

LEWIS WARDLAW BLACKMAN

1985-2000

B'rosh Hashanah yikatayvoon, uvYom tzome Kippur yaykhtaymoon...mee yekhyeh umee yamoot; mee vehkitzo oomee lo vehkitzo...

"On Rosh Hashanah it is written and on Yom Kippur it is sealed ... who shall live and who shall die, who will attain a full measure of life and who not."

This is the true story of Lewis Blackman as first reported in The State newspaper of Columbia, South Carolina by staff writer John Monk on June 16, 2002. (Pg. A1, A8-9)

"It's midnight in Charleston, South Carolina, and something has gone terribly wrong in room 749 of the Medical University of South Carolina Children's Hospital. The patient, Lewis Blackman, is a 15-year-old boy recovering from surgery to correct a relatively common birth defect called pectus excavatum, or sunken chest. The condition is not life-threatening and never seemed to slow Lewis down. A whiz in every school subject, he acted with the South Carolina Shakespeare Company and, at age seven, appeared in a long-running TV commercial for Sun-Drop soda with Dale Earnhardt. But a sunken chest can sometimes lead to respiratory difficulties, so Lewis and his parents decided to go for a minimally invasive surgical correction: inserting a metal strut to support the breastbone.

Three days after the surgery, Lewis should be feeling better. Instead, despite doses of a powerful painkiller called Toradol, the boy is racked with agonizing pain -- "five on a scale of five," he pantingly tells his mother, Helen Haskell, an archaeologist. Oddly, the pain seems centered in his abdomen, not his chest. Nurses are certain the boy is suffering from gas, a diagnosis reinforced earlier that evening by Dr. Craig Murray, the chief resident on call. Dr. Murray had stopped by and prescribed a suppository for what he believed was probably constipation, a common problem after surgery.

"I had no idea what to do," recalls Helen. "They're all saying it's the same thing, and they're the experts, so they must be right. But at the same time, I didn't see how they could be right."

As the night wears on, Lewis grows weaker. His heart rate climbs to 142 beats per minute (normal is 60 to 100), and his temperature drops to 95 degrees. His eyes are hollow, his skin is pale and he's sweating cold buckets. Helen is terrified, but because it's the night shift, there is not much she can do. Dr. Edward Tagge, who performed the surgery, is not available. Nor, it seems, is any other veteran doctor.

"There was no one around," she says. "It was very lonely, and almost surreal, like we were laboratory rats. I just sat there in this universe of my son's pain." Neither Lewis nor Helen sleeps all night.

Morning finally dawns, and with it the usual frenzy of the day shift, as surgeons, lab workers and administrators hustle into work, and patients with scheduled procedures file through the doors. At 8:30 a.m. nurses can't get a blood pressure reading from Lewis. They spend two hours trying different machines. By noon, Lewis is extremely pale; the color is draining from his lips. "It's... going...black," he tells his mother. Helen calls for help, and Dr. Murray, the resident, returns. "Lewis! Lewis!" he shouts.

"Lewis! Lewis!" ... in room 749, Lewis is "coding" -- medical slang for going into cardiopulmonary arrest. Finally, the hospital responds with its full resources. Staffers flood the room, and 11 physicians descend on Lewis, frantically trying to stabilize him. Helen, joined by her husband LaBarre Blackman, a retired teacher, and their young daughter, Eliza, "stand in the hall in disbelief, watching this scene as if from a bad TV movie," Helen later writes in her diary.

Helen is terrified that Lewis has suffered brain damage, but she is utterly unprepared when she is called into a room by the lead surgeon on the resuscitation team. It is 1:30 in the afternoon on November 6, 2000. The surgeon introduces himself and says simply, "We lost him."

"I had no idea he was near death," says Helen. "We brought in a perfectly healthy child." An autopsy revealed that Lewis had bled to death internally from a perforated ulcer, which was likely caused by the painkiller Toradol. By the end, much of his blood had drained into his peritoneal cavity. A more experienced doctor -- especially one familiar with the dangerous side effects of Toradol -- might have recognized the symptoms early enough during the night to save him."

Lewis' story was edited by Max Alexander and appeared in this June's Reader's Digest as part of an article entitled: "Night Shift Nightmare," with the subtitle: "After Dark Is Prime Time for Fatal Hospital Mistakes, How to Protect Yourself." I read this article one night at Charlton Memorial Hospital in Fall River, MA where I and other members of the family were waiting for my mother to die. Many points in the article were striking from our own experience, and the most important is my message for this morning: **if you are going into a hospital, be sure that you have a personal advocate.**

According to the Alexander article, "In April, [of this year] a HealthGrades study showed that some 248,000 patient deaths over a three-year period were preventable. What's less widely known, at least to the general public, is that mistakes tend to multiply on the night shift."

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On Thursday morning, May 24th, the second day of Shavuot, a nurse called my sister, Joyce, and told her to come to the hospital immediately because my mother's blood pressure had dropped precipitously and she was feeling clammy to the touch. Late Thursday night, I flew to Fall River so that I could be there when my mother died, having missed the deaths of all my other close relatives since rabbinical school. I think my mother still knew it was me when I arrived, but she was very weak and on a lot of pain medication. All of this was a dramatic change from two days before, when she entered the hospital of her own will.

My mother was 85 and had suffered from liver cancer for over four years. She was originally diagnosed late, because her personal physician kept insisting that her tiredness and other complaints were the result of age and various heart problems. By the time another doctor found the cancer tumor, it was quite large. The first of four doctors in her oncology group told my mother bluntly, and with no preparation, that she had 3 to 6 months to live. When she got over the shock and depression of that news, she decided to fight to live and with the help of the woman oncology doctor in her group, did fight for over four years. My mother had long periods of chemotherapy with many, unpleasant side effects. My mother also had periods of time when she was not on medication and felt stronger and better, but tumors reappeared. With chemo no longer effective, her primary oncologist suggested a new procedure in Rhode Island, injecting radioactive spheres that would specifically target the cancer cells and not healthy cells. A few weeks before Shavuot, my mother underwent this procedure and the first results looked promising. When her abdomen seemed to swell, the doctors in Rhode Island were aware that sometimes there was a fluid buildup as a side effect of the procedure and it had been treated successfully with steroids. The day after my mother entered the hospital, one of the four doctors in her oncology group was on rotation, but it was not her primary oncologist. He proclaimed that my mother was dying of the cancer; having lived much longer than expected. My sister asked him to call the doctors in Rhode Island. He said it wasn't necessary. She asked if she called those doctors, and got them on her cell phone, would he speak with them, and he said, "no." My sister tried to reach my mother's primary oncologist, but she never returned the call. We didn't see or hear from her until she was on rotation more than a week later. That oncologist was wonderful once she showed up. But my guess is that there is an agreement that whichever doctor from the group is in the hospital, handles the hospital patients, and the other partners are not to interfere – no matter who calls them!

Adam and Aaron were arriving on Friday to say good-bye to my mother. At first, I wondered if they would arrive before she died; she seemed so weak and her breathing was very shallow. But she definitely recognized both of them and smiled when Tamar called. We stayed and slept in my mother's room all day and night for six nights, waiting for her to die. Finally, we were all exhausted from the lack of sleep and decided on Wednesday night to sleep at my mother's house, all of three blocks from the hospital. Thursday morning, around 6:30 A.M., the hospital called us again, saying not to rush, but they thought my mother was dying. By 7:00 A.M., we were back at bedside. By that afternoon, almost a full week after I arrived, I began to question the medical evaluations. I will not bore you with the details, but my mother did not die for another nine days, more than two weeks after I arrived. By then, renal failure was listed on the death certificate along with cancer, as one of the causes. When I asked a doctor after a week why my mother had not died when they had been so sure it was imminent, he replied, "after all, the timing is in God hands." Can you imagine that? After being so sure, when they misjudged the situation, it suddenly was God's doing! It was as though the doctor wanted to affirm the *u'netaneh tokef* – "who will live and who will die" – God decided last Rosh Hashanah that my mother would die on June 9, 2007 and not a day sooner. I would prefer to think that God helped my mother survive for four years, and the doctors in Fall River simply were not familiar with the last procedure she had in Rhode Island.

In a 2004 article in the the AARP Bulletin entitled, "Fatal Mistakes," Trudy Lieberman begins with the Lewis Blackman story. She goes on to write: "Nobody expects to die from medical treatment. But they do every day – and in alarming numbers. The Institute of Medicine in Washington estimates that at least 98,000 people die in hospitals each year from medical errors. And about 2 million patients acquire infections, according to the U.S. Centers for Disease Control and Prevention.

Thousands more are injured because of mistakes made in doctors' offices, nursing homes and outpatient clinics. A new study by the Duke Clinical Research Institute in Durham, N.C., for example, found that inappropriate drugs are prescribed for one in five patients over 65."

I remember vividly being at a St. Luke's Chaplaincy meeting many years ago, when the term DRGs, diagnostic related groups, was being introduced. As we were chatting about the changes in health care, the director of nursing, Donna Sabo, said something along the lines that we had already experienced the best medical care we would see. I couldn't understand that day what she meant. After all, there would be new technologies and medications that would improve care. Obviously, doctors would know more and nurses would be at least as compassionate in the future as they had been in the past. Alas, I was both ignorant and naive.

In the past three years, two of my own doctors have sold their practices. In both cases, the new entities thought I would simply continue with total strangers – doctors I did not know. In one case, I subsequently learned, the practice had been sold to a Valley hospital, not to one of

the two huge health networks either, a year before I knew anything about a change. And to this day, neither the hospital nor the physician has informed me about the sale or who the new doctors in the practice are. Of course, that really should be no surprise, because I did not see any full page ads when the local hospitals introduced “hospitalists.” I still remember people’s personal physicians making house calls. Now, it seems likely that only the older generation of doctors will even see their patients in the hospital. We will be treated by doctors who will know us only as the results of scans and tests, a series of pictures and numbers.

Is this system good for patients? I certainly haven’t met many who think so. I have discussed this with doctors and doctors’ family members and they personally don’t think so. Is it good for hospitals? I am really in no position to judge. But I imagine the millions in profits that the Valley non-profit Health Networks have reported are a sign that they are not suffering. As a minute example, the hospital that bought my former doctors’ practice analyzed my blood the last time I went in March. Previously, for years, a private company had been doing so. The hospital co-pay was eight times that of the private company I went to in August.

Make sure that you have a knowledgeable advocate when you enter a hospital and make sure that the hospital formally knows who your advocate is and that medical information may be shared with him or her. I watched a wife one early evening, a few months ago in a hospital, try to find out exactly what a doctor had told her husband earlier in the day about his condition. The husband wasn’t clear. The hospitalist who treated him was already gone for the night. The nurses appeared to be concerned about HIPPA and wouldn’t tell the wife anything of consequence.

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It’s interesting if you look at this whole paragraph where we picture God making notes in a big book about each of us, God’s name is not found. It feels as though God is doing the writing, and yet all the actions which may help us transcend an evil decree are in our hands. We may, or may not, give tzedakah, pray or repent. Perhaps my mother’s doctor was right and God determines who will live and who will die. Please do your best to make sure that it is not a doctor or hospital who decides who will live and who will die. Make sure that you have a knowledgeable, official advocate when you enter the hospital so that whether you attain a full measure of life is not a matter of chance.

There are more problems with health care than one sermon could possibly address. I recommend you see the movie “Sicko.” Whatever you think of Michael Moore, even if it is unlikely that he is right about everything, he doubtless is not wrong about everything. I have no

idea who is able to change the picture of health care in this country, but I am convinced that each of us is able to find someone to watch out for us.

AMEN