

## Family

### On the Gynecology Floor

**A**s a first-year resident, midnight dashes down the tenth floor hallway were all too common on the general medicine unit. Our team had been pummeled by codes—6 already in 2 weeks. That night, the medicine team ran down the hallway in stride, a small brigade marching off to battle.

Many other members of the housestaff accompanied me to the unfamiliar gynecology floor. At the door, I paused; two residents already present had initiated CPR. One immediately greeted me, “Metastatic ovarian cancer, found unresponsive.” My eyes were drawn to a grossly distended abdomen, the size of a basketball, and the wasted body, seemingly an appendage of it.

My brief observation was interrupted by the usual frantic measures, now somewhat streamlined. Tonight, I would be the one performing chest compressions. Someone declared, “Check for the pulse.” I silently welcomed the respite from my activity as others palpated for a pulse.

I quickly surveyed the room: the usual blur of green scrubs and stethoscopes was interrupted by a middle-aged gentleman dressed in layman’s clothing. Another resident had followed my eyes, “Sir, please, you need to step outside immediately.” She gently nudged the

unidentified gentleman toward the door. “No, I’m her husband,” he firmly replied. I could sense his resistance to the resident’s request as he shifted his weight against hers. His response was adamant, “No, I need to be with her now.” The code continued despite this awkward impasse. I watched in horror as he insisted on observing from the corner of the room. In the meantime, multiple rounds of CPR continued in vain.

The patient’s husband had remained present throughout the entire code. I lingered behind, purposely, to observe his reaction. Angrily, I wondered how we could have allowed a family member to stay. How could he not be traumatized by the brutality of CPR, the disquieting crunch of chest compressions, the frenetic endotracheal intubation, and the bloody placement of a groin triple lumen catheter?

As others filed out of the room, the primary doctor for this patient paid his condolences to her husband. I looked away as tears streamed down his anguished face. But his response left me strangely comforted. “Thank you for all your efforts, Doctor. I’m glad that I was here with her at the end.”

—**Andy I. Choi, MD**  
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