

A Part Apart

On the Medical Floor

I witnessed my first resuscitation effort when I was a third-year medical student working at a V.A. hospital. A code blue was announced over the overhead speaker and I hurried down the hall, imagining procedures expertly performed by the code team and hoping to see a life saved. I wondered if I would be able to help.

I joined a small crowd gathered in the hallway. Inside the room, a larger group surrounded the residents who stood at the bedside of a man in his sixties. Another resident stood by an emergency cart giving orders to a nurse and to the resuscitation team. I noticed that one of my classmates was performing chest compressions. Lines were being inserted, and medication was given in between compressions. A resident came out with a blood sample; after he got through the crowd, he ran toward the lab. The team kept working. At that moment, I was glad not to be a part of the code.

A nurse beside me asked what had happened, and someone told her the patient's nurse found him slumped over and called the code. Another nurse asked what the patient was admitted for, but no one knew. A person asked if anyone had called his wife. The maintenance man beside me softly said that he'd just been in the patient's room fixing a light while the patient was reading. It was only then that I noticed a maintenance cart pushed haphazardly against the wall with a light fixture on top. An uncovered fluorescent bulb above the patient's head illuminated the scene below, where a book lay at the side of a resident's foot.

The team administered shocks between compressions as medication was given again and again. A nurse declared that the patient wasn't going to make it. The maintenance man crumpled visibly and stated that the patient was a nice guy. Then, in a fading voice, he said

he hadn't known anything was wrong with the patient. I turned toward the maintenance man and assured him that the team was doing everything they could and that the patient was getting the best care possible. I also told him that heart attacks sometimes happen without warning and that I was sure there was nothing he could have done to help the patient. The maintenance man smiled sadly. Moments later, the resident in charge announced the time of death. As the crowd dispersed, the maintenance man mumbled that it was a damned shame.

I thought about the man who died and the resident who would have to tell his wife. How do you tell family members a code failed and their loved one is dead? The job of a physician does not end after a failed code blue; the physician also is responsible for the care of the survivors.

I also thought about the maintenance man's feelings of guilt. I looked around and found him by his cart. I told him he could do something for the patient by speaking with the patient's wife about how her husband's day had been—how they had been chatting pleasantly, how her husband had been enjoying his book, and how he had not been feeling sick or in pain. I said I thought it would help her, but I didn't say how much it would help him, too.

The maintenance man said if the nurses thought it was okay, he might do that. Then he looked at me and said, "Thanks, doctor." I nodded and headed back to the nurses' station. Someone asked me if I was a part of the code. I said I wasn't. Now, in retrospect, I wonder if maybe I had played a small part in that code after all.

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