

Clinical Commentary on “One Mother’s Heart Story”

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Courtney Alexander is just a few years younger than my wife. Her 3 kids are just a few years younger than my 3 kids. And her husband, Nick, is just a few years younger than I am.

I mention these facts because they were at the forefront of my mind the day I first met Courtney and Nick in our cardiac care unit 2 years ago. These facts were as critical to me as all of the details the house officers had just shared about the circumstances of her cardiac arrest, vital signs, ECGs, and laboratory tests.

I can still remember seeing Courtney for the first time with her family and friends all surrounding her, deeply afraid. She was intubated and on the ventilator, actively being cooled through an intravenous catheter while paralyzed, heavily sedated, and nonresponsive. In fact, no one had seen her move since her cardiac arrest, which was a worrisome sign for us.

Not surprisingly, it initially fell on Nick to make the early decisions. I remember vividly the fixed look of concern on his face during those first few days. I still can't imagine what it must have been like for him, especially, as we all waited to see if Courtney would awaken.

It is difficult to take care of patients. Sometimes it is heart-breaking. These seem like such obvious statements but they rarely get said out loud. The technical skills needed to deliver high-quality care are often daunting enough in the intensive care unit. But being supportive and caring, which also is so important, can be equally as hard.

Courtney needed excellent clinical care, and her family needed a lot of emotional and educational support, including the communication of a large amount of complex and imperfect information, to help them make tough decisions. Physicians know that balancing clinical care with these soft skills is tough. When the bedside masters do it, they make it look effortless and we watch in awe.

Two years have passed since the events Courtney describes. As I read her story, I recall 3 things distinctly:

First, there is the humbling reality that we often practice medicine with great uncertainty, despite a need to act. This is especially true for rare conditions like SCAD. For instance, I still have no idea of whether putting in an implantable cardioverter-defibrillator was the right decision. I am not sure I will ever know for certain but I am so happy she is doing well.

Second, much of my career has been focused on arguing for evidence-based medicine in clinical practice. Yet, I cannot tell you how critical simple, descriptive case reports were to her care. In fact, these case reports with just a handful of patients, the type of studies we typically dismiss, guided much of our decision-making. And they even allowed me to search out experts through the worldwide Web to share information and images from her case, so that Nick and her family could come to a more informed decision.

Finally, her story reminds me of a guiding principle imparted to me by 1 of my mentors: The spouse of your patient is your patient too. I would extend that rule to the whole family—husbands, wives, children, and parents.

We live interdependent lives, and taking that truism to heart for our patients can be tough. But I can tell you that I was reminded of that each time I visited Courtney's wonderful family, and even more so, on those difficult days when I would get to go home to the embrace of my own wife and kids.

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