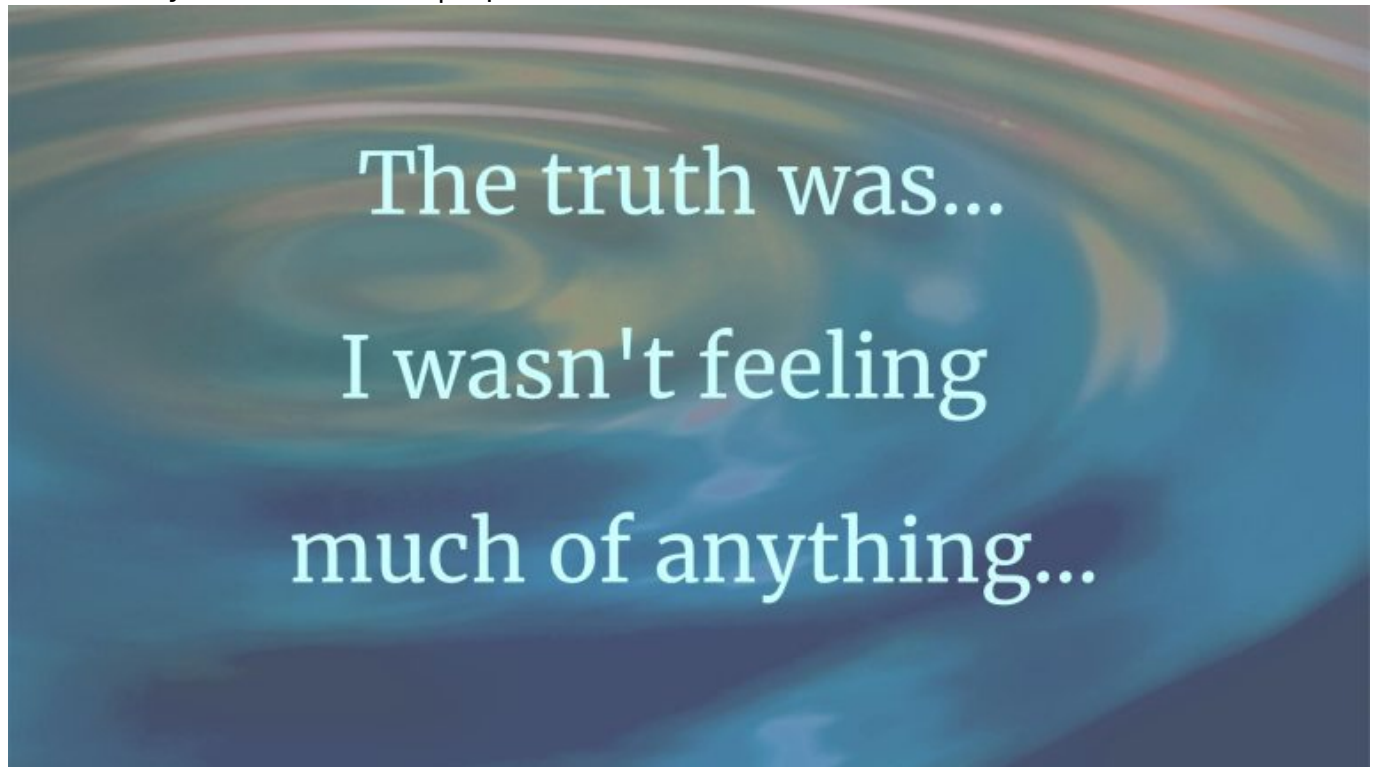


First Code Blue

Category: Stories

written by Leanne Louie | April 28, 2023



When I started medical school, I kept hearing about “firsts.” The first time in the OR, the first delivery of a baby, the first death of a patient.

In a profession that is so intricately intertwined with the ultimate highs and lows of human life, there are a number of experiences that inevitably go on to leave permanent marks on the mind. I was always told that my first code blue would be one of these moments—and indeed, the night I first saw a code is one that will be forever engraved in my memory. But I’ve come to realize that “firsts” are not always what you’d imagine, and sometimes, it’s the smaller moments that have the strongest impact.

Feet. That’s the main thing I remember about my first code. It was 2 am, and we’d sprinted to the patient’s room from the ER after hearing the code called over the speakers.

It seemed that the patient’s oxygen mask had slipped off in the night, leading to a cardiac arrest. As the most junior member of the team, I was standing in the doorway of the patient’s room, watching from the sidelines as the residents delivered round after round of compressions and electrical shocks. All I could see were the patient’s feet, which moved back and forth on the bed as the team ran the code. I watched his feet for eleven minutes, waiting to be hit by the overwhelming wave of emotion that I’d been told accompanies everyone’s first code. But it never came.

The patient didn’t make it. After time of death was pronounced, the team filed out of the room, congregating in the hallway. Many of them knew it was

my first time witnessing a code, and at least three residents approached me and put a hand on my shoulder.

"It's okay to cry," they told me. "It's okay to need time alone."

I nodded, moved by the concern I saw in their eyes. Then one asked, "What are you feeling right now?"

At this, I blinked, unsure what to say. The truth was...I wasn't feeling much of anything. The shock and grief I'd expected were notably absent.

That's normal, I told myself. *I didn't know the patient; I didn't even see his face.* But I still felt a growing sense of shame over my reaction—or lack thereof.

As I made my way back to the ER to take a new consult, the guilt grew from a small seed to a dark cloud within. But medicine moves quickly, so I did my best to set my emotions aside as I reviewed the next case: Mary Smith, an eighty-eight-year-old lady with delirium.

I went to take her history and found the petite older woman lying on the bed. Her daughter, Claire, a tall, stoic figure, was standing next to her and answered my questions. There was fear in her face, and I could sense the effort it took to keep her voice steady as she told the story.

Her mother had turned eighty-eight the day before—she was sharp as a tack, fit enough to walk two hours each day and had a vibrant social life at her retirement home. They'd thrown a party the day before, and when the last guest had left, her mother had seemed fine. Then this morning, she'd been found wandering the hallways, confused and searching for the nearest beach.

She'd never been in a hospital before and had no known medical issues—but now, she struggled to string a single sentence together. As I conducted the physical exam, I looked into the patient's face, her unfocused eyes, and felt a pang of sadness, seeing a woman not so different from my own grandmother.

"Yesterday, she was fine," Claire said, shaking her head. "But now—"

At this, her voice caught, and she looked away, seeming ashamed that her emotions had broken through. Something about that catch in her voice shifted something within me, and in a brief instant, an entire hypothetical scenario unfolded in front of my eyes—one in which it was *my* grandmother lying on the hospital bed, *my* grandmother who had been perfectly fine the day before, *my* grandmother who was now unable to sustain eye contact or speak in full sentences.

Like Mary, my grandmother was eighty-eight, had no medical conditions and was quick as a whip, regularly debating politics at the dinner table and able to recite by heart the exact birth dates of every family member. A serene yet scrappy lady, she'd been a constant source of support throughout my life, and sipping tea at her house on quiet afternoons was one of my favorite pastimes.

An image of Grandma in a hospital gown, her hair—normally perfectly

coiled—flattened against the pillow behind her, flashed across my vision, and I felt gutted, realizing how much I took for granted, and that a single day can change everything.

A dam broke within, and the wave of emotion I'd been waiting for all night broke inside my chest, manifesting as a sharp ache near my heart.

I closed my eyes, blinking tears away, then reached out and rested a hand on Claire's arm. She was still for a moment, then placed her hand on mine, and we shared a few moments of silence together.

After finishing Mary's history, I left the room to stand in the hallway for a few moments, letting the grief pass through me. My earlier feeling of shame was gone, and in its place was something akin to relief—I wasn't indifferent, that much was clear.

The next day, I looked back on the night, trying to sort through the emotions I'd felt, and those I had not.

A code blue comes with certain connotations—and of course, the death of a patient can be one of the most tragic experiences in the medical profession. But our reactions will vary based on the closeness of the relationship with the patient and whether aspects of the patient's story resonate with our own. I saw a mirror image of my family in the patient with delirium, which allowed me to feel her daughter's pain on a deeply personal level. I still hear that catch in Claire's voice echoing in my head every once and awhile, reminding me how quickly life can change.

That night—the night of my first code blue—has come to shape both my personal and professional identities, but it wasn't the code that did it. It was the shaking voice of a fearful daughter—because in her voice, I heard my own.