Pandemonium

In the Emergency Department

The elderly gentleman was dead. I knew it as soon as I saw him. My coworkers realized it too.

His family brought him to the ED because "he just doesn't look right." He arrived in an ancient station wagon that was driven by one of his sons and stuffed with multiple other relations of various ages. More relatives arrived shortly after (about 30 in all). The patient was the family patriarch who presided over a massive extended family, many of whom were present.

Largely because we felt we owed his family some time to deal with his sudden demise, the ED resuscitation team swung into well-oiled action. We hoisted the patient from the automobile onto a gurney. After determining unresponsiveness (he was slightly stiff), he was bagged and we began CPR. He was intubated, IV lines were started, medications were given—all to no avail. He arrived pulseless and asystolic and stayed that way. We gave him (and his family) every chance.

As the senior resident and resuscitation team leader, it was my job to notify the anxiously waiting family of my patient's death. So many family members were now at the hospital that no available room would hold them all. The best location given the circumstances was an open area just outside the swinging doors of the main ED. Fortunately, there were some chairs there. Unfortunately, it was separated from the jammed waiting room only by the low triage desks.

I launched into my well-practiced death notification routine. I introduced myself as the primary treating physician. I then identified key members of the patient's family and directed my comments to them, attempting to include the others as well. I explained that they acted appropriately in recognizing that their relative was ill and praised them for rushing him to the hospital. I stressed that everything possible was done for their loved one, but all efforts were unsuccessful. I offered my condolences and transitioned to the fact that their patriarch was dead.

As soon as I uttered the word "dead," pandemonium erupted. Every member of the family began shrieking. Roughly half of the group dropped to the linoleum floor, either pitching forward from their chairs or—more alarmingly—collapsing from a standing position. Though fallen, they continued to wail. Two heavily muscled men from the group ran at full speed headfirst into a wall, crumpled, and lay still.

The crowd in the ED wheeled around and stared at me. I could almost hear them all thinking, "What has that doctor done wrong?"

Within seconds, my attending burst through the swinging doors of the ED entrance. He and I eventually restored order. We helped the fallen back into chairs or onto stretchers. The shrieking subsided to sobs and moans. We checked the 2 men who crashed into the wall and, thankfully, found no notable injuries. Patients, families, and hospital personnel resumed their individual concerns. ED life slowly returned to what passes for normal.

I learned a number of things that day. In emergency medicine, anything can and probably will happen. Since that day, I have always performed death notifications in private enclosed spaces. If the situation demands it, I am now willing to trek to another building in search of an appropriate "quiet" room—particularly one with padded chairs and thick carpets. And for groups of more than 3 or 4, I try to take another trained professional with me to deliver the bad news.

I have tried ever since not to set off any more riots. I may gravitate toward emergencies, but pandemonium and I mix about as well as oil and water.

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