

2011

## Broken System

Holly Foote  
*New York Medical College*

Follow this and additional works at: [https://touro scholar.touro.edu/quill\\_and\\_scope](https://touro scholar.touro.edu/quill_and_scope)



Part of the [Arts and Humanities Commons](#), [Higher Education Commons](#), and the [Medicine and Health Sciences Commons](#)

---

### Recommended Citation

Foote, H. (2011). Broken System. *Quill & Scope*, 4 (1). Retrieved from

This Perspective is brought to you for free and open access by the Students at Touro Scholar. It has been accepted for inclusion in Quill & Scope by an authorized editor of Touro Scholar. . For more information, please contact [touro.scholar@touro.edu](mailto:touro.scholar@touro.edu).



## Broken System

*Holly Foote*

I had heard of the sentiment of a heart falling into the stomach, of the giving way of what held them distinct from each other. I had heard of this before. But I wondered when it happened to me why no one had elaborated on the phenomenon. Why no one ever mentioned that it wasn't a sinking feeling, akin to losing your stomach on a roller coaster, but that it was a hot iron mallet pounding your heart, decimating it until it melted into the lower recesses of your abdomen. And on the roller coaster, when you start to head back up on the track and find your stomach suddenly in your throat – it wasn't like that either. My heart stayed on the floor.

My first year of medical school was the hardest year of my life for more reasons than simply that it was my first year of medical school. A good portion of my pain during that year came from watching my very best friend in the world, Amy, become more and more ill. Worse, I watched her become less and less her. We were nine when she was diagnosed with Type I diabetes mellitus, and after the ravaging effects took over her body, the sickness began to creep into her soul. Her kidneys were the first to begin to fail, but more organs began throwing in the white towel as her body and spirit became exhausted.

I remember the last meal I had when the world was still normal and not broken. After finishing our last final on the last day of our first year, my friends and I went to eat cheese and drink wine to celebrate. We left there full of the richness of the meal and of the communion with friends who had survived so much together. As I walked down the street, I listened to the voice mails that had accumulated during the meal.

My best friend had gone to the hospital again. Nothing new; she was probably vomiting again, and only the hospital had drugs strong enough to calm her stomach and soothe the pain.

She had to be resuscitated. This was different. But, I had sat beside her during dialysis a few times and watched her erratic blood pressure and respiratory rate. Once, as the number continued to fall as I stared at it, I looked at her alarmingly and called out, "Amy! Are you breathing?" She suddenly sat up and said she was trying.

She was in a coma.

And everything stood still. It was as if the wind quit ripping around the buildings of Manhattan. My friend's voices became blurry murmuring in the background. And my heart fell into my stomach.

I boarded a plane. I laid my head in my own lap during the long flight home and seeped soft and continual tears into my pillow. I knew I was going home to say goodbye, and it wasn't the way it was supposed to be.

I needed answers to what had suddenly happened to my friend, why she had lost this fight, why no one seemed to have been able to help her win this battle. The truth rolled out, just as the CT scan print-out did so I could read the words that said my friend might be lying in that bed and her heart might be beating and her lungs might be expanding, but she wasn't really there anymore. Amy was alone at the emergency room, and although she was a "repeat offender," and her ejection fraction was recently as low as 6%, she was not hooked up to any kind of monitoring system. They couldn't say why her heart had failed, or how long it had been since it had done so by the time they looked in and noticed she was unresponsive. They just knew that she had not taken a breath on her own since, and this was over.

My heart still pummelled, numbness gave way to a staggering rage coming all the way up from my toes and threatening to explode out my ears. My questions went unanswered, partly because there was no record of the actual event that ended her consciousness and partly because only a devoted nurse was there to offer support. I never saw a doctor, neither while Amy was on life-support nor after her heart slowly stopped beating again and she slipped away. I don't know if her blood sugar was checked initially; I don't know her potassium level; I don't know if she was scared, if she sat up suddenly, trying to catch her breath or if she simply nodded off to sleep on the pain medicine. And sadly, no one else does either.

My friend died alone. No one was sitting beside her in the emergency room watching her numbers because no numbers were being monitored. Amy's heart was only this sick because when she told her family doctor that she was having problems breathing when supine, her doctor told her it was just panic attacks, ignoring the obvious sign of congestive heart failure. This proceeded for months before a routine heart test for being on the kidney transplant list found the severely depressed heart function. Although she had more doctors than most people have keys on a keychain, there was not cohesiveness to her care, and her health suffered.

Just as she slipped away with the ED unaware, Amy slipped through the cracks of medical care in the grander scheme. My broken friend was treated by a broken system, where communication is not key and patients as individuals aren't paramount. A heart stopped, and hearts broke. Amy's was a complicated case, and this warranted more time and care from her specialists and them communicating with each other. Complacency was evident in both her established medical relationships and in the emergency room. The holes must be tended and the cracks mended. We must repair this system and find a way to grasp tighter to our patients and hang on for dear life.