Elevators are the slowest machines in hospitals. Everyone must wait for a hospital elevator, even when seconds count. Although it occurred 25 years ago, before I started medical school, I still remember my first code. It was in an elevator. I was a Physical Therapy student at the time. An aide and I were transporting a patient on a gurney from Physical Therapy to her room. The patient had some type of cancer. She could move very little and talking required effort. Even I could tell she was quite ill.

After the customary wait, the elevator doors opened, and we entered alone. As soon as the doors closed, she went limp. Uh oh! What now? I had never seen a person die, so I was not sure if she had just fainted or actually died. I looked to the other transporter for an answer, and she looked to me. Neither of us had CPR training. Instinctively, I shook the patient’s shoulders and shouted her name. No response. I didn’t know what else to do.

Then, the elevator doors miraculously opened. My initial elation quickly turned to angst as I realized it was the wrong floor. Our floor was still several levels up. Some people wanted to get on the elevator. “No!” I cried, “This is an emergency!” I stood there dumbly looking at the crowd as I waited for the doors to close. I didn’t think to ask anyone for help or to take the patient off the elevator and call for help. I just wanted to get the patient to her room as quickly as I could. Finally, the doors closed. I felt better without people staring at me.

Bingo! The doors opened again, this time on the correct floor. We catapulted the gurney out of the elevator and rocketed down the hallway to the patient’s room shouting, “Code blue! Code blue!” Nurses and a doctor rushed into the room. I was so glad to see someone take charge. But of all things, the doctor took a flashlight out and shined it in the patient’s eyes. I was startled by the scene. “Why doesn’t he use a stethoscope or blood pressure cuff?” I wondered. Not being a doctor, I thought that was what doctors did.

Instead, he just shined the flashlight in the patient’s eyes and said, “She’s gone.” I was astounded! “How can shining a light in someone’s eyes tell if they are alive or dead?” I thought. Let me tell you, I had serious doubts about that doctor. But after my own inept performance, I kept my thoughts to myself and scurried out of the way. When I returned to Physical Therapy, my supervisor was none too pleased. The event only confirmed her suspicion of me as a hapless dimwit.

Years later, elevators are about the same, but in medical school I learned about cranial nerves, the pupillary light reflex, and advanced cardiac life support protocols. In retrospect, that doctor seems pretty smart. Now that I am a doctor, I wonder how many people have serious doubts about me when I shine a light into someone’s eyes during a code or perform some other maneuver which has a purpose that is not obvious to an untrained bystander.

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