Crushed Dreams

J Gen Intern Med 25(2):167-8

DOI: 10.1007/s11606-009-1174-7

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I'd chosen to do my residency in Ob/Gyn, starting in the summer of 1982. Delivering babies was fun, but I most especially loved the authority and the buzz of operating. It was decisive. And, when I was the one getting to do the operating, it was intoxicating.

That day still haunts me. I was the one who had gotten her signature on the consent for the C-section. It was her first baby. The indication for the surgery was a standard indication for C-section. The baby was breech, that is butt first, instead of head first. Delivering the baby by C-section was standard procedure in such circumstances.

Dr. Washington was adjunct clinical faculty. That meant he was in private practice, but did his deliveries at our hospital. As the intern I obtained the consent of the patient and assisted him in the operating room. I'd been surprised and thrilled when he had handed me the scalpel. I cut through the skin and the wall of her belly. The uterus was next. The surgeon asked for the scalpel. He opened the uterus and then passed the knife back to the scrub nurse.

He gently eased the baby out with the next contraction, while the scrub nurse and I clamped and cut the umbilical cord. Dr. Washington announced, "It's a girl!" and held her up for Mom and Dad to see. Then he turned and passed her to the waiting pediatricians.

To my surprise, he told the scrub nurse, "Give Dr. Koopman the needle driver. She'll close the uterus." I opened my right hand, and the nurse slapped the needle driver into my waiting palm. My fingers closed around the metal, and I opened my left hand. The nurse placed the tissue forceps into my palm.

After the baby is out and the uterus closed, many of the surgical faculty like to have the ovaries and fallopian tubes inspected for endometriosis. Dr. Washington was no exception. I rotated the uterus and gently palpated the right fallopian tube and ovary. Then Dr. Washington picked up the ovary, lifting it a couple of centimeters, bringing the fallopian tube along with it. I expected him to gently replace them. Instead, he asked for a clamp. I saw him apply the clamp, giving it a hard squeeze. I looked toward the scrub nurse, but his eyes were on the surgical field.

I was confused. Dr. Washington just intentionally crushed her fallopian tube, but this was her first child. She had signed only for a C-section.

I looked back up at the scrub nurse, but he was still watching the surgical field. Turning my chin slightly, I swung my eyes to the right, looking for the pediatricians, but I only found Dad. No pediatricians were in view, and I couldn't turn any further without drawing attention to the effort.

My eyes returned to the surgical field. A series of four flattened, pale rows of teeth marks were on the tube between the uterus and the ovary. These were not ordinary inspections of the ovary, yet no one else seemed to notice.

Was this an ordinary case to them? The room was very hot, and sweat began trickling down my back, down my face. The next thing I knew, Dr. Washington barked at me. "Koopman, you're sweating! Pay attention! You cannot drip onto the field. Ask for a wipe."

I turned to the scrub nurse. He wiped my forehead and face, removing the beads of sweat there, while others continued streaming down my back. I looked at his eyes, but they were already elsewhere as he threw the contaminated sponge to the floor.

Dr. Washington barked again. "The other ovary? Are you day dreaming?"

I was the intern; he was the faculty. I rotated the uterus, paused for a moment, and then with my left hand I gently palpated the left fallopian tube. The end of the fallopian tube, the fimbria, was wrapped elegantly over the ovary. Although I could feel it, the trembling in my hands was not visible to the others. I lifted the ovary and Dr. Washington took it from me.

Again, Dr. Washington asked for a clamp, and, four times, he crushed her fallopian tube. Four times, healthy cells were crushed. Four times, cytoplasm spilled out, calling out in pain for repairs that should never have been needed. My sweating increased. I turned to ask for another wipe.

I gritted my teeth and swallowed again and again, fighting the urge to vomit. My eyes darted around the OR, looking for others to help me understand, but none were available.

After the surgery was over, I went to talk to the chief resident about what had happened. I explained that my patient was black, but so was the surgeon. She had private insurance, so it wasn't because she was indigent. Then I described what had happened in the OR. The chief resident shook his head saying wistfully, "The private surgeons sometime do strange things."

I couldn't accept that. He put his hand on my shoulder and said quietly, "You ought to just let go of it." I argued with him. Eventually he said that I could go meet with Dr. Varner, the chief of staff, and ask him to look into the matter. He warned me to be careful.

I did not listen to his warning. I needed to do something, so I called Varner's secretary and made an appointment.

When I met with Dr. Varner, he assured me that he would look into it. I decided to speak to no one else and not inquire further about what happened with that woman. I paid more attention to what surgeries were being done and why. If the indications did not make sense to me, I discreetly reviewed the case with my senior resident. Sometimes it was as I suspected.

"Some of these guys you don't want to scrub with if you can help it."

"Well, let me just say the operations they do are for their own personal needs, not the patient's."

At the end of the month, Varner's secretary paged me, telling me to come down to his office. When I arrived, she ushered me into his office. Dr. Varner stood, thanked me for coming and offered me a soda. We sat in his easy chairs, chatting about the hospital, discussing my internship and exchanging funny patient stories. I laughed; Dr. Varner had a good sense of humor.

Then he told me he wanted to follow up on that "little concern" I'd brought up earlier. Apparently, he had called the surgeon to his office, asking him to explain what happened that day. He proceeded to tell me there was, of course, much more going on behind the scenes, things that residents would, of course, usually not be told about. In this instance, however, he thought I deserved to know.

"You should know that Dr. Washington is a good surgeon, really. He did what he thought was best. Apparently, the husband had been having a lot of trouble with her, and he asked Dr. Washington to do something."

Listening to him, I thought about the hospital. It's reputed to be one of the most prestigious teaching hospitals in the country. Nearly always in the US News and World Report's Top 100 Hospitals. "So, it was not a big deal, we see..."

I interrupted, asking, "But what did *she* want?"

Ignoring my question, he continued talking. I felt betrayed by Dr. Varner, the hospital and medicine itself. My words tumbled out, as I spoke without thinking, "So, if wives are having troubles with husbands, can they ask doctors to do something, like fix a straying husband—or is that privilege only for men?"

Dr. Varner interrupted me, slapping the table and barking, "Dr. Koopman, just who do you think you are?"

I sat up stiffly, looking first at his hand, then his penetrating eyes. I shut my mouth and waited.

The silence was deafening. Eventually, Dr. Varner leaned back in his chair and told me a story about another young doctor who had completed his residency a couple of years earlier. The ending explained everything quite clearly.

Dr. Varner smiled broadly, as he finished. "You see, every time he applies for hospital privileges, the credentialing staff will contact the head of all of the training programs that he'd completed at the previous hospital. They ask about the young doctor's qualities, work habits, ability to get along and be a team player. Stuff like that."

Varner then shook his head, "It is always sad. I hate having to admit that we trained a resident who had so much difficulty getting along with others, someone who was never really a team player." Varner sighed, "Don't know if he ever has gotten hospital privileges anywhere. Pity." He looked straight into my eyes and added, "I didn't like his attitude, and now I don't like yours. Do you understand my meaning?"

Then he dismissed me, and I returned to the floor.

Name withheld by request

The disclaimer: To protect the privacy of all parties, the names have been changed and details of the events altered.