

NTD.

I've told the following story many times. I've told it to fellow medical students, friends, written it for reflections in class, and most recently, I have told it over and over again in residency interviews. This is the story of the first time I caught a terrifying glimpse of the proverbial cracks, their maw open wide, threatening to swallow someone. The ease of it scared me. The naturalness of it scared me. It made me wonder how often someone is lost to them. How vast are these cracks, these fractures that cleave through peoples' lives? How deep in to our system do their splintering fingers reach? I, for the first time, truly understood the danger facing patients navigating the sea of medicine. But, this is also the story of when I saw what it meant to be a real advocate, a champion, for a patient.

My very first clinical rotation was the Hepatology Consult service. I was dreadfully excited and I was dreadfully nervous. I was acutely aware of my incompetence and lack of experience with anything.

As a consult team we were asked to see patients with various concerns related to their liver. These patients had a different "primary team" who were responsible for making management decisions at the end of the day, but could request advice from specialty consultant teams like ours. The concept that a doctor could be unsure about something was new to me. As was the concept that physicians could disagree with each other about the best route forward. Both were disconcerting realizations.

Our patient was a middle aged woman in acute liver failure from her long term alcoholism. By the time we were consulted she lay obtunded, basically unconscious, in her bed. She was steadily marching towards hepatorenal syndrome. Her liver disease was now causing her kidneys to fail. Her kidney failure was accelerating her liver disease. Without her kidneys to filter the ammonia from her blood, it was building up in her body and causing her mental status to deteriorate. She was nearly unresponsive. Her liver needed time to heal, and it might heal! The fellow declared this cheerily to every patient we saw in various stages of liver disease. In fact their liver function would improve most certainly – if they stopped drinking. Our patient did not have time to stop drinking. Her liver, and now, kidney failure were acute and rapid. Both organs needed support and time, but her body was failing quickly. Hepatorenal syndrome has a bleak prognosis.

The fellow and I went to see her, and I remember being surprised that someone unconscious was on the floor rather than in the ICU. The room was dark and hushed. The heavy, thick curtains blocked out the sun light, heavy blankets covered over the patient, and the heavy cloth dividers drawn to separate our patient's half of the room muffled everything. The air was still and slightly too warm. The woman in the bed was only visible from the neck up. She had sallow skin the same color of a lemon peel, and with the same waxy sheen. Her eyelids were closed, purple, and sunken. Her mousy brown hair was tangled beneath her lolled head and strands of it stuck to her forehead.

We spoke with her husband because we could not speak with her. It was brief. He was distressed. He had a slight gleam of sweat across his shiny forehead as if he had rushed here from the parking garage or somewhere else eons away from this world. He wanted his wife to recover. I found

myself wondering if he understood the gravity of his wife's condition. It did not sound like anyone had taken the time to fully explain it to him, but perhaps they had and he was just in denial.

The patient's story and physical condition matched what I had read in the primary team's notes. We left quickly and ran in to the renal consult team on the way out. They had been consulted too, and without prompting from us began to site a myriad of literature covering the futility of dialysis, or any intervention really, in the setting of hepatorenal syndrome. It did not improve overall survival, and so was not indicated. There was nodding between my fellow and theirs.

I hovered over my fellow's shoulder as he typed the note for our consult, eager to see how this was done. He summed up the grim picture and prognosis for our patient. He got to the plan section of the note and typed, "NTD". I stared at the acronym for a few minutes as my brain shuffled through possible combinations of words to fit the letters. I failed at coming up with a plausible answer and instead asked what NTD meant.

"Nothing. To. Do." My fellow responded without looking up from the computer.

Nothing to do. Nothing to do? What a callous abbreviation. What a brutal way to wrap up someone's life, their entire existence. NTD. We are done. It is out of our hands. It seemed like a soulless plan.

The finality in the agreement between teams made me feel like a child. Turns out I was unaccustomed to death and dying even though I thought I was prepared. I did not understand the nuance of balancing do-no-harm with please-do-something. I remember reminding myself that not all cases are happy ones. I trailed my fellow like a shadow as he reported back to our attending.

Our attending was a very tall, rail thin man. He is one of the leading experts in Hepatitis B, especially in pregnancy, because of the tremendous work he did in his home country of India. He is a quiet and self-assured. I found him rather intimidating. His stare was unwavering as my fellow relayed the events of the day. The fellow summarized his assessment of the hopeless nature of the situation, including the renal team's opinion.

Her kidneys were beginning to fail, and that would kill her before her liver could hope to recover.

After the fellow finished his story the attending continued his silent stare, waiting for more. I felt the pressure of those dark eyes even though I was not their focus. When there was no more he deigned to ask what the patient's wishes were. We had no answer, she was lost to us. The attending scowled and asked someone had asked her while she was lucid, or if we had at least asked her husband. The fellow stammered something about being unsure, and I stayed silent in the corner knowing full well our conversation with her husband had lasted about 30 seconds. The attending pushed for a plan, but there wasn't one. NTD.

My attending shook his head and asked us to follow him. He swept from the room, and his long legs propelled him back towards the patient's room. I struggled to keep up using my significantly shorter

legs. Back in the muffled room he stooped to examine the patient carefully. He found what we reported, but he tried shaking her and shouting her name. He tried to reach her and rouse her from the clutches of the ammonia. He received a faint grunt for his efforts. My fellow looked a bit pained and a bit smug. He whispered something about a waste of time under his breath.

Next my attending had the conversation with our patient's husband that he wanted us to have. He asked what he understood about his wife's condition and prognosis. He filled in the gaps gently. He asked what she would want done now, and if they had ever talked about it.

"She would want everything done." No hesitation. No doubt.

The message was clear. She would want every chance to live, she wanted extraordinary measures. My attending told her husband that we would be back. My attending told the fellow to find the primary and renal teams. The fellow countered with repeating that the renal team did not recommend dialysis, and had the literature to support their recommendation. He mentioned that it was now the duty of the primary team to decide how to proceed, and it was their responsibility to decide how to move forward. It was their responsibility to have the conversation we just had.

My attending stopped and turned. Even though it was not my challenge I felt every ounce of weight underneath the disappointment in his dark eyes.

"She is your patient. It will always be YOUR job to do what is right for her. Your duty does not end with a consult. You are her doctor, and you must fight for her regardless of a title or who you think should be doing the job."

There was no arguing with righteousness of this mission. I felt ashamed I had said nothing throughout the whole affair. I did not question the plan. I did not speak up when I thought the husband did not understand. I had bought in to the presented roles of a consultant on the healthcare team and let that overshadow the role of being a doctor.

It took my fellow several hours of coordinating, but we got all of the teams to meet. My attending made good on his words and told the others about the patient's wishes. He pushed for dialysis. He argued that if dialysis could improve her mental function at all it was worth it, even if it did not change the outcome in the end. It was worth the effort and the cost to give her the chance to have that conversation with us herself. It was worth the effort and the cost if it gave her a few more lucid days with her husband. It is what she wants. The other teams conceded and agreed. She was started on dialysis that night.

This adventure doubled the days charting and delayed seeing our other patients. The fellow kept an eye on the clock and grumbled. I could see the stress weighing on him. The delay cost me the planned dinner I had, and when I looked at him I wonder what countless "delays" had cost him over the years of training.

I went home and read about hepatorenal syndrome. I was initially buoyed by the hope my attending proposed to the team, but was dismayed to find that numerous journal articles all reported that dialysis would indeed not lengthen my patient's life. I felt defeated.

I continued to feel defeated as we went to see her again a few days later. That is until we discovered her previously dark room was cast with sunlight. The bed was empty, and instead our patient sat in the armchair by the window wiggling her toes and humming to herself. I was shocked. This woman was not comatose, and this could not be the same person the medical team had labelled as hopeless a few days ago. She was awake, and her husband was smiling at her. She told us she was doing well.

The next day I heard she was going to be discharged to a rehab facility and my astonishment grew. No one could know if this would change her life or not, but the dialysis gifted her time. The non-indicated treatment gave her the opportunity to try. Any time she may have left, however she spent it, seemed better than a slow death in that hospital bed that she was nearly doomed to.

My attending's words weighed on me as I looked at her, and for a long time afterwards. Even now I still think about this story. I shudder to imagine how different her path looked now, and how easily it would've been to let the poor prognosis path progress. What a difference her advocate made. What a difference her doctor made. It is our obligation, and it is the role we are entrusted to play. The power of our decisions and the consequences of those decisions are immense. I could see that now. I could see the difference.

I don't know if she recovered or not. I became disheartened again when reading about the rate of relapse in alcoholism, even in people who have undergone a liver transplant. I perhaps understand the burnout I saw in my fellow, although I did not recognize it at the time. The more you invest, the more effort put forth, and the more you care the more crushing the loss.

My attending taught me so much more than facts about liver disease. He showed me what it meant to be a doctor, and an advocate for my patients. It shaped how I think about myself, my career, and my patients. I never told him what a difference he made to me. The patient never knew what difference he made in her life. That too is a lesson in the nature of medicine sometimes. It is often thankless, but it is always the right thing to advocate for your patient.