

Judgment

His reddish hair was long and matted, dreadlocks by default, a few tobacco-stained teeth peeked out from behind his shaggy beard. The man had very few lines around his eyes, and I was startled to realize that he was so young.

His ankles were shackled to the bed rails, his wrists bound with leather. Yet, he had one weapon left and he aimed with precision, spitting gobs of sputum toward the guards and us.

In this hospital, we care for the uninsured, the worn out, the worn down, the abusers of themselves and others. Those without money to pay the bills, those who are incapable of making their own decisions, those who persistently make the wrong decisions, and those who have decisions made for them all come through our doors.

The prison medical records stated that the young man had been increasingly confused, agitated, and violent. He had bipolar disorder and had been taking lithium. The prison had noted that his lithium level was high and attributed his increasing psychosis to drug toxicity.

I wouldn't get too close to him. Most of my examination was observation. His respirations were easy, but his eyes were wild as he struggled against the leather restraints, yelling incoherently. He was still half-dressed in dark-blue work pants but was shirtless and shoeless. Bad tattoos tracked up his stick arms. The residents and I reviewed his laboratory and radiographic tests hoping for some clue that might augment our limited history and physical examination. As we peered at the ever-present glow of the computer screen, one of the residents turned to me, as if to unburden himself, and blurted out that one of the guards had told him what the young man was in prison for.

It took me a few seconds to register what had been said. What this prisoner had done was an unforgivable sin, an unforgivable crime.

I could hear the blood throbbing in my head, rage coursing through my arteries. I wanted to scream or vomit. How dare this man be allowed to use valuable health care resources on the taxpayers' dime? How dare he be under my care? I took in a gaping breath and slowly released it. At that moment, I wanted more than anything to spit back at the prisoner, to castrate him, to torture him in some horrific way.

The residents had consulted a nephrologist, assuming that if the prisoner's problems were due to lithium toxicity he would need hemodialysis to remove the offending drug.

I stood in the hallway, only a few feet away from several nurses and the open doors of patients' rooms, discussing the case with the nephrologist. I bluntly informed him that I didn't think that the young man was lithium toxic, because his lithium level was only slightly out of the therapeutic range, but that he had schizophrenia or bipolar disorder and was having an acute psychotic break. I was

fully aware of, yet somehow content with, the possibility of premature closure of the diagnosis. My colleague disagreed and recommended that the prisoner undergo urgent hemodialysis.

My neck reddened again, and my heart rate picked up.

"I don't think this guy needs hemodialysis." My voice was louder and tinged with a meanness that neither of us was accustomed to. *Scumbag.*

"Are you sure you aren't being judgmental because he's a prisoner?"

"Are you accusing me of giving someone inadequate care because of how I feel about him?" I was ready for a fight.

"Yes."

I glared coolly at my colleague. This was someone with whom I had done my residency training, someone I had essentially grown up with.

"We have an obligation to care for him," he said. "Have IR put a hemodialysis catheter in him." He turned and walked away from me.

Instead, I declared war. I went over my colleague's head and called the senior nephrologist and had him come up to evaluate the patient, explaining that I strongly disagreed with his young associate's opinion. The more senior physician agreed with me that the patient was unlikely to be experiencing lithium toxicity and that he did not need dialysis. Might he have shared my contempt for the patient?

Later, I sat alone in the dark conference room, slumped down low in the chair, my legs uncoiled in front of me, my head in my hands, thoughts racing. We are taught to be nonjudgmental, to respect and be professional with all patients, at all times, regardless of the patient's background. Regardless of *our* background. How young, naive, and arrogant I was to think that I could actually pull it off. I had *needed* to pull it off. It was required of me.

We should be brilliant, competent, and unselfish at all times.

We should always maintain our composure, even in the face of misdirected anger.

We should never make mistakes, and if we do, we should readily admit them to patients even when faced with the risk for litigation.

We should somehow balance the needs of society with the individual each and every time.

We should never be critical, even when under extreme stress.

We should be all of these things, and more. Impossible "shoulds" required of imperfect humans.

For God's sake, even if the state did not agree, the young man was by all accounts insane. The horror of my offense sunk deep.

My night was restless, sleep hard to come by. When I arose in the morning, I was thinking more clearly. I couldn't go back, but I could move forward.

A few weeks later, another prisoner was admitted with an exacerbation of chronic obstructive pulmonary disease. We were all sitting at the conference table in the early morning, drinking our lukewarm coffee.

"He's a state prisoner," the resident began.

The medical student asked, "What is he in prison for?"

"It doesn't matter," I said. "Go on with the presentation."

Theresa E. Vettese, MD

Wayne State University School of Medicine
Detroit, MI 48201

Requests for Single Reprints: Theresa E. Vettese, MD, Wayne State University School of Medicine, 4201 St. Antoine, Suite 2E, Detroit, MI 48201; e-mail, tvettese@med.wayne.edu.

Ann Intern Med. 2012;157:296-297.