intima a journal of narrative medicine

FIELD NOTES | SPRING 2021

Full Code

By Hillary Mullan

At first, I felt his death mostly in my arms. It was a surprising realization. The soreness lingered for days. When I carried groceries from the store or reached up to take a plate from the cabinet there he was, lying on the floor in his maroon hospital pajamas. Not breathing. Just silent.

It was a moment of stillness, like at the top of a rollercoaster where everything stops before hurtling toward the ground.

The chaos that followed was not abnormal in any way. Wrappers of IV kits had been thrown across the floor. The anesthesiologist kneeling at the patient's head kept yelling for more space. "How am I supposed to intubate like this?" The senior resident barked out the names of drugs faster than any nurse could locate them or draw them up. After three failed IV attempts, another resident took a drill and forced a line into the patient's left shin. And from the side of the patient's chest, I leaned the weight of my body into his sternum, locked my elbows and pressed downward, trying not to flinch as I felt his ribs crack beneath my palms. Somewhere in between all of this someone managed to remove the maroon pajamas leaving the man minimally covered. No part of it was new or unexpected. This is just the way these things go.

I can remember closing my eyes to shut out the noise and movement, trying to focus on the soft tick of the metronome in the background and trying to avoid looking at his face. It is a much harder task than anyone would ever expect. Maintaining a rate of 120 compressions per minute is physically challenging in the best of scenarios. And in the real world, the best-case scenario doesn't exist.

The code ended after 45 minutes of this. "Time of death: 8:35 a.m." Most of those who had gathered quickly dispersed, leaving the man alone in a halo of debris: packaging, a disposable stethoscope, and defibrillator pads. The few remaining personnel stood in a corner waiting for patient transport to take the body to the morgue.

It was not a quiet death or a moving one. It wasn't beautiful. Or even heroic. In those 45 minutes the patient was simply a green undulating line on the cardiac monitor. He wasn't a father, brother or coworker. He wasn't even wearing his maroon pajamas. He was just abnormal electrical activity. And, now, no electrical activity at all.

I remember one of my senior residents turned to me once after another similar event and said angrily, "What did we just do to that person? That was horrible." If it wasn't for the scrubs and hospital equipment one might confuse the event for violence. And thus, I have since started

assigning myself to the non-physical tasks that are needed: calling the family, placing orders, running tubes of blood to the lab.

During another code, I had been speaking to a family member, the same woman I had been calling for the past week with updates, when the code team declared further intervention futile. I told her, "I am so sorry," and stayed with her through the sobs on the other end of the line.

When I got off the phone, my resident asked "Are you ok?" I swallowed hard. "You can take a walk if you want." I nodded in response. If I said anything I would have started to cry.

I didn't end up taking the walk until Sunday, my day off. The way the weeks and days flow you can't lose momentum or you will never leave on time. So, I store up the deaths in a little file in my brain and save them for a time when I can sift through them. It is always a strange thing to cry in these scenarios. These deaths never belong to me. I am not family or a friend. My life will not be forever marked by the distinction between the before and after the way friends' and families' lives will be. In crying, I wonder if I am making the deaths about me.

Sometimes I wonder how many deaths I have to see before I stop crying.

Recently, I started doing push-ups to the encouragement of a cheery YouTube fitness instructor. When things are difficult, I find exercise helpful. The instructor and I are an odd pair. She fits perfectly in the space between her velvet couch and large fig plant with her coordinated mat, nails and outfit. She says motivational things, like "You can do it!" "Be the best version of yourself!"

I, in contrast, grimace through the ten-minute workout in my old high school track shorts. Sometimes I stop prematurely when the combined weight of the days in the hospital and the burning in my arms becomes too much. I sit back on my heels defeated, wondering why it's not getting easier, wondering what I am doing, wondering if any of this is helping.

Despite the workout yesterday, today I woke up without any lingering fatigue in my arms. It didn't reappear when I brushed my teeth or reached up to pull a comb through my hair. I still think about the deaths and the patients but I carry the weight of those moments differently. I hold onto them not for the pain but because a piece of their story became a part of mine. In thinking of them, maybe there is a part of me that hopes to give them back a small sliver of the life we couldn't return with chest compressions.

Hillary Mullan is a first-year resident physician who is currently training in New York City. She is interested in the ways in which creativity can promote healing. She has found writing helpful in processing the challenging experiences present in medicine and particularly those that come with the transition from student to physician.