

## For Want of a Pessary, the Life Was Lost

William F. Miser, MD, MA

*For want of a nail, the shoe was lost;  
For want of the shoe, the horse was lost;  
For want of the horse, the rider was lost;  
For want of the rider, the battle was lost;  
For want of the battle, the kingdom was lost;  
And all for the want of a horseshoe nail.*

One of the riches of being a family physician is getting to know the people we encounter in our offices that we call “patients.” This knowledge goes beyond diagnoses and treatment plans, and often involves learning about the lives they experience with their families and in their communities. By paying close attention to my patients’ lives, I often learn critical life lessons that I subsequently use in the care of others and that I apply in my own life. One such lesson taught me how our fragmented, superspecialized, technically advanced medical care system can sometimes get out of control and lead to a cascade of adverse events, much to the detriment of our patients. Borrowing from the familiar nursery rhyme above, I call this lesson, “For want of a pessary, the life was lost.”

Although I had known Donald, a 75-year-old retired US Army Colonel and widower, for several years, I met his new bride for the first time when she came in for a well-woman examination. Dorothy, a retired journalist, was a spry, prim, and proper 77-year-old woman who was full of vigor and life. Other than the stable angina she had experienced for the past 20 years, she appeared to be in good health. As we were finishing up the encounter, she asked, as an afterthought and with a blush, if I could prescribe for her a new pessary. Embarrassed that I had missed the small cystocele that had caused her urinary incontinence during the last several years, I quickly searched but could not find a supply in our office. Our gynecology clinic agreed to provide her the pessary, so I made the referral and asked to see her back in my office in a few months. That was the last time I saw her alive.

Two months later Donald was in my office in tears as he once again faced being a widower. Much

to my surprise and dismay, he relayed the following events to me, none of which I knew about until then. Dorothy went to the gynecology clinic for the pessary. While she was there, she was offered, and subsequently accepted, an evaluation for a surgical repair of the cystocele. The gynecologist scheduled her for the procedure but first referred her to the cardiologist for a preoperative evaluation because of her known, stable, chronic angina. She subsequently underwent a cardiac catheterization, which confirmed severe three-vessel disease (100% right coronary artery, 100% left anterior descending, and 80% to 90% circumflex). The cardiologist then referred her to the cardiothoracic surgeon, who recommended immediate surgical bypass. The coronary artery bypass went awry, and her 24 stormy days of deterioration in the intensive care unit included persistent hemorrhage, respiratory failure, and subsequent pseudomonal and candidal sepsis. She failed to respond to aggressive interventions, and Donald subsequently had to make the decision to withdraw all life support for Dorothy.

As I helped Donald deal with his grief, I had to deal with a mixture of emotions myself. I felt guilty: “What if I hadn’t written that prescription?” I felt helpless: “I wasn’t there to help in the decision-making process along the way.” I felt angry: “All she wanted was a pessary, why did they put her through all this?” Although I know that Dorothy, as will we all, would have eventually died, I still cannot help but believe that we in the medical profession hastened her death. We did not follow the dictum *primum non nocere* (first, do no harm).

This lesson has been with me for the past 15 years as I counsel others about pursuing invasive and aggressive treatments. Sure, we are able to save lives with the use of our treatments, but there are other Dorothys in this world whom we push more quickly to their graves. Although technology plays a vital role in medicine, we need always to be aware of its limitations and always do what we believe is best for the patient.

As a side note, I had the joy of seeing Donald marry again a year later to, ironically, a woman named Dorothy. This was his third wife—he obviously never wanted to be alone in life.

---

Submitted, revised, 30 July 2001.

From the Department of Family Medicine, The Ohio State University, Columbus. Address reprint requests to William F. Miser, MD, Department of Family Medicine, 2231 North High St, Columbus, OH 43201.