TRANSCRIPTION

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
DR. JUDY BOYCHUK DUCHSCHER
CALGARY, ALBERTA

[0:00:06] My dad was, for the majority of his life, a high school chemistry and physics teacher, and he taught in Regina, Saskatchewan, for the most part at Sheldon Williams Collegiate. Then he took a vice principalship for a while and then retired early.

[0:00:26] At that time, I had been a nurse for 20-odd years in the acute care environment primarily, so I knew the system very well. And in fact, I had nursed at the very hospital that he was admitted to. He had vacationed in Arizona, as many snowbirds do, for many years with my mom. I came to Arizona to see him. And he was coughing. And I said, “How come you're coughing, Dad?” And he said, “Oh, I've just got a bit of a cold.” But I didn't feel like it was a cold. I felt there was something else going on in just hearing the cough. After a while, as a nurse, you know things by smelling them and seeing them and hearing them. And I knew that this was not a cough that was a cold. So I took his pulse and it was irregular. And so I knew he was experiencing something we call atrial fibrillation, which is an abnormal heart rhythm that had actually put him into heart failure and that's why he was coughing.

[0:01:35] So I immediately took him to a cardiologist in Phoenix. And so he came out and as I had anticipated, the cardiologist had done an ECG which showed that he was in atrial fibrillation and had put him on digoxin, which is what I expected. But then I also expected him to be something that we call warfarinized, which is to put someone on an anticoagulant. So you always put someone who has been in this rhythm on this medication. He didn't put him on that medication.

[0:02:05] So we left. And I think I was just like, “Hmm, I wonder why he didn't do that.” And so I was just mulling it over and feeling a little concerned. So when we got back to the resort where my parents were staying, I phoned the cardiologist and I said, “I'm just concerned that my dad has not been put on warfarin.” “Oh,” he said, “you don't have to worry about that. He's got a window of a couple of months, meaning he could be in atrial fibrillation for a couple of months before we have to worry.” The cardiologist said, “Well, your dad's going to go home in a couple of weeks to Canada, so just have him see a cardiologist there.” So there were just a few things that I thought, “Well, yeah, that makes sense.” But there was this thing that said to me, “No, this is not right.”

[00:02:51] But I hung the phone up and I thought, “Well, he's a cardiologist. He should know.” So I left it. I lived with that for a long time.

[0:03:04] And a week after my father returned home, he had a massive stroke. And so my dad just was paralyzed. And for a long time, like a month, he couldn't move anything. And then he got function back, some of the function on his left and virtually nothing on his right. And that changed our lives.

[0:03:40] He became a shell of the man that he was. And that was hard for me because I felt for so many years I could have prevented that.

[0:03:58] The second event was about eight years after my father's stroke, and then he started to bleed out of his rectum and my mother took him to the emergency room. And they admitted him and they did a colonoscopy. And they found some nodules that they felt were highly suspicious and took a biopsy and determined that they were malignant. So he had the option of having surgery or going home, really. I mean, there weren't a lot of options. It was interesting watching him make that decision because he wanted to die for so many years. And, you know, the surgery was not going to be an easy surgery, although the surgeon felt it was going to be relatively uncomplicated. But my father was not optimally prepared for this kind of surgery. He was very weak and little. He wasn't a big man, but he'd lost probably 90 pounds. So I think he weighed about 100 pounds. And he was malnourished. I think he lived on Werther's and cigarettes.

[0:05:38] Unfortunately, things deteriorated significantly after that. This particular surgeon really, really was a bit of an independent practitioner. I just felt that things were taking a direction that was unacceptable and that was dangerous for my father.

[0:06:04] So I asked to meet with him. That, I think, was the nail in the coffin, quite honestly. He took affront to that. He got angry that we were suggesting care that he was clearly capable of deciding about himself.

[0:06:25] I remember coming in and my dad didn't want to walk. I mean, like, seriously, who would want to walk? I mean, you've been vomiting for five weeks. You don't even have the strength to stand. But they wanted him to move.

[0:06:42] But then they started to label him as not wanting to walk, as though he just was being stubborn. I came in one day and again, he had been feverish and, as I had explained, definitely on the wrong side of the track. And I come in and he is up in the hall and they're walking him and he just looks really distressed. He's short of breath, his colour is poor, but he's trying so hard. He didn't want them to think he wasn't trying.

[0:07:27] And it took his pulse and it was irregular. So now he's back in atrial fibrillation. So we take him to his bed and he is in distress now. He was having a heart attack. As he was walking the hall, he was having a heart attack. There's nurses, there's a respiratory therapist and a physio with him and nobody notices. Why? Because you were sure that he was just being difficult.

[0:08:04] The physician who was on call that came in was amazing. Oh, she was amazing. And we sat down and she was so transparent. She wasn't hiding anything. She was up-front. She spoke to me, interestingly enough, as both a family member and a clinician. And she just laid it out. And she said, “You're right, Judy. This is not good. This is a bad situation. We can move ahead with consults and see what we find. But it's not looking good. And down the road, I think you know what you're looking at here.” And I said, “Yeah, I do.”

[0:08:59] So she went ahead, got the consults. But she was just so respectful. Within 48 hours, I mean, he was comatose. And the antibiotics were, I mean, it was too little, too late. I called the physician. And I said, “We are going to discontinue therapy.” And he refused. He said, “Well, I'm not going to do that.” So I called the administrator on call and I said, “This surgeon,” who happened to be the physician on call when I asked to discontinue therapy, “has refused. I want the therapy withdrawn. We are the next of kin and we make this decision.” So the administrator wrote all the orders to discontinue therapy.

[0:10:13] I remember standing over his bedside. Toward the end of this event, I needed to tell his story and I needed to be able to change something about that system that would ensure that this didn't happen to somebody else. And so I put my energy into my students, into the future. In fact, my father is the reason why I've done the work that I've done. This idea of patient-centered care, it can't just be a phrase. It can't just be a marketing idea. It has to be real. The patient and their family and community, whatever they want to call that, needs to be the centre of whatever we're doing. They need to be involved. We do need to practice compassionately. We need to practice compassionately.

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
PATIENTS FOR PATIENT SAFETY CANADA
PATIENTS POUR LA SÉCURITÉ DES PATIENTS DU CANADA

FIN