The certainty of uncertainty

I glance at the clock—1:55 a.m.—as I roll over to answer the phone. The call is the third of the night from the ICU, and I have hit my three-call wall. I know the rest of the night will be a tug-of-war between the siren of sleep and the swirl of concern about my ICU patient. Will I be able to get her potassium down? Will her kidneys start working? Will we get her blood pressure above 90 systolic? The clinical goblins prevail, and I drag myself to the office in the morning dreaming of dreaming.

Rare, precious and forever sought, sleep is the platinum of a physician’s life. From Day 1 of medical school to the final days of practice, it is the scarce commodity that none of us seem to get enough of. Medical practice harbors so many disrupters of solid sleep. Long work hours can leave you revved up, replaying the day even after your head hits the pillow. Nights on call, particularly if you cover a hospital practice, can contain more rude awakenings than nights with a 2-month old in the next room. After darkness falls, worry about the status and future of medical practice itself can spin troublesome tales of new threats to income and independence. The practice of medicine can be a veritable rogue alarm clock, going off at random times and messing with sleep.

Perhaps sleep lies at the core of the attraction of employment for physicians. For most physicians employed by large groups, call is infrequent and involves only outpatient problems. There are no concerns about hiring or firing employees or running a practice. And hours are usually defined and limited. The lifestyle seems better and the sleep promises to be sounder.

Yet practicing medicine is never without insomnia-provoking concerns, and this month we explore some of those insomnogenic goblins. Frustrations with the electronic health record can rankle. Irritations with insurance companies’ intrusions into daily practice can gall. The looming threat of malpractice can frighten. The daily grind of sometimes difficult patients can nag.

The common thread for all of these is uncertainty. Uncertainty is the constant companion for practicing physicians, hovering in the shadows of every day. Medical training teaches us where the pituitary gland is and how to treat pneumonia, but mostly we have to teach ourselves how to deal with uncertainty. Diagnoses are rarely textbook. Patient response to treatment is variable. The patient you just sent out of the clinic with a prescription could end up in the emergency room, spawning questions about what you did wrong. Learning to act without ironclad assurance is perhaps the cardinal lesson in the art of medicine, and learning from your actions and mis-actions to build some certainty into your uncertainty is at the heart of continuing medical education and of staying functional in the practice of medicine.

My practice has changed. It’s been two years since I’ve fielded a call from the ICU, but somehow I do still find something to roil my brain at 1:55 a.m. Uncertainty in medical practice will never disappear and the end of sleepless nights will always be a dream.

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