

Shreds of a Flowered Shirt

I watched someone die today.

It's the first week of Medicine, my first rotation. We're in the middle of morning rounds when a code blue blasts suddenly over the pager. The patient is coming in by ambulance in 10 minutes, time enough for a carefully unhurried walk to the ED.

The team stands in readiness in the resuscitation room. I linger by the ambulance entrance, watching the still-quiet drive, the softly falling rain.

Finally the ambulance pulls up, lights whirling. The stretcher emerges with the patient (we know it's a woman, about 60 years old), feet first, legs slightly apart, thin, deathly white, and naked.

The EMTs wheel her in. A swarm of medical personnel descends instantly: intubating, inserting IVs, sticking on leads, attaching monitors, calling for shock: "Charging, everybody clear? One, two, three—" The body lurches on the table; all eyes fix on the ECG screen.

"Some epi . . ." A flutter (if you can have a flutter, superimposed on chaos), needles, vials, tubes. A vial drops on the floor, the sound of breaking glass. Someone kicks it under the cart.

Words fly across the table responding to blips on the screen: V-tach, V-fib, asystole; others I don't catch. Periodically CPR is halted for a few seconds and everyone reaches to feel for a pulse, hope outweighing the evidence of the ECG. "I have something . . ." someone cries occasionally; then a moment later, "Gone . . ." "Agonal rhythm," Steve, my resident, says matter-of-factly.

Shreds of a flowered shirt dangle from the table (I'd heard they cut your clothes off when you had a cardiac arrest, but never really knew): pitiful remnants of personhood.

She is naked. After a while someone drapes a towel over her exposed genitals, but it quickly falls off again and no one bothers to replace it. I am too frightened to—frightened of what? Of the body, of being seen as "soft"?

Steve (we, the students, love Steve, we want to become Steve) officiates, under the watchful eye of the ED attending. He is calm and competent, a walking manual of proper code blue protocol.

At first they don't even know who she is: "No ID," reports the ambulance team. "No ID? Anything? A purse?" The word "purse," emanating from the lips of these sterile scrubs-clad ED personnel in this bleak white room full of sharp metallic instruments, is oddly out of place, a lay object evinced in this utterly medicalized world. What kind of a purse did she have, this woman, back when she was a woman, before she became only a body? A tight black leather clutch with a folding flap and gold metal buckle? A bright basket-weave bag?

But later—oddly soon, in fact, after the cry of "No ID"—they have not only a name but a chart: this body has CAD, CHF, a history of lymphoma. Her daughters are here—Ah, at last, a confirmation of those shreds of flowered cloth, this WAS a person after all. Daughters. Somewhere in a hallway are daughters waiting to hear that their mother is dead, maybe not knowing yet what all but the greenest of us

(meaning me—but even I knew) have known from the beginning, that this exercise in resuscitation is a futile one. Daughters who will weep and grieve and someday heal.

Someone, mercifully, closes the door.

When the CPR team is tired, Steve says, "Med students, you want to do compressions?" I nod, put on gloves (one tears, as I pull it on), step in. From above I can see for the first time her face, albeit deformed by the tape holding the intubation tube in place, her curly graying hair. Her eyes are open. What is she feeling? I wonder. Anything? I find myself hoping fervently that her brain is dead already from lack of oxygen. Dear God, when I die, don't let them do all this to me—Meanwhile I am thrusting on her chest, firm and fast, over and over. "Faster," someone says, and I speed the pulses. Her rib cage is resilient, neither rigid nor relaxed, but moves satisfyingly under my pressure. I am irrationally concerned with not breaking her ribs. "Good compressions," they say approvingly. "You can feel the pulse." They will repeat this later, as if to console me, as if it made any difference; what matter good compressions or no, she was dead anyway.

The new intern does compressions until he is clearly exhausted, but he will not complain—later I will be the same way, refusing relief even when a nurse suggests it, holding out to the bitter end: "I'm calling it," says Steve. "Anyone object to my calling it?" Silence. Everyone steps away from the body. There is no moment of last respect, only a rush for the sink as gloves are tossed into the wastebasket. The body is forgotten. It lies on the stretcher, only an obstacle now to be pushed aside on the way to the sink, the new center of attention, cleanliness, departure, sanity.

Others come to cover the corpse—officially a corpse, at last, no longer that strange, pale, intermediate object, neither alive nor dead—with a cloth.

Somewhere daughters are being told that their mother is dead, the final shreds of hope being torn away. A harrowing day for them, the daughters; the dread call from the hospital ("We're sorry, something has happened—"), the breathless over-the-speed-limit drive, double-parking in the ED lot. Waiting helplessly, clinging together, in sterile foreign hallways, trying to be strong, "for her." "We're doing our best," they're told. "But we have to be honest with you, it doesn't look good." And now the doctor comes to confirm their worst fears. I don't know who tells them; so many doctors rushing in and out, no one leaps out at me as being the One. I would like to ask, even to go with him, to meet the daughters; to grasp with something more than torn flowered cloth the humanity of this body, this person who is the first I have seen die. But my team is going, and I need them, Steve, my intern, the other medical student, some semblance of security. And I don't realize until too late that what I want is to go and offer my sorrow to the daughters, in so doing to get back perhaps a little of my own humanity.

And the code has made me late. I have to run to get to conference by noon.

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