

A Defibrillation to Remember

In the Emergency Room

In the mid-1960s, I was a new primary care physician working in eastern San Diego, CA. During that time, there were no contract emergency physicians; hospital staff members usually covered their own emergencies, and there were a few physicians who attended to the patients who did not have a physician on staff. I was one of those doctors who covered the emergency room from their office, since there was no formal organized emergency department. One day, I was notified that there was a man being transferred from the mountains east of San Diego. He was complaining of chest pain. A tree had fallen in the front yard of his cabin home in the mountains, and he had been cutting the tree when the pain began. He was age 50 years with all of the coronary atherosclerotic risk factors (ie, hypertension, smoking, high-fat diet). My hospital had acquired their first external cardiac defibrillator just a few days before this event, and I had attended an in-house workshop on using this machine. The defibrillator was set in the hallway on the floor above the emergency room.

I was waiting for the patient when he arrived—he was alert and in no obvious distress. I took a brief history and an electrocardiogram was performed, showing an obvious myocardial infarction. I made the mistake of reading the electrocardiograph in front of the patient, and he saw the look of obvious concern on my face. I checked his heart, and while I was listening, the regular heart tones abruptly disappeared. I looked up at him

and he quickly asked, “What is happening?” before he lost consciousness. There were no monitors, and the rhythm strip was not running. I assumed that he had developed ventricular fibrillation. Another physician began ventilation, and I started chest compressions. The defibrillator arrived shortly thereafter. I administered one shock and listened to his chest—nothing.

When I restarted chest compressions, the patient suddenly grabbed my wrists and said, “That hurts!” In those days, I did not know about the refractory period of the SA node. A new electrocardiograph showed sinus rhythm.

This man eventually recovered, and we became friends. Our families spent many days together at the very same mountain cabin where he had experienced his first myocardial infarction. Many years later, the man and his wife moved to the mountains northeast of Phoenix, AZ. They were sitting on the porch popping green beans one day when he looked up suddenly and said “I love you” to his wife, laid back, and died. Because of his previous experience, he knew that his heart had stopped and that he had just seconds left.

Although I have had over 40 years of experience in emergency rooms, I will never forget my first experience in defibrillation nor the patient and friend with whom I experienced it.

—C. Richard Graham, MD
Houston, TX

Copyright 2004 by Turner White Communications Inc., Wayne, PA. All rights reserved.