



Once Lucky Survivor

PRESIDENT'S MESSAGE



By Kuldp Sandhu, MD

SEVERAL WELL MEANING PEOPLE have asked me to share my personal medical story with members of SSVMS to help highlight some of the issues faced by physicians as patients.

I have been regularly exercising since 1985. In the first six months of 1999, I hired a personal trainer to help me to exercise better and at a higher level. My favorite exercise has always been running on the treadmill.

October 1, 1999, was a beautiful Friday morning. My wife and I were getting ready to drive down to Monterey for a meeting at the Plaza Hotel. At about 8 in the morning, I left for Johnson Ranch Racquet Club for my routine workout. After running about 2.5 miles on the treadmill, I felt as if I was tired and was exerting more than usual to keep up my regular pace. A few minutes later, I started to have left-sided chest pain, which I had never experienced before. I thought that I probably had chest pain due to exertion (angina).

I got off the treadmill and started resting, hoping the pain would subside after stopping the exercise. When the chest pain didn't get better after resting for about 10 minutes, I started thinking that maybe I have unstable angina or even an acute myocardial infarction. At this point, I started thinking of whether I should call 911 and go to the hospital in an ambulance or call my wife so she could take me to the hospital.

I decided not to call 911. This decision was based on three factors. First, Johnson Ranch Club is located in Roseville so I knew that the ambulance would take me to Sutter Roseville Medical Center (SRMC). Even though I knew all the cardiologists at SRMC, I did not have firsthand knowledge about their interventional capabilities. Being Chief-of-Staff elect and Chair of Quality Management Committee at Mercy San Juan Medical Center, I had that knowledge about the cardiologists at MSJMC.

Moreover, SRMC did not have a cardiac surgery program. I thought that having cardiac surgery capability option at MSJMC could be critical in case the cardiac intervention is unsuccessful or a complication arises during intervention. Finally, an ex-Chief-of-Staff, under eerily similar circumstances (chest pain during exercise), had to "fight" with paramedics to take him to MSJMC, where he thought better cardiac care could be provided, when the paramedics wanted to take him to the closest hospital (Mercy Hospital Folsom).

I did not want to be in a similar dilemma.

Hence, I called my wife and asked her to pick me up, as I was not "feeling well." I told her that I needed to go home to change my clothes because "they were sweaty." By the time I reached home, I felt weaker. So I quickly washed up, got dressed, took two aspirins, and called the ER physician at MSJMC to brief him about my symptoms and to arrange for a cardiologist to be available in the ER.

At about 9:40 a.m. (more than an hour after the onset of chest pain), I entered the ER.

They had barely finished doing the EKG when cardiologist Dr. Scott Barron arrived. I told him that I needed something for the now unbearable pain and that I felt like I was going to pass out. His words were reassuring, "Kuldip, we are going to take you to the cardiac cath lab right now. We will take good care of you and you are going to be fine."

The next thing I remember is waking up during the catheterization procedure. I could not help noticing that there were three cardiologists in the room. I knew things were not going well for them.

At the end of the procedure, Dr. Barron briefed me about the procedure and the interventions done. "Kuldip, you might feel some burning on your chest as we had to shock your heart. It was misbehaving. We also put in an intraaortic balloon so your heart does not have to work hard." I knew that my heart had suffered irreparable damage and the only question was how much. I joked with Dr. Barron, "Scott, it seems like I gave you guys a heart attack."

I was transferred to the cardiac surgery intensive care unit (CSICU). Though I will forever be grateful to all the people who visited me, it became a logistical issue for the nursing staff and an exhausting experience for me.

The details of my medical history, blood tests (troponin levels!), EKG changes, and scheduled procedures, were common knowledge among many non-treating physicians. Even though I personally didn't mind, I could not help thinking about the issue of patient confidentiality.

Lessons Learned

I believe all physicians intuitively know the lessons. More important, follow them during the time of your own personal medical crisis.

In medical emergencies, calling 911 is almost always a good idea. (Delaying care so you can change your sweaty clothes is never a good idea!)

Contacting emergency room physicians about medical condition and requesting appropriate specialists/resources could make the difference between life and death. It probably did in my case.

A physician's words to a patient, especially a critical one, and family members have a tremendous impact. It behooves us all to be empathetic and compassionate while communicating with patients and their loved ones.

All patients (physicians are no exception) need rest to recover. As physicians, we should use prudence regarding visitation.

Patient confidentiality is sacrosanct. As healthcare providers, we should respect patient confidentiality by complying with HIPAA (Health Insurance Portability and Accountability Act). I was admitted in 2001 at MSJMC (for an unrelated event) as an "unlisted patient" to protect my patient confidentiality.

There is a saying in the Sikh religious book, "Whom the God saves, nobody can kill." I strongly believe He was looking after me that day. I consider myself to be one lucky survivor indeed.

ksandhu90@yahoo.com