Hi, my name’s Madi Sinha. I’m the author of The White Coat Diaries, and this is the story about a young doctor, just starting her residency, and the journey of self-discovery that she goes on. And the section that I’m going to read today is when the main character, Nora, is sent to the Emergency Room to take care of a patient, and she finds herself in a little bit over her head.

I hate the Emergency Department. I hate the squeaky linoleum flooring and the bare, incessantly flickering fluorescent lights overhead. I hate that the steady, maddening beeping of monitors is punctuated by sudden Munchian screams of agony, or inebriation, or “I’ve been waiting here for over four hours!” at irregular intervals and from any direction. Yes, if there is a hell, it must look and sound—and, certainly, smell—a lot like this.

I throw the wrapper of my ice cream sandwich in the trash and furtively wipe my hands on my scrub pants. Then I find curtain twelve and step through it.

“Hi. I’m—”

“The intern. She has pneumonia,” says a man in large, square wire-rimmed glasses. I’ve seen this man before. Here, in the ED, three weeks ago. I glance at the chart, looking for the patient’s name: Lenore Tally.

Mr. Tally motions to his wife, who is recumbent on a stretcher. “It’s bacterial. She needs to be admitted to a telemetry unit and started on Rocephin and Zithromax. Stat, please.”

His wife nods in agreement. I notice that the two of them share an oddly similar short hairstyle, plump body habitus, and narrow range of sour facial expressions. I smile and mention that it’s nice to meet them. They regard me sternly.

“Listen, we’ve been through this before, so if you could just move this along,” Mr. Tally says.

“Certainly, sir.” Sometimes I feel like a waitress. Let me check with the chef. Our specials tonight are saltine crackers and enemas. “I just have a few questions. It says in your chart that you’re short of breath. Can you tell me more about that?”
Tell me more about that. A magical little phrase. Quite a lot of time in medical school is spent learning how to conduct a proper patient interview. The key precept of this training is as follows: you, the physician, have limited time. They, the patient, have a colorful life history that has nothing to do with their current medical condition but that they will, nonetheless, want to share with you in its excruciating entirety. The most efficient way to get to the relevant information, while still maintaining the illusion that you are captivated by every glorious detail, is to coax the patient into what is commonly referred to as The Cone.

The Cone—really more of a funnel—consists of an open-ended statement that invites conversation (Tell me more about that) quickly followed by a series of questions, each more focused than the last (Are you vomiting? Is there blood in your vomit? Does the blood resemble coffee grounds or is it bright red?)

“I’m always a little short of breath, it’s just worse now,” Mrs. Tally says.

“Can you describe the shortness of breath? Does it feel like you can’t catch your breath or more like a pressure in your chest?”

“Like I can’t catch my breath.”

“Do you have any other symptoms? Like coughing or a fever?”

“I'm coughing more than usual.”

“Are you coughing up mucus?”

“Yes, some.”

“Does it have a color?”

“No, it's just clear.”

“And when you cough, do you get chest pain?”

“Chest pain?” she says. “Once, about four months ago, I had a pain. No, not a pain, but a burning, you know? After eating. I can’t eat spicy foods. I never could. Or tomatoes—I’m severely allergic to tomatoes.”

Riveting stuff, but her tangent out of the cone must be stopped.

“It might have been a fish bone,” she continues. “Remember that, honey? I think it got stuck on the way down—”

“So, let me ask you a question,” I say. “Have you had any chest pain recently?”
“My God, could the fish bone still be in there?”

No, no, no. Get back in the cone!

“Once, in 1974, my sister swallowed a chicken bone. Did I mention I’m severely allergic to tomatoes?”

I sigh. “So, no chest pain recently, then?”

“We’ve already answered all these questions.” Mr. Tally folds his arms across his chest. “All you people ask the same questions.”

It’s true. They’ve probably told their story to half a dozen people. The ED staff uses a simpler version of The Cone designed to sort patients into two groups: 1) Those for whom death is imminent; and 2) Everyone else. Fall into category two and chances are you’ll be waiting several hours for medical attention and then detailing your long list of non-urgent symptoms to someone who doesn’t have time to write them down.


“Yes, I’m sorry about that. I’ll just go look at your chest X-ray. Should only be a minute,” I say.

Mr. Tally exhales loudly. “The ED doc already looked at it. He said it was pneumonia. Like I told you.”

Ethan’s advice rings in my ears. Don’t trust the ED attendings.

“Yes, sir, but I’ll have to look at it myself. It shouldn’t take long.”

He huffs. “This is a joke.”

A woman screams from the neighboring curtain. “Someone, help him! Doctor!”

“I have to go,” I say, my voice full of righteous impatience. I swipe the curtain aside with more vigor than is necessary.

Eyes closed and mouth agape, the elderly man on the next gurney is as blue as his hospital gown. A frantic young woman stands on the far side of the bed. “Please, help him!” she says.

My heart jumps into my mouth, and I look around, panicked. I notice a stunned-looking medical student with a short white coat at the nurses’ station. There are no doctors or nurses in sight, and the patients in the hallway are watching in helpless, slack-jawed
horror. For a moment I stand there, unable to move under the weight of the tremendous responsibility that has just been lowered on to my shoulders.

It’s up to me.

I spring into the kind of action for which years of medical school have prepared me. I grab the man’s shoulders and shake his limp body. “Sir! Sir!” I shout. I put my ear to his mouth to listen for breathing. I hear nothing. I press two fingers into his neck to feel his carotid pulse. Again, nothing. I exchange a glance with the young woman, who regards me anxiously.

The heart monitor on the wall shows a flat line. Two nurses rush to the bedside.

“Asystole!” I say.

The nurses look at each other.

“Asystole!” I say, louder. The nurses exchange nervous glances again. They seem confused. “His heart has stopped. Call a code blue!” I say. I am impressed by my own capacity for definitive leadership. I clamp a breathing mask over the patient’s mouth and begin pumping air into him. “Start chest compressions!” I command.

The young woman makes a guttural sound and says, “He’s dead.”

“We have to try to restart his heart,” I say, breathless, drops of sweat beginning to form on my brow.

“No, he’s dead,” she says again. “He’s been dead for hours. Help him.” She points to the floor. I sweep the bed linens aside to look under the gurney. Lying at the young woman’s feet, sprawled out on his back, is an unconscious man in skinny jeans and a T-shirt. He stirs and moans.

“What the hell?” he says, his voice cracking.

The young woman sighs impatiently. “You fainted. Again.”

“A little overwhelmed, huh?” one of the nurses says. She helps the young man to his feet.

“I don’t feel well,” the man says, holding his head. “Is there a doctor?”

The nurse casts a quick glance over her shoulder at me, and I’m swallowed whole by a wave of humiliation.

“We’ll find you one,” she says
[Author speaking]

Thank you so much for listening.