Dynamic Chiropractic

CHIROPRACTIC (GENERAL)

The Day a Patient Entered My Office and Started to Die...

CONFESSIONS OF AN "ALMOST" (CHIROPRACTIC) MURDERER

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As a former journalist, I have always disdained sensational headlines. However, I suppose this approach should be acceptable in certain scenarios. Take, for instance, a situation that occurred in my office several years ago. It was clearly sensational to me! In retrospect, however, it proved to be a great learning experience.

It was a typical Saturday morning in my office with my wife, Jana, assisting me. We usually see a few patients, do some paperwork, and leave about noon to enjoy what is left of the weekend. A gentleman, let's call him "Bob," called me at about 10:45 a.m. He was in obvious pain, struggling to maintain conversation through significant groans. Bob complained of severe neck pain. The medication his family doctor had given him the previous week was not working. I agreed to wait for him on the condition that he come in directly. He was very appreciative, and stated that he would be in shortly.

After more than one-and-a-half hours of waiting for him, I was a little angry at having my Saturday wasted, instead of spending precious time with my family. These feelings of frustration immediately evaporated when Bob, a gentleman in his 60s, entered the office accompanied by his wife. His severe pain was evident and would have softened the heart of anyone. I provided Bob with patient paperwork to fill out and busied myself with some paperwork of my own as I waited for him to finish.

A few minutes later, I heard Bob's wife scream, "Doctor, help!" I found Bob sitting on the toilet unconscious. He was unresponsive. I checked for a pulse and for respiration, but there was none. I instructed Jana to call 911 immediately and picked Bob up, lifting him off the toilet and carrying him into the hallway, lying him down on his back. I again checked his breathing and pulse. I yelled at him and tapped his face to provoke a response, but to no avail. I then started to perform CPR, a procedure I learned in chiropractic college.

Bob responded after two or three sets of respirations and chest compressions. He started to breathe on his own, and a "thready" pulse was present. Jana informed me that the paramedics were on the way. As I monitored Bob, he exhibited signs of response, but suddenly they tapered off. He stopped breathing and his pulse vanished! I began CPR again. He responded once more after a minute or two.

By the time the paramedics and firemen arrived a few minutes later, Bob seemed more stable. I quickly recounted the brief history of events. We picked Bob up and moved him to the more spacious front office area. As we laid him down, he started to arrest again. I began pulmonary resuscitation, and one of the paramedics performed chest compressions. It was nice to have company. Bob responded again to the CPR and became sufficiently stable to transport to the local emergency room. The fire captain congratulated me on a job well done, and Bob's wife thanked me for saving her husband's life. They all left in a hurry, and I don't recall anything about the rest of

that day.

I called the hospital the following morning to inquire about Bob's status. The emergency room nurse informed me that he "threw a large embolus" while undergoing a cardiac ultrasound and died of the massive infarct. It was a bit difficult dealing with this news, despite knowing his condition had been very unstable. I won't forget Bob.

Thoughts Provoked and Lessons Learned

1. People die suddenly every day. It may be at the mall, in church, at home or in our offices. We must be prepared for such an occurrence.

2. I would like to know the odds, based on such factors as population, the amount of chiropractic office visits, and frequency of cardiac arrest/CVA, of someone walking in and collapsing in a DC's office. I'm no statistician, but such information would be great to have in comparison with the numbers of people alleged to have been harmed by DCs. I suspect that in a fair number of these cases, it was coincidental that patients collapsed in chiropractic offices - it could have happened anywhere.

3. I cannot overstress the importance of CPR training. You never know when you will be called upon to save a life. If you don't remember the exact amount of respiration vs. chest compressions, a refresher CPR class is warranted. However, the only way I learned that I could calmly control myself with Bob was when I was confronted with the situation.

4. If someone with more CPR experience comes along, be grateful and get out of the way, but offer assistance.

5. Following my experience, I have a greater appreciation for the professionals who work in life-threatening situations on a routine basis.

6. I wonder if I could maintain as close a doctor-patient relationship with patients if I knew I might have to sign their death certificates and inform their loved ones of their deaths. Perhaps one of the reasons we DCs have such high patient satisfaction ratings is that we don't have to protectively distance ourselves from the emotional trauma of watching our patients die.

7. I would prefer to avoid the experience of having emergency vehicles with blaring sirens and flashing lights parked in front of my office again - for obvious reasons. However, it would be far worse to require their assistance and not have them available. Furthermore, I should be in another line of work if I'm not as prepared as possible to handle such situations.

8. I'm thankful that Bob did not come in earlier and begin to die after I had established a doctor-patient relationship with him. Would I have suspected a cardiac problem, referring pain to his cervicodorsal spine, and dispatched him to the emergency room immediately? Would the fact that he had already seen his family doctor (who examined him and dispensed NSAIDs) have influenced me to focus more on the musculoskeletal aspect of his condition?

Would I have given him an adjustment? Who would have believed that my adjustment had nothing to do with his death? Would this have altered the outcome? Would I have been considered a murderer by at least a few people, or become notoriously known by many?

9. I have become more frustrated with the public and medical perception of our profession. I know of situations during which patients have died while visiting medical offices, and have heard stories of others suffering sudden death shortly after being given a clean bill of health. However, MDs seem to be far less publicly scrutinized than we are in similar situations. I think we must blame ourselves for not teaching the masses about our level of training, our safety records and the efficacy of our treatments. Until we are prepared to pool our advertising dollars together, instead of acting as intraprofessional competitors, we must accept the increased risk of guilt by dysfunctional, stereotypical association.

MAY 2000