

Code Blue

Category: Stories

written by Stephen W. Leslie | November 30, 2012

Stephen W. Leslie

I was startled awake at 3:40 am by a loudspeaker blaring "Code Blue...Code Blue."

As the hospital's newly hired chaplain intern, I'd been sleeping in the overnight room. Stumbling out of bed and groggily changing out of my pajamas, I made sure to put on my hospital badge.

I made my way to the hospital's "Z" building, where the ICU was located, and took the elevator to the fourth floor. The elevator opened onto a row of doorways, each decorated with a red warning sign: "Stop! Do Not Enter. Authorized Staff Only."

I picked one and went through.

I'd guessed right: At the far end of a hallway, a group of gowned nurses swarmed around a woman lying in a hospital bed, her hospital robe trailing off to one side as they worked on her.

I approached the group, feeling a bit intimidated and uncertain of my role.

"Sixteen minutes ago, her heart stopped," someone told me. Moving closer to the patient, I saw that she was a short, slightly plump woman about sixty-five years old. With a shock of disbelief, I realized that she was one of the patients I'd talked to earlier that evening. I remembered that she'd lapsed into and out of consciousness. She had asked if I would say the Lord's Prayer with her, then had immediately fallen asleep.

The nurses were performing chest compressions—thrusting vigorously against the woman's torso as her small body bounced in the bed like a pummeled rag doll. Every few minutes, a new nurse would step up to take a turn.

Despite my previous experience as a hospice chaplain, I'd never before seen the process of trying to revive a patient in cardiac arrest. But I'd heard hospice nurses encouraging patients to sign the Do Not Resuscitate paperwork, warning of the broken ribs and severe pain that follow a successful resuscitation. Now, seeing this scene, I vividly understood why.

As heroic as the nurses' efforts were, they were also clearly hopeless. This brutal scene seemed like such a violation of the patient's dignity—a denial of the sacredness of the moment of death. Unable to watch, I took a seat far back in the nursing station, mentally repeating the soothing thought *It's okay...She's already dead...It's okay...She's dead.*

"Here comes Dr. Robertson," someone said. Up walked a nervous-looking young man wearing thick glasses, his hair ruffled and his white hospital gown

creased and wrinkled. He looked like he'd just been wakened from a deep sleep.

The nurses looked at him expectantly. They clearly wanted him to call the time of death, but he stood frozen in place, looking bewildered. It was obvious to me that he, too, was a newbie.

The nurses kept up their efforts at resuscitation, their eyes locked not on the patient but on the doctor.

Eventually, two nurses got fed up. They ripped off their protective gowns and walked away briskly.

"I need to go take care of a living patient," one said loudly.

The others continued the chest compressions for another ten minutes; finally Dr. Robertson made the call. All the frantic activity stopped. The patient lay there, her chest covered with dark bruises.

The code had lasted an excruciating forty minutes.

One of the nurses had heard a rumor that a family member was waiting; she motioned for the doctor to go find them. Still looking bewildered, he started to wander down the hall.

"Do you want me to go with you?" I asked, wanting to offer him some support.

He paused, then said, "Yes."

Together, we walked out to the darkened waiting room. No one was there. We stood there for a minute, waiting to see if anyone would show up.

"Sorry," said the doctor. I took this as an apology for wasting my time.

"It's okay," I said. "I needed to be here anyhow."

He headed back towards the ICU.

I started to go to the elevator—but found I couldn't leave. I walked back and caught up with the doctor outside the ICU door.

"Sir, could I say a prayer for the patient?" I asked. Again, he seemed startled and at a loss. I found myself wondering how much experience this young doctor had had in the hospital or with real patients.

A nurse motioned me to go in, so I gowned up again and walked into the patient's room.

Three nurses hovered by the woman's bed, removing the tubes from her throat, packing away the heart monitor and refastening her gown.

"Would it be all right if I pray for her?" I asked.

They all looked up. A pause, then the male nurse nodded.

“Would you join me?” I asked.

We all joined hands. Theirs were hot to the touch—probably from all their hard work this past hour, I thought to myself.

They joined me in reciting the Lord’s Prayer. For a little while, we were all still. Afterwards, they nodded to me in appreciation.

A few hours later, I was paged again. The woman’s family had arrived.

She lay still in the hospital bed, her gown and blanket neatly in place, her lifeless form now encircled by her husband, her sister, her two teenage children and her dad. Her name, they told me, was Lisa. She had been the CEO of a large religious agency with considerable power and influence in the community.

They wept and dabbed their eyes with tissues. We joined hands and prayed together for Lisa.

Afterwards, her sister turned to me.

“They told me she died peacefully,” she said.

Stunned, I remembered the Code Blue I’d witnessed, and couldn’t find the words to answer.

About the author:

Stephen W. Leslie is a hospital chaplain and former psychotherapist. “My interest in writing surfaced about sixteen years ago as a way of expressing my grief over the death of a dear friend. Over time, my interest evolved to include free-verse poetry, then haiku and then [haibun](#) poems, all of which led to my involvement in the ancient art of storytelling. All of this has also given me a way to honor the lives and deaths of the many patients I have had the privilege to serve.”

About the story:

“In today’s hospitals the role of the chaplain and even counseling is often marginalized. The hospital has become a ‘body shop’ with an emphasis on the physical. Death is seen as a failure. Doctors often avoid the difficult discussion of death with a terminal patient. Unfortunately, patients themselves also contribute to this denial and avoidance. In the desperate clinging to life, what is naturally a moment of peaceful surrender is often transformed into a grisly medical procedure.

“At the same time, in all my years of hospice chaplaincy, one truth I’ve learned is that people die in the same way they’ve lived, and who am I to judge another person’s choice?”

Story editor:

Diane Guernsey