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Nearly halfway through the year and I was finally learning the most important lesson of internship: I knew nothing. Because of this newfound realization, I thought it incredible at times when my patients put their trust in me and a few even referred to me as “my doctor.”

One of these patients was Joseph. He was 69 years old, had quit smoking many years ago after his first intubation, and carried a diagnosis of end-stage COPD. Joseph often came into the emergency department with oxygen saturations in the low 70s. The emergency department staff and he would usually try their hardest with the usual assortment of nebulized and parenteral drugs before he would reluctantly agree to another endotracheal tube. By the time he woke up from a combination of sedatives, paralytics, and profound hypercapnia, he was often into his second or third day in the ICU.

This is when he would look at any of the medical staff around him, start grasping the tube and pantomiming an exaggerated pulling motion. The doctor, nurse, or respiratory therapist would tell him that extubating him was a bad idea and he would demand a paper and pen. What followed were multiple scribbled notes from Joseph in painfully shaky handwriting telling the staff that he never wanted “to have this blasted thing down my throat again!”

It was Thanksgiving Day, 1993. I was getting ready for evening rounds when Joseph called me over to his bed. He was off the vent and due to be transferred out of the ICU at any time. He pointed to the football game on TV. It was snowing in Dallas, the snow pouring through the partially open dome to blanket some parts of the field while leaving other parts of the turf completely dry.

“Well, now I’ve seen everything.” I told him.

“You know, Doc, I really have seen everything, and I’m ready to get off the train once and for all.” Joseph had to pause a few times during each sentence. “I want you to promise me, as my doctor, that you’ll fill out the paperwork this time so that I’m never on that breathing machine again.”

I tried explaining for the hundredth time that I was not his doc, was just an intern, the lowest animal on the medical food chain. Having failed at this, I was able to call all the necessary family members in for a meeting the next day and they reluctantly voiced their understanding of Joseph’s living will.

Joseph went home and we didn’t see or hear from him for a few weeks until he called 911 from his house and was found lying next to his bed, barely responsive.

The paramedics did not see his DNR paperwork, so he was intubated and readmitted. I was on another rotation by now but was able to come by and see him. This time he had a huge infiltrate, and his condition was worse than ever before.

The family was able to locate his paperwork, and, upon his awakening this time, plans were being made for one final extubation. The next morning, one of my fellow interns paged me from the ICU. They were ready to take Joseph off the vent but he “wanted to see his doc one last time.”

I felt honored, of course, but tremulous with sadness and amazed that the staff and family were waiting until I arrived before letting Joseph die. I went to his room quickly and Joseph turned his head weakly to look at me. I fought to keep my tears from spilling over the reservoir that was my lower eyelids. I realized then that Joseph was laughing, or at least laughing as much as one can around an 8.0 ET tube. He was pointing towards his yellow pad that contained some of the worst handwriting imaginable but handwriting that I had become accustomed to reading over the past few months.

Near the bottom, after multiple written confirmations that he knew he would expire when the tube came out, was the following sentence: “I want to see my dog one last time.”

I broke out laughing and quickly realized how silly the two of us must look to the dozen or so grieving loved ones in the room. I sheepishly explained his wishes to his family. A medical student went to ask (or was it bribe?) the charge nurse. An hour or so later, a family member appeared with a small bouncy terrier-looking dog.

Joseph’s curtain was closed. The dog was let out of his crate, barked once and then licked his owner’s face several times before settling into the crook of his arm next to him on the bed. The tube was removed, and Joseph was able to whisper to each family member that he loved them. He mouthed the words “thank you” to me. He died surrounded by his family, his dog, and his doc.

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