle with the anesthetist despite my utmost efforts to appear peaceful and benign. Notwithstanding my pledge to change I'm still irritated when patients are mistreated.

11 October 2005. The CEO asked me to interview on the phone a surgeon from Texas who had applied for the surgeon's position we were advertising. Of course, before calling him, I "googled" him to better appreciate his real personal history which is never entirely reflected in the official C.V. The Texan turned out to be a New Jersey Jew who likes to spend his vacations volunteering in Africa. We had a long chat on the phone during which is asked: "Hey, how is a Jew with such a heavy foreign accent tolerated in rural Iowa?"

17 October 2005. Nothing further happened with the Texan candidate: the CEO found out that there are a few sexual harassment complaints pending against him in his hospital. We dropped him.

November 7, 2005. The CEO called me this morning: "Moshe, a woman has just left my office. She'd dropped in to tell me that, and this is her version, the new surgeon, that must be you, hah, gave her the finger. According to her it'd happened yesterday at the intersection of Main with 9th street. To make matters more interesting the woman is no other than the wife of John Smith— you may know him, he's the President of the Hospital's Board of Trustees. So I thanked her for informing me about the incident and promised to investigate her complaint. Moshe, I can't believe that you showed her the finger? Tell me what happened?"

It took me a moment to correlate this with the minor incident that occurred yesterday. At lunchtime I left the hospital driving slowly toward the main street. For

some reasons I didn't follow my usual route, but I turned at Blondeau Street. Immersed in thoughts I missed a stop sign. Only when crossing the intersection I noticed a car turning in from the left, with its driver waving her fist at me. I smiled and waved back, turning the palm of my hand up, like, "I'm sorry." When I arrived at the intersection with Main Street, the other driver pulled her car along mine and continued waving her fist. I opened the window and shouted, "I am sorry." Realizing that she can't hear I stepped out the car—I wanted to approach her and explain. By then the traffic lights changed to green and she sped off. I shrugged to myself and forgot the incidence.

The CEO listened to my version and said: "Sure. I knew it has to be some misunderstanding. But please write to her a nice letter, explain and apologize. Welcome to the joys of small town America, Moshe."

What I just need now are problems with the President of the Board of Trustees. I met him once, after operating on the infected hand of his daughter—she seemed to me a drug addict and I suspected that the cause of the infection had been a human bite; but I said nothing. John Smith appeared to me as a friendly and reasonable gentleman. But they say that his wife is as crazy as the daughter and now she's after me. Why? Why should she have interpreted a friendly hand wave as the F sign?

November 14, 2005: Monday. What a day!

Just after 8 am I brought a patient (Mrs. A.M who had been involved in a car accident) from the ER to the OR for an emergency laparotomy for intra-abdominal bleeding. In the OR corridor I spotted my ex partner Jack, concluding one of his common morning social visits to nurse Rachel. From some distance I heard him questioning the indication for the operation and thus predicted that Rachel would be dispatched to the room to observe, "what is Schein up to?" During the brief laparotomy I found a significant amount of free blood originating from the ruptured spleen. I removed the spleen but the patient had in addition multiple soft tissue injuries and also had complained about severe chest pain prior to the operation. Thus my plan was to take her immediately after the laparotomy for CT of the chest. At that stage, before the CT, I did not as yet decide in my mind whether I want to keep her, or airlift her out –events in trauma are constantly evolving and the surgeon, who is the Captain of the ship, is the one to take decisions which may change from minute to minute. And it was my decision not to remove the patient's

endotracheal tube after the splenectomy, but to keep her intubated during the planned CT and, *perhaps*, the evacuation by air. So after I closed the abdomen and started to suture a deep laceration in her arm, I said to the Dr. K', the anesthetist:

"Please do not plan to remove her endotracheal tube, keep her sedated until I decide—".

"Dr. Schein, she's waking up, I can't keep the tube in, she's bronchospam, better to let her breath on her own," replied the anesthetist. I tried to say "but" but the tube was already out. The patient was transferred to recovery room.

Ten minutes later, when I remerged from the change room where I had dictated the operation, I found find Dr. K' and a crowd of nurses crowding around the patient's bed. I saw a special "positive pressure" mask —one of Dr. K's old fashion rituals— being fitted into the patient' mouth. "What's up?" I asked.

"She's not breathing too well. She's still bronchospastic. We'll try this mask and give some bronchodilators," Indira explained. I looked at the monitor's screen: O-2 saturation of 85 percent, *shit*. I felt her pulse: 140 and feeble. "Can we get a portable X ray please, now!" I said.

"She's still spastic," repeated Dr. K'.

"Look at her left chest, see how it swells up," said a recovery room nurse. She was right! I touched the chest and felt the crunchy air under the skin: *surgical emphysema!* Is she blowing a tension pneumothorax?

The X ray technician arrived with her portable machine and took a chest X ray. Three minutes past. Now I felt for the femoral pulse but there was none: *she's dying on us*. "Give me a chest tube," I shouted, "re-intubate her now."

The chest tube went into the left thorax with a loud *pssssssssss* as the pressurized air was hissing out. While I was fixing the chest tube to the skin Bill Philips rushed in with the chest X ray film in his hand: "Moshe, both lungs are totally collapsed—."

Within 30 seconds I had another chest tube in, draining the right thorax as well. The patient stabilized and started to improve. Now I looked at leisure at the chest X ray taken before the insertion of the first chest tube: both lungs were totally collapsed. She managed to survive a few minutes without functioning lungs! Only a minute or two separated her from death. I also understood now what was that had almost killed this patient: it was my good old friend Indira. Obviously, the left pneumothorax had developed already during the operation, resulting most probably from associated lung injury that had not been apparent prior to the anesthesia.

Instead of looking for, and treating the cause of the emerging respiratory difficulties, Dr. K' blamed it all on "bronchospasm". Instead of ordering a chest X ray, she removed the tracheal tube, and when the patient continued to deteriorate she attached her to that positive ventilation mask which pumped air under pressure into the other lung, injuring it as well.

With the two lungs recovering the patient was improving rapidly but I decided to ship her away anyway: she'd need to be ventilated, better to do it in a proper intensive care unit. While the chopper crew was "packing" the patient for the airlift I showed the impressive X ray —the one with "no lungs" to Dr. K' and said: "You see, this started during the operation. You should not have removed the endotracheal tube."

This episode seemed to have impressed the bystanders. Many people were present in the recovery room watching me saving that patient's life. But Dr. K' was walking around and lying, blaming everything on that imaginary "bronchospasm." In her mind she did the right thing. But it only took another week to pass and fate brought upon me another, this time a "terminal", encounter with Dr. K'.

From my diary: *Saturday November 19*

Another drama with Dr. K' yesterday. Friday late afternoon, after a long day— I'd done a few emergencies already. Dr. L' our obstetrician summoned me to see a lady in her 23rd week of pregnancy, who had presented with biliary pain. Together with the obstetrician we agreed that the best approach would be to proceed with an operation to remove the gallbladder. In the OR, after placing the patient under general anesthesia, Dr. K' approached me at the scrubbing sink and said that "it is (i.e. the operation) dangerous for the baby", and that she knows that "no one would perform a laparoscopic cholecystectomy during pregnancy." Of course, we both were irritated and shouted at each other. Nurse Rachel arrived and joined the discussion...I closed the OR door with my foot at her face and told her to leave the room. She replied: I can't —I have to see that the patient is doing OK while you two are arguing. Just leave, I told her, you make me nervous...and let me operate. I forced myself to calm down and took out the gallbladder. Today the patient is well and going home. She is not aware what a fierce argument her management had evoked.

Now let's see the outcome of this. It is the third consecutive confrontation with Dr. K'. She's good for routine cases but otherwise often her judgment is faulty

and she is autistic—does not communicate. But she’s the Indira of Keokuk, the ruler of the Indian aristocracy with a wide reaching influence. We’ll see...

A few weeks later the CEO said to me: “Moshe, the snow ball is rolling...”. But clearly the snow ball had started to roll on that Friday; or perhaps much earlier: that is when Jack had decided that he did not want me in Keokuk.

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With Stan—a handyman and buddy



Dr. K’ –“Indira”