

July 18, 2007

Edwin A. Ness  
President and CEO  
Munson Medical Center  
1105 Sixth St.  
Traverse City, MI 49684

Dear Mr. Ness:

I was assaulted by one of your ER nurses when I accompanied my Aunt, Florence Pezzi, to Munson Medical Center after she was transferred there via ambulance from Kalkaska Memorial Health Center (KMHC). My Aunt had cholangiocarcinoma (cancer of the bile ducts) from which she developed massive hematemesis. This triggered a precipitous drop in her hemoglobin level that induced life-threatening hypovolemic shock.

At that time, I had a decade of experience working as an emergency physician, so I knew how to care for patients with a wide variety of medical and surgical emergencies. In spite of this background, I was still unnerved by the dramatic presentation of my Aunt. While at KMHC, I witnessed her hematemesis, which was so voluminous that I began crying because I immediately knew what that represented in terms of her prognosis. I saw her lab results, which underscored the gravity of her presentation.

Her cancer was incurable, so I never expected your staff to save her life. However, I did expect them to make her as comfortable as possible. Speaking as a physician and as a member of the community that your hospital serves, I was alarmed by the nonchalant and coldly indifferent way that your staff responded.

After being in MMC's ER about an hour or so, my Aunt became semi-coherent and anxiously agitated. She began thrashing about on her stretcher, tearing at her gown, and clutching her chest as she screamed, "I can't breathe! I can't breathe! My chest hurts! I'm going to die!"

I went to the nursing station to inform them of this change in her condition, and then I walked back to comfort her as best as I could. Since they weren't particularly busy, I expected that someone would soon be in to help. I was wrong. This puzzled me. They knew I was an ER doctor, and it would be reasonable to expect that they might give a shred of credence to my report of her condition, but no. They didn't come, so I went to the nursing station once more. This time, a nurse did come, but he didn't seem particularly interested. I went back to holding my Aunt's hand, assuming that he would initiate basic interventions. Wrong again. Seeing that he was in no hurry to do anything, I suggested, "How about giving her some oxygen?"

He was in an argumentative mood. Dourly, he replied, "We checked her pulse ox, and it's OK."

I graduated in the top 1% of my class in medical school and I previously worked as an attending physician in a teaching hospital instructing medical students and various medical and surgical residents, so I am used to matter-of-factly clearing up misconceptions. Studies have shown that 30% of physicians do not fully grasp the limitations of pulse oximetry, so I

suspect that even more nurses misinterpret the significance of pulse ox readings. One of the more common misapprehensions is that *the blood oxygen level is OK if the pulse ox reading is in the normal range, or close to it*. This is not necessarily true, because hemoglobin saturation is only one of the factors governing blood oxygen content and oxygen delivery to the tissues. Indeed, hemoglobin saturation is a less important factor than the hemoglobin level, *which was the crux of my Aunt's medical crisis: because of her upper GI bleeding, her hemoglobin level was dangerously low*. Compounding that fact was the speed at which it occurred, which gave her no time to compensate for it. Moreover, the hemoglobin level, while very low, likely would have dropped even further in time secondary to hemodilution. Therefore, it was critically important to do everything possible to increase her blood oxygen content.

I explained to the nurse that my Aunt's pulse oximetry reading did not adequately represent her blood oxygen content because of her anemia, so I suggested using a nonbreathing mask to increase her oxygen delivery at least somewhat. He seemed angered by this. Reaching for an oxygen mask, he threw it at me, striking my chest and left arm so hard that they stung for more than an hour later. He angrily commanded, "You put it on her!"

I was stunned by his grudging resistance and overt hostility. I thought to myself, "Hey, I'm here to comfort my Aunt, not to be a member of the ER staff," but I didn't want to argue with him, so I complied with his demand. As I placed the mask on my Aunt, I suddenly realized that I had very little experience placing oxygen masks on people. I could do more difficult things, such as intubations, starting central lines, and performing lumbar punctures, but in the ERs I worked, there was always a nurse or respiratory tech to position oxygen masks. Therefore, as I pulled the elastic straps over her head, I was acutely aware of what a novice I was at this task, and I tried to be careful to not pull on her hair.

I then suggested doing an EKG, which also seemed to annoy the nurse. "We already did one, uh, I think," he responded as he began shuffling through her chart.

I said, "Her condition has changed appreciably. Even if one was done earlier, there is now an indication for repeating it." He didn't like this suggestion, and told me that he would need an order for it. I thought this was odd, since I've never worked in an ER in which nurses could not perform an EKG at their own discretion.

Ultimately, my Aunt was admitted and died days later. I was traumatized by this experience not only because of her death, but also by the humiliating way that I was treated by that malevolent nurse.

My Aunt helped to pay for my medical education, so she of all people deserved the best that I could give her. There wasn't anything that I or other physicians could do to materially affect her eventual outcome, but I did everything I could to care for her in other ways. My Aunt never married or had children, and I lived with her for three years while I attended medical school, so I was like a son to her. Consequently, it was excruciatingly embarrassing to have her see me, the one she'd cultivated to become a doctor since I was in elementary school, bullied by a nurse for such an inexplicable reason.

I've tried to think of what may have precipitated the nurse's felonious reaction to my request that was not only medically correct, but delivered in such a way that only a raving lunatic with

a major chip on his shoulder could have taken offense to it. Over the years, I have had many patients in the ER who were accompanied by physician family members. Based on those interactions, I knew that the nurses I worked with sometimes felt that those doctors were arrogant, demanding, or pushy. Consequently, when I was in MMC's ER with my Aunt, I bent over backwards to be gracious and low-key. However, that wasn't enough to restrain your maniacal nurse, whose ego was apparently so fragile that he went ballistic from a minor suggestion that was, as I documented above, eminently warranted and physiologically sound.

I knew that my Aunt dreaded going to Munson even before she arrived there for the final time. She had apparently had some prior experience that engendered that sentiment, but I don't know what it was. The reaction by the ER nurse who assaulted me was so uncalled for that I even wondered if my Aunt had a prior tiff with him that created some "bad blood" between them (to put it colloquially), but, if so, I doubt that my Aunt was responsible for fueling the discord. My Aunt Florence was an educated and cultured woman who was characteristically nonconfrontational. However, even if my Aunt had a prior run-in with that nurse, it does not excuse his behavior. Nor can he point to anything I did as justification for his assault. I was always professional with him, even after he hit me. ER personnel routinely encounter patients and their family members who are verbally and sometimes physically abusive, yet no amount of provocation can justify them going on the offensive as your nurse did.

This event occurred in 1997. I would have reported it sooner, but I was deterred by three factors. I told one my neighbors about my horrific ER experience the day after it happened, and mentioned that I was thinking about writing a complaint letter to Munson's president. My neighbor assured me this would not do any good. He said that he had served on a board with him, and said that he was an arrogant, abrasive man who would probably give the ER nurse a pat on the back rather than a reprimand. Secondly, I was still reeling from the trauma of my father's recent murder. Finally, I was concerned—and I remain concerned—about what might happen to me if I were unlucky enough to end up in Munson's ER and find myself being treated by that same nurse. If he'd whack me for simply trying to help a dying relative, there is no telling what he might do if I were to raise a stink about what he did.

I tried to put the assault out of my mind, but in retrospect I don't think that letting someone get off scot-free is the best way to resolve this matter.

Incidentally, I do not think that my experience is the only indication that some of your ER staff needs remedial lessons in how to interact with patients and their families. One of my friends who works at Munson told me that she was treated like dirt when she needed ER care a couple of times. She said the staff was cold, jaded, and uncaring—and she is a nurse and master's level psychologist, so she would not use those terms without justification. She felt the doctor trivialized her problem, and jumped to a conclusion about the etiology of her pain because she previously had abdominal pain, even though that presentation was not similar to the current one. Putting blinders on and doing an incomplete exam is a great way to arrive at an incorrect diagnosis, which is exactly what happened in her case.

I would like the opportunity to meet with you and the ER nurse who assaulted me. I request that he not be given advance notice of the reason for the meeting so that he has no time to fabricate an excuse. If he prevaricates and denies that it occurred, I request that you immediately challenge him to undergo a polygraph examination.

His actions were criminally and professionally negligent. Dealing with the death of a close relative is always a difficult experience, and he compounded that distress by his cruel response. I was so dazed by what he did that I have difficulty expressing how it affected me. In some respects, it triggered a reaction similar to what I once experienced while I was in a car accident after being struck from behind and spun around by a car that I never saw coming. I had the same sense of time dilation and being stupefied that jarred my focus, turning it inwardly. That is probably a reactive psychological defense mechanism, but in the case of my Aunt, I wanted to focus all of my attention on her, not be staring at who-knows-what like an automaton, wondering why he flew off the handle as he did, and fearful of saying anything that might provoke him further. However, thanks to your ER nurse, I was so dumbfounded that I couldn't respond to my Aunt as I otherwise would have. This robbed me of the chance to spend time with her in the way that I wished. I wanted to evince warmth and compassion, not be cowering like a dog with his tail tucked between his legs. I wanted to advocate for my Aunt's medical needs—incidentally, that would not have been necessary had your staff been more competent and responsive. If an emergency department at one of the “top 100 hospitals” cannot respond in an adequate and timely manner to a critically ill woman who is experiencing dyspnea and chest pain, then I wonder how competently your staff responds to patients with less dramatic presentations.

I know that Munson has an ongoing multipronged public relations campaign to convince the public that it is a topnotch hospital, but I have seen a distressing amount of evidence to the contrary. One of my relatives visited your ER after sustaining a dog bite to her nose. *Any* ER should be able to easily handle such an injury, but the care that she received was provided by someone who obviously did not know two basic principles of wound care. An acquaintance of mine called me and reported that her husband died after going into Munson for what she thought would be a routine, uneventful admission. She said that she never received a bill for his hospitalization, which she opined was Munson's tacit acknowledgment that his care was botched. I realize that people are more likely to voice their opinions when they are angry, not pleased. However, I have never seen another hospital that has been so frequently pilloried by the public it serves.

Munson, and the ER nurse who assaulted me, enjoyed a ten-year reprieve from any repercussions from that assault. That time is now over.

Sincerely,

Kevin Pezzi, MD