

Mike Smith

Dr. Smith is a resident at Lincoln Hospital.

Carmen Rodriguez was a senior resident in the LOGOS drug rehabilitation program. I am a psychiatrist working at LOGOS and Lincoln Hospital. Carmen came to Lincoln for an abortion. The next day I was called to see her. Carmen was dying.

Her chart indicated that she received the massively inadequate care that is so common in city hospitals. Nevertheless no one on the wards seemed to think anything remarkable had happened. I decided not to go through channels. For once there would be a complaint that was heard by all the parties responsible.

At that time Lincoln had a patient complaint table staffed by activists from the South Bronx community. Together with representatives from the table, I went into the administrator's office and reported what I read in the chart. The administrator was upset, as were all the other officials who later heard our report. Yet none of them made any constructive changes or even openly admitted error. The major facts include the following:

Carmen was known to have mitral valve disease and she had brief bouts of congestive failure four times in the preceding month. Two weeks before the abortion she received an extensive "high powered" work-up of her heart disease. However, the only notation on her chart was "rheumatic fever in childhood; hospitalized three times for this." No one had time to write a proper note or get the old chart. Lincoln is so understaffed that old charts rarely accompany patients. The abortion program is ^{so} poorly funded that the doctor had very little time.

Only a urinalysis was performed on admission. In fact no other diagnostic tests were performed until twenty minutes before Carmen's heart stopped.

On the evening after the saline induction Carmen became short of breath. A diagnosis of asthma was made. Aminophylline, a liter of fluid, epinephrine (twice), and Demerol were given in the next two hour period. Carmen became worse. Finally a medical consult was called. There was a cardiac arrest a few minutes later. The house officer was undoubtedly overworked, he had inadequate records, and he made a fatal series of errors.

I have worked in three ghetto city hospitals in two cities. The pressures are unbelievable. We all give up in one way or another. We accept inhuman emergency rooms and clinics, lack of nurses, lack of rapid lab tests, the little time spent with each patient, too little advice from consultants, etc. I have made each of the separate errors that caused Carmen Rodriguez's death. Hasn't everyone made similar errors who works in ghetto hospitals?

The hospital system killed Carmen Rodriguez. "Kill" refers to a voluntary act. The hospital system controls how many funds go to Jacobi and Einstein and how many to Lincoln. The system -- the Corporation and the medical schools -- voluntarily chooses health priorities which lead to a supreme lack of health in the South Bronx ghetto. The staff of ghetto hospitals are pawns. We are supposed to hold the flood gates. We suffer when we are forced to give inadequate, inhumane care. We become lesser persons.

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Many members of the senior staff at Lincoln have told me my ethics are wrong. Friends and family of Carmen Rodriguez stood with me at the meetings and subsequent press conference. The issue of medical confidentiality could not have been further from their minds. "Ethics" were different for Carmen's mother than for the senior staff.

Actually the secrecy of medical information puts a heavy burden on us. We are the only people who can testify about serious health hazards in hospitals. Community groups can complain about waiting time, lack of sanitation, etc; but they cannot identify life threatening inadequacies. No senate investigating committee will ever uncover stories like that of Carmen Rodriguez unless doctors testify. Ghetto hospitals have been impossibly bad for a long time. Unless the doctors who work them tell others exactly how dangerous they are, how will change occur?

This article is addressed primarily to house staff. Obviously patients suffer much more than we do when hospitals are inadequate. Persons who live in the Lincoln district suffer longer and die sooner. Today the people of the South Bronx and the hospital workers are seeking community-worker control of Lincoln Hospital. The health priorities of a community-worker board might have protected Carmen Rodriguez.

It boils down to a simple alternative. Either one practices medicine on the terms of the hospital system or on the terms of the community. When a hospital is as bad as Lincoln is, there is no middle ground. The Hippocratic oath says a physician is first of all responsible to his patients.