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The Intern's Mistake

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Sometime between 6:00 p.m. and 6:00 a.m., on the seventeenth floor of the hospital, an intern pushed the medication into an IV in the crook of his patient's arm. The patient, someone who was not young, but also not old, was killed within minutes. The nurse called a rapid response. The doctors on call that night ran in from the workroom to where the intern stood beside the bed, empty syringe in hand.

The patient, her prognosis poor, was DNR/DNI, so when the supervising doctor felt the patient's carotid and there was no pulse, he did not begin compressions. When the rapid response team arrived, they could do nothing to bring her back.

There had been a typo in the evening instructions. Instead of writing 2 mg (milligrams), the person working the daytime shift had written 20 mg. Because it was an IV push, it had to be given by an MD, so the intern was the one to fill the syringe, twist it into the IV, and push the medication that was 10 times stronger than the intended dose.

This is so horrible, they all said.

That word, horrible, was a vague one, but they meant something particular. They meant that there was a moment when the intern, six months out of medical school, realized what he had done,

and could not reverse it. They meant that it was horrible to stand beside the bed of a person you have killed. No, that's not right. It was horrible to stand beside the bed of a person who died because of your mistake.

It could have been any of us, they all said. Secretly, they hoped that was untrue. They wondered how he had missed that the medication was 10 times too strong. It was a common medication. The intern had been working his seventh night in a row. *Maybe he had other things on his mind*, they justified.

That week, the intern lingered over the details of the case. The patient had been married. That made it worse. She had no children. That made it better. Her cancer was stage three. That was unhelpful.

The next week, there was a lecture about medical errors. They had all heard about what had happened. *This is not about individuals doing something wrong*, leadership said, to the room full of scared interns. Even though no one looked at him, the intern whose mistake it was sank deeper in his chair. There was a slide behind them, with five pieces of Swiss cheese, the holes lining up perfectly so that a black arrow shot through each hole in each piece of cheese, and out the other end. *This is how someone dies*, they assured us, *not because of one person's mistake but because five mistakes lined up perfectly within a flawed system*.

The day intern wrote 20 mg instead of 2 mg. The supervising doctor double-checking the sign-out instructions didn't catch the error and have

the whole stack reprinted. The pharmacist, when they saw the order, didn't say, "Really? 20 milligrams? That's too much. Let me call and verify." The nurse who saw the notification that a medication was due didn't say, "Really? 20 milligrams? I've never seen that much ordered."

Four people made mistakes before the intern overnight pushed down the plunger and watched the patient's eyes close, hands loosen, and chest stop rising.

Later, he stared at the ceiling in his bedroom, remembering the way her hands had looked moments before she died, gripping the top of the blanket. He missed the life he used to have where decisions he made or didn't make couldn't kill a person. He returned to work. His fellow interns asked how he was holding up. He shrugged and said, "I'm okay."

Eventually, he went back to sleeping at night. What helped wasn't the Swiss cheese diagram with all those holes, or the support sessions with supervising doctors, it was the image seared in his mind of those scared eyes beside him in the lecture hall, the scared eyes of the interns who asked him how he was holding up, the ones who now understood that their mistake could be next. With them, he was not alone.

About the Author

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