A Split Second

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During my final week working on the geriatrics service, I had the privilege of caring for a gentleman who was admitted from his skilled nursing facility (SNF) for a complicated urinary tract infection (UTI). I read through his chart, familiarized myself with his presentation, and began working through my assessment and plan, hoping to prove that I could manage a bread-and-butter medical complaint. The plan seemed abundantly simple: blood cultures, IV antibiotics, and supportive care. I felt fairly confident in my ability to participate in his care. Although I was only a few weeks into my third-year clinical rotations, this was a disease presentation I had become very familiar with on the geriatrics service.

As I continued reading through his chart, I discovered a critical detail of his history, tucked away in small font. He had a 30-year history of paraplegia. I could have missed it. For a split second, a nightmarish vision took over: Out of habit, I begin to test the patient's lower extremity sensation before realizing that no, he could not feel where I was tapping his legs. *Of course not.* The initial excitement of caring for a medically complex patient was quickly replaced by feelings of insecurity. *Obviously, you treat patients with disabilities in a mindful manner.* I couldn't believe that I needed to consciously remind myself of this fact. True harm could be done if I did not obtain necessary information prior to rounds.

When I entered his room to perform an exam, I realized I had made more assumptions about his abilities. Assisted by his son, he moved through the room with a sense of ease and independence that far surpassed what I had expected. He had clearly mastered a routine to care for himself, needing relatively little assistance. I couldn't help but wonder about his life story and what led him to this moment of adaptation. Was he an athlete who suffered a career-ending spinal cord injury? Was he involved in a tragic car accident while driving to the grocery store? Silently, I romanticized the narrative I created in my head.

Later, I read the geriatrics assessment the fellow completed during his admission. I discovered that on New Year's Eve, he fell just before the clock struck midnight, immediately fracturing his spine. In that split second, during which people across the country celebrate with champagne, lean in for a kiss, or mull over their new year's resolution, his foot slipped. There was no career-ending injury or tragic car accident. Rather, he was celebrating the beginning of a new year – one of the most beautiful human experiences. Somehow, this version of the narrative hurt more. There were many ways that New Year's Eve night could have gone, and yet one slip changed the trajectory of his life. Each one of us is only ever a moment away from a life-changing accident, and yet, our system is capable of failing even the most altered lives.

His UTI complications likely arose from miscommunication with his understaffed SNF. It took five days for anyone to realize he did not have his home wheelchair. I should have been the one to realize that. *Medical students are supposed to be a patient's advocate, right?* It wasn't until he was begging for a moment of fresh air that we realized he needed a wheelchair to go outside of his hospital room. Yet again, our assumptions interfered with providing him optimal care.

"He is paraplegic – that wheelchair is an extension of his body! How did no one realize this?" I spoke with one of the nurse practitioners on my team, who emphasized how common it is for medical

providers to assume that individuals with significant disabilities have limited functioning at baseline. Despite advancements in medical care and increased awareness about inclusivity, we often fall short in adequately addressing the needs of individuals with disabilities. This patient had paraplegia, but he also had a daily routine that was more demanding than that of many younger, mobile patients. His son shared with us that his father's lifestyle really hadn't changed much since the accident; he just had to become more creative.

I continue to reflect on the complex ways the hospital environment promotes both health and regression – even embarrassment. Personal healthcare needs of individuals with disabilities are often overlooked or underestimated due to well-defined assumptions about their abilities. Not only does this increase the risk of medical error and poor continuity of care, but it also compromises patient autonomy and dignity in an already vulnerable situation. During one of our conversations, this patient shared that he has felt immense guilt since his accident. He was incredibly grateful for the support he had received from his two sons throughout this journey, but he couldn't quite shake the feeling of being a burden. After I left his room, I updated my assessment and plan on his EPIC sticky note. Alongside "continue IV antibiotics" and "PT/OT," I added "go outside." *His moment outside is, in itself, medicinal.*

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