

A Christmas Story

In the Intensive Care Unit

As a trauma and critical care physician, I have had the opportunity to participate in many code blue situations, either as the team leader, the physician performing the procedures, or the house officer pushing on the chest. The one that I remember most by far is one of the first in which I was involved, and this is the time of year when I remember it best. I was an intern in a city hospital in Baltimore. Early in the morning on Christmas day, a man was brought to the emergency department with active gastrointestinal bleeding. He had aspirated and was intubated and moved to the intensive care unit (ICU).

Most of the unit had been emptied, with patients either discharged or sent to other levels of care. An ICU nurse watched over the remaining patients with me. As the day progressed, I spent the bulk of my time at this patient's bedside. I remember talking with his family, which owned a large restaurant in Baltimore; many other people also came in to inquire about his health. Because the patient continued to deteriorate, I called the head of the gastroenterology service, who came in to see the patient. We each noticed the purple color of his flanks and knew he was in trouble. I was told to call the chief of surgery and to tell him he had to come in. Knowing it was Christmas, I was somewhat leery of calling and asking him to interrupt his family celebration but, under duress, did call; he said he would be in soon. The nurse and I then waited for what seemed to be hours as the patient's condition grew worse. Out of mounting frustration, I called the chief of surgery again, who finally arrived by 5:30 PM. By that time, there were 36 family members in the hallway.

After examining the patient, the chief of surgery made the decision to call in a surgical team, and at 8:00 PM they took the patient to the operating room. I went to the emergency department to see other patients because it was starting to get busy there. I assumed the patient would be on the operating table for hours. At 9:30 PM, however, the ICU nurse called me to say that the patient was back. Apparently, the surgical team had seen too much dead gut when they opened him and elected to meet with the family and discuss a "do not resuscitate" order. When I saw the family members, they were obviously shaken by the thought that this once vital man would now die on Christmas.

At 10:30 PM, the ICU had a strange sort of quiet as the nurse and I stood at the patient's bedside, watching the monitor show his blood pressure steadily decrease. We decided that our patient was not going to die on Christmas. We did not want the entire family to remember that their father, grandfather, husband, and friend died on Christmas day. It was hard enough for them to sustain a loss that, perhaps, could have been prevented by more timely surgery. So it was not until 2:30 AM on December 26 that we stopped the dopamine, and 15 minutes later, I pronounced him dead. I made a point of calling the chief of surgery and waking him to tell him that the patient had died. As for the family, when they speak of the patient, they at least can say that he died "around the holidays." Perhaps now, years later, Christmas is again a time for them to be happy.

—Steven J. Schwartz, MD
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