In Extremis
In the General Medical Ward

One night during my internship at the VA, I was called to see a patient whose blood pressure was 80/40 mm Hg and whose blood oxygen saturation was in the high 80s on a non-rebreather mask. Mr. C was a DNR/DNI patient with end-stage pulmonary disease and cor pulmonale who had just finished a steroid taper for a COPD exacerbation. When I arrived at his room, Mr. C was minimally responsive to command. His lungs were diffusely wheezy and his breathing was labored. I was told that the respiratory therapist was on her way.

I gave the patient a bolus infusion of normal saline. Repeat blood pressure was 50/40 mm Hg. Because Mr. C had just been taken off steroids, I gave him a dose of IV steroids and another bolus infusion of normal saline. His breathing became agonal and he was no longer responsive to sternal rub. Then, he stopped breathing. The humidity in the mask cleared. There was a pause in the room as Mr. C took one last gasp. The mask remained clear. Another moment passed and there was a twitch of his right orbicularis oris. Soon after, his left eye twitched.

Looking at Mr. C’s closed eyes, I wondered what should be done. Should I open his eyes to let his soul out? Should I place pennies so he can cross the River Styx? Or was the twitching just a sign that his mitochondria was running out of ATP? I pronounced him dead at 4:26 AM.

I had spoken with Mr. C around midnight because the team had asked me to check on him during the night. He was a very pleasant man. He looked comfortable and said his breathing was fair. I had bade him a good night before going to bed, assuming I would never see Mr. C again. I had never watched someone die before and had never felt so helpless—no endotracheal tube, no chest compressions, no pressors. I don’t think there was anything more I could have done, but I will never forget his eyes or stop wondering if there was more I should have done. After all, oculus animi index (the eye is the mirror of the soul).

—Ryan Morrissey, MD
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