
Meditations of a Medical Oncology Scribe

By Brian Smith

Thursday, 9/10/20:

Today, I feel like I work in a Rube Goldberg machine - intentionally designed to perform simple tasks in overly complicated ways. Instead of dominos, springs, cogs and levers we have people at the Cancer Center South Bay (CCSB), but the principle stands. When patients walk in it's like an already-pulled plunger is released, and they're launched into the system. The machinery groans, pistons screaming for oil, gradually accelerating. The downstairs nuts-and-bolts: a welcome greeting, COVID screening, check-in meeting, then ready for treating.

The patients fly up three floors to the medical oncology clinic, then another check-in. If we're busy, a long wait then. At least we're only busy on days ending in "y."

The waiting rooms are checkerboarded: empty chairs space the intervals between patients avoiding eye contact. When someone coughs, you'd think they just lit a stick of dynamite for a cigar.

The medical assistants finally approach and call out names. The patients hurriedly gather up what they've brought, what they've thought. If you're following the trail of dominos in the patient's wake, this is where it forks. One path follows the patient to their private rooms for, you guessed it, another check-in. The other weaves under office chairs, snakes between carts of respirators, and slithers into the doctor's office, alerting me to the imminence of the appointment. On my screen, a circle turns yellow. The doctor and I put on our face shields, adjust our masks. *Halloween's come early*. We discuss which appointments will be difficult and which will be less difficult today. Halfway through her breakfast, the doctor sees the circle on her screen turn green. The patient is ready. Off we go.

Friday, 9/11/20:

Half of my job is to prepare notes in advance. Each patient has an IDENTIFICATION, summarizing why they have the misfortune to be here. The main focus of the note is on the INTERVAL HISTORY. What has happened since last we saw them? If they've had any CT or PET scans, this is where the results are summarized. Did they go to the hospital? Those are there, and so are any surgeries they've had. These notes are legal documents, so *apparently* by law they are required to be long and complex. They also have to be meticulous.

To speed up writing, scribes use "SmartPhrases," which are shorthand abbreviations that automatically change to full sentences. My favorite SmartPhrase is an easy choice: NOINT. "No interval imaging, pathology, procedures, or hospital admissions." In oncology, no news tends to be good news. The adage holds.

I use my other favorite tool when we haven't seen the patient yet or because I'm not sure how to phrase something: I type ***. These three stars are my signposts, and pressing F2 catapults me from one constellation to the next. Before appointments my notes look like a digital *Starry Night* .

My job is to write down what the patient says and how they are feeling. Though each patient is different, every prepared note has one uniformity: "Today, the patient feels ***."

In essence, I write *** when I don't know what to say yet.

Tuesday, 9/15/20:

While most of the notes I prepare are for follow-ups, the others are for new patients. These dive comprehensively into everything that's happened from the moment of transition from person to patient. When I prepare notes, I put these off and prepare them last.

I'm a fly on the wall for a tragedy in three parts:

- (1) the patient notices something is wrong, something feels "off,"
- (2) the cautious follow-up imaging and pathology, hoping for a negative result, and

(3) the flurry of activity accompanying a positive diagnosis, as urgent treatment and surgery are scheduled

I don't know these people. What gives me the right to know their lives? I feel like I'm eavesdropping on the worst days of someone's life, the days everything changes.

The stories of CCSB are constructed from glass, concrete, and shattered status quo.

Thursday, 9/17/20:

Does the doctor's phone somehow detect the worst time she could get a call? Seriously. It's like it knows when she's explaining something to a patient. We need someone to look into that.

Friday, 9/18/20:

██████████ missed her second appointment in a row. Another note left incomplete. I hope she's alright, but I already know she's not. That's why she's not here.

Monday, 9/21/20:

Today a patient brought up physician-assisted death. My heart begins to beat faster and I can hear the tremble in her voice. The doctor keeps pausing as she explains that final process, checking once, twice, three times if the patient really wants to hear this. Should I still be here for this? Hearing about the heart stopping, mine strives to beat louder, faster.

Does the patient want to hear this? She does. Or maybe she doesn't but she feels she has to. The doctor talks, and the patient listens, and my ears are roaring, and my hands are typing, and then **BAM** it's "Return to Clinic in 2 weeks with imaging and labs" and "It was a pleasure to see you today" and "Goodbye" and the patient cries and the door slams shut and I wheel my walking-desk out into the hall and I spring back behind the doctor and my feet are sprinting to the next room and my body is entering inside and my ears are listening and my fingers are writing, "The patient presents today, now 10 years in remission, to discuss her new pregnancy."

My neck hurts from the whiplash.

Thursday, 9/24/20:

“Pertinent negatives” are symptoms that help diagnosis because the patient denies they are present. So many patients are feeling fatigued because of the pandemic that when I note pertinent negatives, I have to say “patient denies feeling *unexplained* fatigue.” See also: *unexpected* anxiety, *uncharacteristic* depression.

Monday, 9/28/20:

Sometimes I don’t know how to feel about being a scribe. I know the work is important - I’m saving the doctor time, jotting down important details, and letting her focus on being eye to eye with patients.

And other times the patient starts crying and I’m the closest so I hand them the kleenex box, and they thank me. Thank me for handing them a tissue. I feel my throat catch and my eyes water and I’m thankful for my glasses. And I wish everytime I could do so much more.

Friday, 10/9/20:

The doctor just told me: a patient died last night. The first death of a patient I knew. I saw him in a video call last week.

Today, I feel ***.

My plan for processing and coping with this: ***

Monday, 10/12/20:

I’m thinking more about the patient that died last week. I think it’s important to remember his name. I reach out to the other scribes to hear how they cope with losing patients. They recommend sharing condolences with the family when the doctor calls to do the same. They say I should reach out to a social worker if I want, and add there’s no shame in that. I agree - but if they think so, did the second part even need saying?

They also recommended writing.

Tuesday, 10/13/20:

██████████ missed her third appointment in a row. I don't understand.

Wednesday, 10/14/20:

My investigation into phone call timings just came back. We ordered them a month ago (9/17/20), but scheduling takes a while, particularly in months with vowels in their name. Here's what I imagine the radiologist would say:

CT SCAN, IPHONE XS MAX on 10/12/20:

IMPRESSION: The phone appears to have a dedicated microphone calibrated to detect the exact timbre of voice which signifies the imminent delivery of important news. Also visualized are an accelerometer to detect when the doctor has just entered a patient's room and thermal sensors to identify immediately when her lunch comes out of the microwave. Together, these findings are concerning and necessitate further investigation.

My job is to preserve that gossamer thread of attention spun between the doctor and patient. Every call feels like that thread is slashed with garden shears.

Seems like a design flaw to me.

Thursday, 10/15/20:

Part of my job I haven't mentioned yet is writing the PATIENT INSTRUCTIONS. I use another smartphrase: WRAPUP. It begins, "Mr./Ms./Mrs. ██████████, it was a pleasure seeing you today." After the ██████████ hardest appointments I change it to, "We are glad to have seen you today." Sometimes the former feels wrong.

Monday, 10/19/20:

The less well known (and less well written) verse from *Rent*'s "Seasons of Love":

How do you measure if a doctor's overworked?

In midnights? Missed meals?

Or in forgotten patient names?

In eight hours, that're really ten or twelve or more,

How do you measure, before the doctor hits the floor?

Tuesday, 10/20/20:

She missed her fourth appointment in a row. Yes, the same patient. After last time I said I knew the reason why she wasn't here. I oversimplified it.

She isn't just missing her appointments because she isn't doing well. The doctor says the patient isn't coming because she knows the only treatment she can get is palliative.

Thursday, 10/22/20:

I admire the sanctity with which the doctor treats the doorway. She exits rooms with hunched shoulders, crossed arms, and a grimace. Before she crosses that threshold, though, she resets.

Let's just hope her phone doesn't ring.

Friday, 10/23/20:

From a patient who passed recently:

"I have God, and I have you. I don't want anyone else, period."

Monday, 11/16/20:

I hate Mondays. Tuesday, Wednesday, Thursday, and Friday are lucky - they just get the bad news from their yesterday. Mondays have Friday's and the weekend's, a triple share.

Two of our patients died over the weekend. One was younger than 50. The other's family weren't allowed to visit them because of the hospice's COVID precautions, so he died alone.

Monday, 11/23/20:

IDENTIFICATION: [REDACTED] is a 23Y medical scribe here for burnout.

INTERVAL HISTORY: I present today for followup, last seen in the clinic on 11/20/20. In the interval, I report increasing malaise, fatigue, and worsening affect. While I've been working here, 5 of our patients have died. I say my work continues to be meaningful but emotionally taxing, and the physician for whom I scribe is overworked and only getting moreso.

Today, I feel like the pancakes I ate for breakfast: drowning in syrup. I try to breathe, and I try to move, but everything's thick and I stick. I'm a fly in amber, with 5 patients' names inside.

Tuesday, 11/24/20:

So far we've seen almost 300 patients this month, which is just too much. But if I had a dime for every patient who's shared with me how lucky I am to be working with such a wonderful doctor, I'd have almost \$30.

Wednesday, 11/25/20:

From a patient who passed recently:

"I've lived 85 years and I've been really happy. If I die tomorrow, I'm alright with my life and the way I lived. When the time comes, the time comes, and that's it."

I hope I'm able to live a life like he did.

Apparently all it takes is ***.

Thursday, 11/26/20:

Today is Thanksgiving and I'm thinking about that first patient I knew who died. I'm glad I still remember his name. The last words I heard him say were, "I'm in pain, doctor." At these, the doctor turned to me and requested a referral to palliative care. He died, but he died without pain.

Today, I feel thankful for palliative care and hospice.

Friday, 11/27/20:

ADDENDUM TO NOTE FROM 9/10/20:

On reflection, I don't work in a Rube Goldberg machine. The tasks being done here are not simple. I work in a pinball machine. When patients roll in like ball bearings, an already-pulled plunger is released. They're launched into a kaleidoscope of scalding lights and startling jolts. When the ball starts to fall, the doctor leaps to the machine and slams a fist on the buttons, thrusting up the paddles.

Sometimes, no matter how hard the buttons are struck and how desperately the paddles flail, the ball falls through. But you do what you can, for as long as you can, to keep those numbers rising, and keep that ball up.

Monday, 11/30/20:

IDENTIFICATION: [REDACTED] is a 23Y medical scribe here for followup of burnout.

INTERVAL HISTORY: I present today for followup, last seen in the clinic on 11/27/20. No interval patient deaths. In the interval, I have been writing down my experiences. I report that this seems to help.

Today, I feel. I find this a victory.