Dwk 18

Jayant Patel - ICU

From: Jayant Patel
To: Martin Carter
Subject: ICU

Dear Martin,
It is Saturday, 2PM and I know you are on holidays and may not want to read this on return, but I think it is urgent enough to write to you immediately.

I had a clear understanding that every surgical patient in ICU are on joint services of surgery and anaesthesia. However, I do not think Dr. Berens is in agrrement. Let me give you some examples.

1. Patient P40
This morning I was in ICU seeing him at about 8AM. This was serial hemoglobin levels on ABG machine.
5-3-04 2317 86
6-3-04 0305 80
6-3-04 0627 70
Nurses told me that Dr. Berens has not been notifed of the morning results. I ordered some blood transfusions, quite knowling that final Hb from lab may be slightly different.
After finishing two morning surgery we all having lunch in theatre tea room at that time Dr. Berens walked to me and start asking me what is my threshold and indications for blood trnasfusions. I realise where this was going and told him that I am here since 6AM and can I fininsh my lunch. He insisted I justify my decision of the transfusions. When I said I do not have to justify that to any one, he told me that he will take of the patient and will call me only if there is surgical problems. I insisted that it is not going to occur and we will not stop managing our patients just because they are in ICU. One of the reason is that we provide continuiuy of care since there could be diffferent anaesthetics taking care of the patients on different days. He left and few minutes later reentered the tea room and told me that now on he will not manage any surgery patients in icu and I will be get called in for all management issue.

2. Patient
This is tjhe lady underwent low anterior resection on Friday 5/3/04. You know her well, she has mitral valve replacement, switched from warfarrin to heparin preop and developed ischemic changed on ECG at the induction of anaesthesia. We started her on heparin infusion postoperatively per protocol. He seriously and very unpolitely questioned our reason to start her on heparin infusion, since according to him mitral valve replacement has no much risk of developing thrombo-embolic complicatios. He stated patient will start bleeding and it affects him since he is the on-call anaesthetist.

It is not possible for any one to work in this kind of enviornment. If we are not allowed to take care of our patients in ICU or have to justify every management decision to some one, let me know.

Of course, there were going to be some difference of opinions regarding management and this could be handled privately and in professional manner. My main concern is with these examples ~~as they~~ occur in the front of other people and looked like confrontation.

Regrads,
Jay.