

# TRANSCRIPTION

**cpsi Canadian Patient Safety Institute**  
**iscp Institut canadien pour la sécurité des patients**  
**Dr. Francois deWet**  
**Family Physician**

**[0:00:10]** My name is Dr. Francois deWet. I'm a family physician. I practice mainly in a place called Beaver, Newfoundland. I've been in practice for 23 years and mainly in family practice.

**[0:00:25]** So my story and the mistake that I was involved in goes back a few years ago. I was working as an emergency physician in one of the small rural hospitals in Newfoundland. And what happened was a patient came in to the emergency room, accompanied by a couple of family members, with the story that she had had chest pain since earlier that day. We had assessed her and done EKGs very quickly after she came in through the door, and we found that she had a acute myocardial infarction; she had a heart attack. We treated her immediately with the appropriate medication and it looked like things were going well. And unfortunately, you know, the situation deteriorated.

**[0:01:14]** To give you a bit of background about the case, this lady had not been seen in our facility or in any facility; she had not seen a doctor in approximately 14 years. Unfortunately, when she had presented the previous time, it was with a suicidal attempt. She was treated and she survived this. But according to the family, since that episode, she did not want to come to the hospital at all. She did not want to see physicians. And they said to us that over the last couple of months especially, she had not been well. They thought she may have had diabetes because she had ulcers and so on and wasn't healing. But no matter what they did, they couldn't convince her to come to the hospital until the day that she presented.

**[0:02:03]** And when she came in, the story was a little bit vague. We did not know how long she had had the chest pain. And with the medication we give for heart attacks, there's a time limit that you have to decide if the patient is still within the time zone where it will help. And in this case, because we didn't know, we decided to go ahead and give it to her anyway.

**[0:02:27]** She rallied initially and I had gone out to the family and they were in the waiting room. And I said to them, "You know, this is very serious, but it looks like this is what's going on. And I think that we may be able to treat her and help her get through this." After I talked to the family, I went back into the room where we were treating this lady and it looked like she was starting to deteriorate. She had become more short of breath and her oxygen levels in her blood was dropping fairly quickly. And I made a decision at that time

to put a tube in her to intubate her to help her breathe, because we were afraid that we were going to lose our airway.

[00:03:03] The two nurses were working with me that night were extremely competent. I'd work with them for many years. They were two of our senior nurses. And I had complete confidence in them and they had complete confidence in me. And so when we started the process, I told them that we have to get the medication called Scolene [ph], which is Socs-a-no-coline [ph] is the name of a medication. And Socs-a-no-coline [ph] is a medication to relax the muscles that help you to intubate this lady or to put a tube down her airway to help her breathe.

[0:03:37] The nurse looked at me and she said, "Scopolamine?" which is another medication we use in palliative care to dry up secretions. I, of course, heard "Scolene," and I said, "Yes, Scolene." She went off, got the medication. By the time she came back, I decided that we have to intubate and I asked her to give the medication to relax the lady's muscles so that we can have easier intubation.

[0:04:05] We gave her the medication and nothing happened. And I was confused for a few minutes because this was not the way it's supposed to be. She was supposed to relax immediately for me to intubate. So I was running through my mind what the reason could be why this drug is not working. But it's almost like I couldn't think in that critical situation. I was looking at the monitor and I was seeing that the saturation was kind of low. And I said, "Well, you know, give another dose." The nurse immediately gave a second dose, and again, nothing happened. And again, I was thinking to myself, "Well, there must be something wrong with the medication or maybe this patient is not susceptible to it. I've never seen this in my entire career." It never occurred to me, you know, that maybe this was the wrong medication that was being given.

[0:05:00] Anyway, I asked her for rock-a-romium [ph], which is another medication in the same line. She immediately went away, got it, we pushed this drug, and the patient immediately relaxed, we intubated her. It was a long resuscitation process, but the end result was that, unfortunately, the lady passed away and we weren't able to save her.

[0:05:18] I went out, I talked to the family and kind of kind of comforted them with the fact that they had just lost a loved one and kind of explained to them what had happened and the fact that, you know, she had decompensated and that we weren't able to save her. And the family had asked if they could go in with the lady to be with her.

[0:05:42] I went outside and I was sitting at the nursing station and we were just talking about what happened. Usually, when these things happen, we kind of go through the process to try and see, you know, what we did and how we did it. And the nurse said to me, "You know, I've never seen scopolamine given in a code." And as soon as she said it, the penny dropped and it was, you know, you have this feeling in your stomach. It's between when your wife says, "Honey, we need to talk," and your secretary calls and says,

“Revenue Canada is on the phone looking for you.” It was just like someone punched me in the stomach. And immediately I knew that that’s what happened. We had given the wrong medication during the intubation process. And my mind started running because now I’m thinking, “Did that contribute to her death? Was this something that could have been avoided? I mean, is this maybe the fact of why we couldn’t resuscitate?” Because at that time, I didn’t understand how this drug could have contributed or not contributed to the situation.

**[0:06:52]** The one thing I knew was that I had to go out and I had to talk to the family. And so I went outside and I talked to the lady’s sister, who was the next of kin on her chart. And I told her that during the resuscitation process, we had given the wrong medication not only once, but twice. I also said that I couldn’t tell her at this point in time whether or not it had any effect on the outcome. I did not think it, but I wasn’t 100% sure. Considering the stress that she was under, she took it very well and she said, you know, “I’m sure you did what you could, and, you know, if we had brought her in earlier.” And she was kind of feeling bad about the situation because of the fact that she knew her sister was sick, but they didn’t bring her into the hospital.

**[0:07:39]** That evening, I contacted the internal medicine specialist on call at the hospital that we refer to, and I had a discussion with him about the medication that we had given, and he did not feel that it would have had a bad effect on the outcome. But it was still inside me, that feeling that we had not done well by this lady. We did not do the best we could do, and we did not give her the best care that she could have had, even though my brain was saying that it had nothing to do with it and it was just something unfortunate.

**[0:08:20]** The nurse itself that had given the medication was extremely distraught because she felt that it was her mistake, even though I tried to say to her, you know, this was this was my mistake as much as it was yours, because I used the slang term or a term for the medication that she may not have been familiar with.

**[0:08:38]** We live in a small community, and one of the fears that I had was that, you know, we would be – not only myself or my staff, but also our facility. We’re very proud of the cottage [ph] hospital that we serve in. And there was a fear with me that, you know, because of this mistake, it will become public knowledge. And, you know, you run into people every day. I mean, if I go to the grocery store, I would see probably a member of the family or I would see somebody that knew about this.

**[0:09:08]** And talking to the family, the next time I met with them again, and we went through the whole process again and talked to them about what had happened. And the family was amazing. They knew that whatever had happened was not something that was purposeful or was that malignant intent. And I think they were very supportive. Even though other people will say to you that, “You did okay,” or, “We’re fine with it,” there’s that inner voice that just kind of screams at you the whole time and saying, you know, “This

was wrong. This shouldn't have happened. You did wrong. You're a failure, what you do." And you have to listen to that 24-7.

**[0:09:44]** As a physician that has been practicing for 20 years, if I had such a hard time with it, I don't imagine how someone who's been out of university or being practicing for a year or two, how they would deal with it, or even people in university itself, residents or students that were involved in an adverse event and may have contributed to it. I think these are things that, if you if you look at the literature, which I've done after this happened, this could be a career-ending incident for young physicians or for nurses or for other allied health care workers that are involved in these things. You know, people have actually walked away from the job because of what had happened to them and how they were dealt with.

**[0:10:32]** It's been almost three years since this has happened. And I still see the family around town. I still see them in hospital. Some of them are my patients. And every time I see them, the my initial reaction is still kind of like there's this shimmering of fear and shame in the back of my mind. But I also look at them and I can hold my head up high and say, "You know what? Whatever happened that night, something good came out of it," and I think they know it.

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