I knew our efforts were hopeless. After I pronounced her dead, I met her son and daughter in the small chapel near the emergency department. I started to explain—in way too technical terms—what happened. Then I paused, and tears came to my eyes.

"I'm so sorry," I said. "I wish I had ordered a CT scan yesterday. I must have missed something. I'm so sorry."

"That's okay," Claire's daughter replied. "We know you did your best. Mom said you were a good doctor."

I couldn't stop my tears now.

A few days later, I went to the funeral, where I sat with Claire's children. Even though 20 years have passed and I'm now a medical-school professor, I haven't forgotten. I try to impress upon physicians-in-training that medicine is more than using advanced technology to move an endless flow of patients. Every person in the exam room, regardless of social status, is a human with a family, and our duty is to act in that person's best interest—not in the best interests of insurance companies and hospital administrators, the way I did.

We also need to ease the burden on the ER. Between 1997 and 2006, emergency department visits increased by 32 percent, while reimbursement to hospitals hasn't kept up. We need more retail health clinics and urgent-care centers. And we need to educate people so they trust these new clinics and use them for all but the direst emergencies.

Until these things occur or other solutions are found, unfortunately what happened to Claire will happen again—and again.

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"She whispered, 'When is my doctor coming?' 'Soon,' I lied."

By Sunnie Bell, RN

I was the nurse in charge of the evening shift at a small hospital. I was enthusiastic and experienced—a top graduate of a prominent nursing school. I had come on duty at 3 p.m. and met 85-year-old Mrs. Owen,* who had been admitted by Dr. X, her longtime family physician, because she had a suspected bowel obstruction. She was alone.

Around 5:30, her condition worsened dramatically. She was in increasing pain, and I became convinced she needed emergency surgery—obstructions can be deadly. I called Dr. X at home immediately. He was a highly regarded doctor, and his photo was displayed in the lobby along with those of the hospital's other physicians. I passed it every day on my way to work.

But despite my concern, Dr. X said surgery could wait until the morning. He told me to increase her pain medication, but the drugs didn't help, nor did anything else I tried.

Over the next five hours, I called Dr. X three more times, asking that he come to see her or at least call in a consulting physician. I always got the same instructions delivered in an ever more irritated way. And because nurses never questioned doctors, I bit my lip and followed orders.

Toward the end of my shift, Mrs. Owen was so weakened by her pain she could barely speak. She motioned me over to her bed and whispered, "When is my doctor coming?"

"Soon," I lied.

That word has echoed in my head for quite some time. Mrs. Owen died the next morning. Whether she had a heart attack, stroke, or ruptured colon, we'll never know, because an autopsy was never ordered. Dr. X completed the paperwork just as if he'd done everything right, and no one questioned him.

I could have, though. I could have submitted a report, carefully documented and supported by my supervising nurse. But I didn't. Challenging a doctor may not get a nurse fired, but it'll often get her or him publicly chastised, reassigned to a different floor, or moved to the graveyard shift. I'd seen it happen.

After Mrs. Owen died, I could no longer stand to look at Dr. X's photo in the lobby. But this is more than a complaint against one man—bullying and disrespect occur every day in every hospital throughout America. Most of the time the behavior is petty and hurts only the workers involved, but sometimes, as I witnessed firsthand, it can take the life of an innocent person.

As nurses' unions have been saying for many years, hospital patient-to-nurse ratios sometimes get too high to keep people safe. We don't have a shortage of nurses, though, just a shortage of nurses who are willing to work under current hospital conditions. More respect will bring them back.

We also need whistle-blower protections to safeguard nurses who speak up for the safety of patients. If I had had such assurances of protection and support, I wouldn't have thought twice about challenging Dr. X.

Each nurse must take it upon herself or himself to stand up to and report physician intimidation and abuse. Nurses are not second-class citizens in the health care system. In fact, in the increasingly busy and sometimes heartless hospital world, we are the patient's primary protector.

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