Scutwork

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I had a lot of scutwork during my internship. Running down outside records, filling out incomprehensible forms, answering incessant pages. I had anticipated this, though at times the sheer volume was almost overwhelming. These were things a physician needed to do. I was the most junior physician on the team, so I could live with that. But what was especially irritating were the frequent menial tasks that were assigned to me, things that could—and should—be done by someone else but that fell to me because interns were most convenient. The phlebotomy team went home at 5 PM and didn't work on weekends, which meant that interns drew blood after hours. Transport also had daytime hours. If patients needed an x-ray at night, interns wheeled them down to radiology. And nurses did not start IVs after hours, so interns got that job too. "Cheap labor. . .we make less money than any of them," went the interns' sardonic joke. I felt some recompense when filling out the annual resident survey and checked "poor" when asked about education versus service. But it was brief vindication. I became irritated and felt abused whenever my pager went off to remind me of lab draws or an IV that needed to be started.

What I had not anticipated was how this dreaded scutwork would lead to an emotional physician-patient experience that has endured as a cherished memory for more than 40 years.

It was March. I was a seasoned intern, which meant that although it was very late, I had finished all my work and could relish a few hours of sleep before beginning morning rounds. I stumbled into the call room and fell onto the bed.

Sometime after entering Stage 3 sleep, I sensed an intermittent buzzing sound in the background that I eventually identified as a ringing telephone. Drowsily, I answered, "Hello?"

"Dr Pierce, It's Coby Rae. Mrs Scott, in 708, her IV is out." It took a few seconds for me to digest this simple statement. Coby Rae Miller was the night nurse on 7 South, our oncology unit. It seemed strange that she was using honorifics to refer to me and the patient, while using her own given name. Coby Rae was older than my mother.

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As if searching in dim light, I hazily remembered that Jamie Scott had been admitted 4 days ago with acute lymphoblastic leukemia and neutropenic fever. I asked Coby Rae, "When is her next dose of antibiotic due?"

Now more awake, other clinical facts bubbled up to my consciousness. Acute lymphoblastic leukemia was often curable in children but less frequently in adults. Jamie Scott, 26 years old, had 2 daughters and lived with her husband on a small farm in a neighboring state. She had failed to achieve remission, so was on a salvage regimen. "Very poor prognosis. She'll likely die in a few months," I heard the poignant voice of Dr Alexander, her attending hematologist, poking into my tired brain.

"Her antibiotic was due over an hour ago. I tried to coax a little more life out of her IV. She's such a hard stick. I was hoping I wouldn't have to call you, but her IV is caput. It needs to be restarted. And her temp is 103," Coby Rae's final declaration emphasized urgency.

"I'll be right up," I replied, and cursed scutwork as I resignedly climbed out of bed.

The tricks to successfully starting a difficult IV, I'd told my medical student, is good lighting, a calm patient, and a relaxed intern. As if Coby Rae had heard this previously, there was a chair and a gooseneck lamp pulled up to the bedside. Entering the room, I sensed the unique smell of human sweat that accompanies febrile illness. Drops of perspiration covered the forehead of Mrs Scott who, like me just moments before, was soundly sleeping. "Sorry to waken you," I said softly.

"I was just resting," she murmured, then added with a soft smile, "Sorry to waken *you* with what Coby Rae said was intern scutwork."

I searched desperately for a vein on her arms, which were hot and moist with fever. Previous chemotherapy and antibiotics had seemingly consumed every vein. *This really was going to be a hard stick!* I thought anxiously. Hoping it might relax us both, I asked, "Did Clayton go home?" referring to her husband who heretofore had been constantly at her side and sometimes sleeping in the uncomfortable chair on which I was now sitting.

"He needed to do some spring plowing," she said. "He's so particular in how it's done. And he missed the girls. . .. So do I," she added sadly.

Hoping for the best, I cupped her left hand in mine, creating gentle traction and fixation of the skin over the dorsal surface. "You'll feel a little stick now," I warned as I carefully and tangentially aimed the cannula at the faint purplish hue just visible under the skin. Suddenly, red blood flashed in the cannula hub. *Yeah!* I thought, and inwardly celebrated the special joy of skillfully completing a difficult task.

"They stuck me 5 times at the other hospital and still couldn't get an IV," she said. "Coby Rae said you were the best."

"I've had a lot of practice," I replied.

"Dr Pierce, do you have children?" she softly asked. It was a surprisingly prescient question; my wife and I had just learned of our hoped-for pregnancy.

"Perhaps someday," I answered with a faint smile.

After steadying her hand to advance the cannula and then connect the tubing, I looked up to offer congratulations that I would not need to stick her again. But before I could speak, she suddenly said, "Dr Alexander told me that I was losing the battle with my leukemia." She drew a deep breath and continued, "You know the worst thing about thinking that I'm going to die soon? It's not that I'll miss my daughters, though I will miss them terribly and that's bad enough. But the worst thing is that they'll miss *me*. Their mother won't be there when they want to talk about boyfriends, marriage, maybe the raising of their own children. Imagining them missing me, that's the worst." She looked away, and then tearfully added, "But I know they'll remember the joy and love we shared. And you know what? That's good enough for me."

The canula and tubing were now connected, the antibiotic infusing. Her hand was still quietly resting in mine. We sat without speaking, neither of us wishing to dispel the intimate connection that lingered in the silence of that sacred space. Through the window, the sun was just peeking up, its first golden rays warming the cold, dark night. Peacefully, she drifted off to sleep, something that would elude me for several more hours.

It was now time to start morning rounds. Leaving 7 South, I paused to smile at Coby Rae, and ponder the unexpected joy and love that had come with what had been more dreaded scutwork. Yes, I thought, that's good enough for me.

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Please note that except for that of the author, names have been changed.

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