

A Slight Resemblance

In the Emergency Department

As a senior emergency medicine resident, I acted as code chief during emergency resuscitations. A “code in progress” was brought to the ED by the paramedics: the patient was a middle-aged man who had been intubated in the field and received several rounds of drugs per advanced cardiac life support (ACLS) protocol. Paramedics had been trying to resuscitate him for more than 20 minutes. He appeared to be asystolic, and his face was pale blue. On many similar occasions, having failed standard attempts at resuscitation, I halted resuscitation efforts at that point and pronounced the patient dead, but this case was different. The patient’s pale blue face resembled my father’s, and even his hair was brushed back in a similar manner. My father had died quite suddenly several months before; attempts to revive him had been unsuccessful.

On a whim, I ordered that CPR be continued and administered bretylium, which had recently been added as a possible second-line drug in ACLS. The asystole or perhaps fine ventricular fibrillation persisted, and I defibrillated the patient twice. But then I thought I might have felt a faint pulse—complexes appeared on the monitor, and the pulse became regular. The patient was transferred to the ICU, and I went home feeling somewhat sheepish about having resuscitated a

patient who no doubt would be brain damaged or brain dead.

Before my ED shift on the following day, I decided to visit the ICU and check on the patient. The patient’s name was on a label by 2 beds; one bed was empty and in the other sat a man reading a newspaper. “Dead,” I thought, “and better off.”

“Can I help you?” asked the man with the newspaper.

“No,” I said, “I came to check on Mr. X.”

“I’m Mr. X,” said the man. “I hear I had a rough go of it last night, but I’m feeling much better now. Were you one of the doctors in the emergency room?”

“One of them,” I replied, stunned. He had his hair combed differently and now looked nothing like my father.

I have participated in many resuscitations in my career. I have a difficult time recollecting any patient who came back so well, so quickly, after being down for so long. Survival statistics for true asystole are close to zero. Mr. X went home alive only because somehow in death, or something very close to it, he resembled my father.

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