

Painful Goodbyes

In a Trauma Room

I was working as a senior resident in an urban tertiary care center. It had been a quiet night; the early autumn morning was also calm—then we received a rescue call relating the tale of a syncopal episode in a 74-year-old man. The patient's wife said that he had become very pale and collapsed on the bed. The rescue team found him to be cool, diaphoretic, and complaining of chest pain. He was bradycardiac, with a heart rate around 40 bpm and no palpable pulse, although he was still awake. His medical history was significant only for hypertension. The estimated time of arrival was 7 minutes.

I awaited the patient's arrival in the trauma room with two nurses and the attending physician. We opened an intubation tray and central line kit just as our patient arrived. He was weak and disoriented but, amazingly, he was awake. The rescue team reported that although his heart rate had returned to its prior level of a sinus rhythm in the 40s, his blood pressure had not returned. The entire team then felt for a pulse; there was none.

We asked the patient if he had any pain. Weakly, he replied, "My chest." He could say no more. An electrocardiogram (ECG) showed only sinus bradycardia with a previous anterior wall myocardial infarction. The team began transcutaneous pacing while I inserted a central line for an intravenous pacer. Although the patient had no palpable pulse, he yelled in response to the shocks.

The patient's situation qualified as electromechanical dissociation although he was semiconscious. We started chest compressions, and the patient rewarded our efforts with weak groans and tearless weeping. Moments later, he lost consciousness, simultaneously experiencing respiratory arrest that required intubation.

A Catholic chaplain came and quickly administered the sacrament of the sick. We called the cardiology team to perform an emergent echocardiogram; a bradycardiac rhythm still showed on the ECG monitor, but the echocardiogram showed clear asystole. Fifteen minutes later, we declared the battle lost, and the code was called.

Facing an unpleasant duty, I went with my charge nurse to speak with the patient's family. I had met with them only 20 minutes earlier to confirm the patient's

history. At that time, I had said that we were trying everything to maintain his blood pressure. He had no living will, and the family was adamant that he would have wanted every intervention to keep him alive. I had left with a tearful 11-year-old grandchild wailing, "Whatever you do, please, don't stop trying! Please don't!" Now, I grimly told the patient's wife and family about the situation and our efforts to save this fine woman's husband of 52 years. Shaking, the wife leaned against her daughter while I announced his death. After tears and an effort to calm her devastated grandchild, she stoically summoned up a question for me, "Doctor, do you think there was any pain?"

In actuality, my nurse and I knew that our efforts to save this man had caused his last 30 minutes to be agonizing. Although the emotional toll of performing a code on a conscious patient was still with me, I held my breath for a moment and replied firmly, "I don't think he felt a thing. He simply went to sleep."

After I left the mourning family with the body, I leaned against the trauma hallway, tears threatening to surface. As physicians, so many of our heroic efforts in codes are spent on unconscious victims who are unable to feel the pain of our mostly fruitless procedures. This patient had felt every pain, and instead of being revived, he could only cry. Regarding my omission to the family, I felt completely justified. But for inflicting the pain, I wasn't so sure.

Later that night, I related the code to my husband and finally started to cry. Although I had run more than a hundred codes, this code affected my sense of justice. How could I put this man in so much pain in his last hour of life? As my husband held me, he said gently, "You gave that man a chance. If I'd been given a choice for a chance to stay living with my family, even for a short time, I'd choose going through the pain. He would have, too."

As physicians, our sworn duty is to ease the suffering of the sick while doing no harm. Sometimes, we must cause pain in an effort to give the dying a precious chance to say goodbye to their loved ones.

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