

A Fundamental Lesson

In the General Medicine Ward

I was somewhat overwhelmed on my first ever call night. I had not observed any codes as a medical student and was unsure of what constituted a code blue. When the first code blue was called that night, it felt heroic to run down the long hallways of the general medicine wards.

I was somewhat winded by the run when I arrived. I will never forget the image of other residents performing chest compressions on a frail, elderly gentleman. It was surreal and scary. Hospital visitors in the hallway stared in amazement as people rushed into the room. There were loud alarms, overhead voice alerts, and numerous asynchronous pagers going off. Nothing in my prior training had prepared me adequately for this moment.

There were far too many physicians in the room as it was, with more and more filing in with each passing minute. I was told to do a computer search for meaningful laboratory results. I was content just to be able to contribute. At this point, I still had not seen the patient's face.

After several minutes, the resuscitation attempt was terminated. The patient had received numerous interventions, including medications and defibrillation. The doctors could not obtain a pulse or elicit any other signs of life. A sheet was placed over the patient's face, and everyone left to get back to his or her job duties.

Having never seen a dead person before, I was very interested in examining the patient. After everyone left, I went back inside and undraped the patient. His

fixed and dilated pupils were a scarier sight than anything I had seen in a horror movie. But the most terrifying feeling I had was when I auscultated his heart and could hear a definite rhythm! I ran out of the room and yelled down the hallway, "He is not dead! He is not dead!"

My senior resident verified my findings and begrudgingly initiated another code blue on the same patient. The code team returned to the room and whispered under their breaths how "ridiculous" it was that we had to resuscitate this patient again. Several of them told me in no uncertain terms that what I had observed was a delayed effect of the cardiotropic medications. This patient had no meaningful chance of recovery, and my actions were naive, cavalier, and futile.

With time, the code was again discontinued, and the patient was again declared dead, with no appreciable result coming from the second effort. A few residents laughed and a few scowled at what had transpired, but I left the encounter with a sense of dignity and pride. I had done what I thought was right for the patient even in the setting of peer scrutiny and disappointment. Many of my fellow residents still laugh when they recount the story, and, indeed, it does seem funny to hear about it now. But I still recall how empowered I felt when I thought I was saving the patient's life.

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