I was a third-year medical student when I met Mr. B and his wife on my cardiology rotation. I had come onto the rotation in the middle of Mr. B’s hospital stay, which at that point was already two weeks long. He had presented for heart failure exacerbation but had had numerous complications including a cardiac arrest a few days in and was now fighting septic shock with no clear source. On my first day of the rotation, it had just been found that he had a vegetation on his ICD lead which lead to an uncomfortable decision point for all providers involved. The ICD most likely needed to be extracted, but nobody felt great about the patient’s odds of surviving the procedure. The multidisciplinary team discussion in the afternoon was filled with frowned faces.

“You know, it would really help if the wife knew what she wanted. She changes her mind about how much she wants for this guy on the daily.”

“Yeah, I thought we were gonna go hospice yesterday? Why did we even do the TEE?”

“She changed her mind about that this morning. Wanted everything done.”

Sighs all around. Physicians and nurses lamented over how the patient’s wife was not very medically literate, and many of her decisions regarding her husband’s care came from a lack of understanding of how serious his condition was.

In that moment, I felt closer to the wife than the other providers in that room. I was fresh out of two years of studying medicine from books. My clinical exposure up until that point was limited to brief moments with standardized patients. I did not understand most of the medical decision making that had taken place in that room up to that point. I would be no better at making decisions than Mr. B’s wife.

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