

Wife and Near Death

In a Medical Intensive Care Unit

There always has been a friendly rivalry between the Medicine and Surgery departments at my hospital. Clearly in my case, the rivalry was very friendly; when this code took place, I was a third-year surgery consultant and my wife was a first-year medicine intern. We both work in a large city hospital in New York City.

On my wife's second day as a medicine intern, she was doing her first rotation in the medical intensive care unit (MICU). She was apprehensive about being responsible for such tenuous patients. The smallest thing done incorrectly might result in the patient's death.

Although my wife and I work one floor apart in the same hospital, we rarely see one another. We are lucky to share a hurried cup of coffee. However, that day was slightly different. I was rounding on my surgery patients when I received a page indicating a code had been called in the MICU. As the surgery consultant, I am responsible for attending all hospital codes and typically perform any surgical intervention that might be necessary.

I rushed up one floor to the MICU, where I found a large group of people gathered around the coding patient. The patient had electrocardiogram tracings but essentially no blood pressure. Surveying the scene, I noticed a couple of people at the head of the bed wearing sterile gowns and masks. Another physician was doing chest compressions, and the patient already was intubated. As part of my assessment, I auscultated the lung fields and noted decreased breath sounds on the right. A new central catheter had been placed in the right internal jugular vein.

I called for a chest tube and inserted it into the right pleural cavity. There was a rush of air and almost immediate resumption of vital signs. Knowing that this code was caused by an iatrogenic injury (a tension pneumothorax from the central line) and that the patient was now doing well, I made a couple of sarcastic comments to the medical team. "Who put this line in? You nearly killed her." I followed with, "Did you hear that rush of air? This was clearly related to line placement."

The code team dispersed, and I now had the opportunity to look around the room. Only then did I realize that behind one of those gowns and masks at the head of the bed was my wife, who was now crying uncontrollably. She was the one who placed the central line under the supervision of the MICU fellow. My insensitive and inappropriate comments had just opened up her fears about starting in the MICU.

I knew exactly how to handle the tension pneumothorax, but I was uncertain how to handle this unexpected situation. I apologized repeatedly to my wife, but it took her most of the day to finally calm down. The story spread to most of my surgical colleagues, who mocked me for my insensitivity.

My wife and I are now further along in our training, and the event is long behind us. She is again rotating through the MICU, placing central lines without complications, and I am much more careful about what I say, especially during medical codes.

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