

## Code Status

### A Hospital Room at the Veteran's Administration

**A**t 28 years old, I am ill equipped to choreograph the final scene of a man's life. When I leave work, I usually think about Tuesday spaghetti night at a restaurant downtown. I wonder if I will go running after work. I measure the pros and cons of joining the YMCA. I think of my faraway friend: She wants me to visit next weekend. What does that imply about the development of our relationship? Big questions!

But at the hospital, my patient sits bolt upright in his government-issue yellow pajamas, his face behind a facemask and thick, bubble-like eyeglasses. He gives me the most spare indication of how he would like to die. "No. I want no windpipes. No machines."

I understand that he does not want to be mechanically ventilated, but what about electric cardioversion? "What about shocking your heart with electricity?" I ask him, "What about cardiopulmonary resuscitation?"

He watches me through the glass lenses, semi-comprehending. "I guess that's okay. But no machines." That is what I want to know, so I move on.

Now, I think I should have shaken him hard. I should have asked him the difficult questions for which I really needed answers: What about the gurgling bile that we'll suck from your airway? What of the blood in your pharynx and nose when we try to stent your airway with a plastic finger? What about the two men fighting to force air down your throat, all their strength struggling against the stiff bellows of your lungs, your pneumatic belly? What about your ribcage cracking beneath my hands? The wild panic of blood and vomit and stool? What about all that, you old fool!

I tease him whenever I see him on morning rounds. The television is usually on, and he sits in a chair by the door and watches the nurses work.

"What are you watching today?" I ask him.

He gazes up at me with magnified bug-eyes swimming in the convexity of those glass lenses as if he is disoriented and only now aware of the television. "It's on tanks," he answers after a long hesitation.

In a way, I suppose the show—a documentary about the Battle of the Bulge—is about tanks.

"How are you breathing today?" I ask him.

"Oh, I'm breathing good today," he assures me in a high-pitched wheeze from behind the facemask.

"Not bad for an old soldier," I chuckle. He looks at me blankly. "Not bad for a true veteran of World War II," I try to elaborate and squeeze his shoulder.

"No." He shakes his head, not understanding. "I'm breathing real good today, sure enough."

Now, I naturally ask myself a hundred questions about his final days. I wanted to tweak one intravenous drip on Friday afternoon—but I waited until Saturday morning. I noticed that his laboratory values had changed on Thursday morning—I explained them by the bias of what I already thought was going on. Somehow, I deal easily with the kind of uncertainty inherent to the medical profession.

What bothers me is this: When the monitors start chiming and the room swells and heaves with panic propelled by the great mass of medical staff, all eyes will turn to me. I am to extrapolate on my own, in one brief second, the wishes that a man might possibly have shared only once with a single confidant during his entire lifetime. The others know equally well the algorithm that we are expected to execute; yet, they look to me to direct it without pause, without time for gathered wisdom.

I am to command this old soldier's final fight, but I feel very much like his captor. An old man with sheepskin slippers for walking to physical therapy. A man who squeezed a trigger in a distant battle, desperate to live so he could return home to his sweetheart. Now, his wife too is old and living in the nursing home where he has asked to be returned when his breathing is shipshape.

I stand at his bedside and think, "I have never fought the battles you have, old guy. Yellow-clad, slippered, bug-eyed gremlin. I have never had to face such horror and pray to see daylight. Never aspired to simply draw an easy breath so that I might sit quietly beside my lifelong mate."

Looking back, I wonder how he could, in fairness, have expected me to extract from a few simple phrases how much of this battle he *wanted* to fight, to understand when he wanted me to stand up in the heat of the moment and stop it all. To quiet the panic in the room and say with confidence: "This is the dignity he wanted. This is where our imposition ends!"

I go running when I return home from the hospital. Mid-route, I have to stop because I have the urge to pray—to pay homage to an old soldier wrapped up beneath a facemask. I want to heal the peace on which I might have intruded. I wish that I could cry at his passing.

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