Healing The Hospital Hierarchy

Theresa Brown

A hospital is, by its nature, the scene of constant life-or-death situations. It's the work we nurses, doctors and other health professionals do; we chose it. The threat of harm can jazz you up or bring you down, but what it should demand, always, is the highest possible level of professionalism. Who's at risk when that doesn't occur?

Consider this encounter, from a few years ago. My patient, a middle-aged man scheduled for a stem-cell transplant, was having textbook symptoms of a heart attack. Serious cardiac side effects can result from the chemical used to preserve stem cells, making the transplant risky if a patient is unstable. An EKG was done, and we were waiting for a cardiologist when the oncology team came by on morning rounds.

The attending physician heard about the patient's chest pain, then glanced at the EKG while checking his smartphone. "This does not concern me," he said, tapping at his screen as he pushed the EKG paper aside.

This particular doctor was known for his explosive impatience. On a good day his temper simmered just below the surface. On a bad day, he openly seethed. If I asked him to delay the transplant it would be ugly for me; if I said nothing, it could be very dangerous for my patient. So I asked for a delay.

In the hallway, the doctor, in front of the rounding team, his large body twisted down to put his face close to mine, yelled, "Why?"

This was intimidation, plain and simple. But it was also an example of a doctor's abusing the legal, established hierarchy between doctors and nurses.

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