WHEN I WAS AN INTERN, I WOULD TAKE OVERTIME CALL EVERY THREE OR FOUR NIGHTS. SOME NIGHTS WERE ROUTINE...

...OTHERS WER E NOT.

“MISS ED IT” WRITTEN BY: MICHAEL J. GREEN, MD, MS • ILLUSTRATED BY: RAY RIECK

3:00 A.M.

BEEP...BEEP...BEEP!

Hey Mike, it’s Fred. Got a routine COPD patient to admit. No big deal, I’ve worked him up, you just need to tuck him in for the night. Take your time.

GOOD O’ FRED... HE’S GOT MY BACK.

SHAKING OFF THE DROWSINESS...

...I HEAD DOWN TO THE ER.

This will be easy—a 54-year-old with shortness of breath and wheezing. The nebulizer helped some, but he’s still struggling.

No big deal—more Neb, start some antibiotics and steroids and hook him up to oxygen.
I'll be back in bed in no time.

I see the patient.

Hey, Fred. What about that murmur?

No worries— it's old, documented in the chart.

I write admission orders, take him upstairs, and talk with the nurses.

Maybe I'll get some sleep after all...
Missed It | Special Article

3:30 A.M.

BEEP...BEEP...

WHAT'S UP?

THE GUY YOU ADMITTED DOESN'T LOOK SO GOOD...

BETTER COME TAKE A LOOK.

4:30 A.M.

DID YOU GIVE HIM THE ALBUTEROL NEBULIZER?

YES...BUT IT DIDN'T HELP...

"...YOU SHOULD SEE HIM."

MINIMAL WHEEZING...
O2 SATS OK.
BUT...THAT PESKY HEART MURMUR...

MINIMAL WHEEZING... O2 SATS OK. BUT... THAT PESKY HEART MURMUR...

TRY ANOTHER NEB AND LET ME KNOW IF HE DOESN'T IMPROVE.

"HE'S LOOKING BAD -- NEED YOU NOW!"

CAN'T...BREATHE!

Maybe this isn’t so straightforward after all.

Might need to be transferred to the ICU.

I call the senior resident...

Haven’t you learned to manage COPD by now?

Alright... I’ll be right down.

Seven minutes later...

<BSAP>

Damn!... Call a code!

We work on him for 30 minutes. Do everything... chest compressions, shocks, IVs...

He’s... dead!
Missed It | Special Article

7:00 A.M.

The morning team arrives, and we begin our daily rounds. I'm exhausted. Shaken, nobody talks about last night...

...or, the dead patient.

No time to rest, vent or mourn.

Later that afternoon, a senior physician stops me...

Hear the autopsy results, yet?

Pinpoint aortic stenosis. Surgery might have saved him.

20 years later, I'm still haunted by the smell of his fear and the terror in his eyes. Sometimes, when it's quiet, I can still hear the faintumble of that murmur.

Then it sinks in... The murmur I ignored was the ultimate clue.

I wonder what I'll miss next time.
Author and Illustrator Information: Michael J. Green, MD, MS, is a Professor of Medicine and Humanities at Penn State College of Medicine, where he cares for patients, teaches medical students, and conducts research on informed medical decision making. He is a founding organizer of several international conferences on Comics and Medicine (www.graphicmedicine.org/comics-and-medicine-conferences) and is a member of the editorial collective of a forthcoming book series on graphic medicine from Penn State University Press. He teaches a course on comics and medicine to fourth-year medical students (whose comics can be viewed online at www2.med.psu.edu/humanities/for-medical-students/research-opportunities/graphic-storytelling-medical-narratives). The author wishes to acknowledge the Physicians Writers Group at Penn State Hershey who provided support and critical feedback on the story that inspired this comic.

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