Beyond Signing the Death Certificate

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On His Watch

I was her doctor.

I bonded with her—and her two brothers. They were 16-week triplets when I first heard their heartbeats. They were named months before they were born.

She was Hannah.

A robust, pink newborn—markedly larger than her brothers, who for 9 months had sandwiched her, protected her, and deferred their nourishment to her. She tipped the scales at more than 7 pounds, while the boys weighed in at 5 pounds each. I joked with her parents that Ethan and Riley had already learned their manners and let Hannah eat first.

Her mouth screwed up and her face reddened when she cried, giving her eyes a slanted appearance.

The neonatologist delivered the first blow. She called to notify me that genetic testing was being ordered. Immediately I knew why Hannah's ears were low on her head, and as the days passed, it became apparent that her eyes were slanted all the time, not just when she cried.

I was her doctor. I told her parents of our concerns.

At first, her father, a deeply religious man with a graying, untrimmed beard and mischievous smile, vehemently denied that there could be any problems. Gradually, as he began to understand, he wept. Her mother, who had a doctorate in pharmacology and usually supervised the Poison Control Hotline, sat still and silent. Tears streamed down her cheeks as she heard the prognosis for her only daughter's future.

The downhill spiral began.

Hannah wouldn't breast-feed; she couldn't swallow. She choked. Her brothers thrived, their weight increasing daily; hers dropped. We had to recommend using a bottle for feedings.

"It's easier on the baby," I said. The mother was devastated, but complied.

On their 4-week visit, the parents reported that the triplets had all begun to smile. At each other, at their older brother, and at their parents. Ethan and Riley had no problems, but Hannah had developed a heart murmur. She had tachycardia, and her breathing was labored.

As I held her, explaining her heart murmur to her parents, Hannah smiled at me. And she didn't smile just with her mouth. She smiled with her eyes, too—sweet, clear eyes that seemed to emit a timeless wisdom. It was as if she were saying, "I'm all right. Don't worry."

I had the cardiologist examine her. When Down syndrome was first diagnosed, her heart had checked out fine. This time it didn't. She had multiple abnormalities and would need a heart catheterization and surgery.

But everyone agreed that if we could get her weight up to 10 pounds, the surgery would have less chance of complication.

We hospitalized her to try new feeding techniques, to adjust her medication, to teach her parents to slip a tiny tube in her nose down to her stomach—so they could give her extra formula. Teams of therapists and specialists were consulted.

Her parents struggled with the nasogastric tube. Her father especially was afraid of it. Hannah scrunched up her nose. It aggravated her. Her mother stepped up and learned the technique, patiently teaching her husband how to feed their daughter.

"Just until she gets to 10 pounds," she reminded him. "Then we can get her heart fixed, and she'll breathe better."

With the help of Hannah's older brother, Frazier, Hannah's father assumed her care when her mother returned to work. With almost constant attention, she reached 10 pounds.

She was 6 months old.

We rejoiced.

The catheterization was scheduled.

Submitted, revised, 4 January 1997.

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But Hannah never got there.

Instead, she contracted a virus; it progressed to bronchiolitis. It was more than her heart could handle.

One evening, while her mother was completing her last hour's work at the Poison Control Hotline, Hannah died.

At home, with her father, after 6 months and 6 days of life.

Her father called me as soon as he discovered that she was not breathing. I'll never forget the anguish in his voice as he cried, "We've lost Hannah. She's gone."

I met them at the emergency department. The attending physician had already pronounced Hannah "dead on arrival."

Hannah's parents sat holding her in the trauma room. Her father rocked her limp, lifeless body in his arms. Tears streamed down his face, "Oh Doc, my worst fear. On my watch." It had been a fear that he had shared with me several times during Hannah's short lifetime.

We huddled together, 3 people, surrounded by a room full of high-tech, life-saving equipment. We sat in silence, mourning the little girl who smiled, even in death.

* * *

It has been 1 year since Hannah died. For months I awoke at night and wondered what I did wrong, what I missed, what I could have done differently.

I was her doctor.

True to my profession, I reviewed her case with my colleagues. We talked about her diagnosis (probably respiratory syncytial virus), her heart, the severity of her Down syndrome, the outcome possibilities had I hospitalized her. It has helped.

True to myself, I've looked inward. Was I paying enough attention? Was my relationship with her family too close? Did it interfere with my objectivity? Where was my inner voice, the one that whispers a differential diagnosis or a treatment option, or just reminds me to sit longer, listen closer, ask one more question. Hannah's last visit to my office occurred less than 48 hours before she died. She was acutely ill by anyone's standards. Where was my inner voice that day?

I will never know.

With all my heart I want to believe that my inner, intuitive voice was there with me—and that I was listening. That the voice was silent so that Hannah could go home. Home to watch her brothers play, to let her parents lovingly feed and hold and care for her, and to wait for a loving, benevolent God to take her to a better place. A place where she wouldn't have to struggle for every breath, where she wouldn't need a nasal tube for nourishment, where her heart could function without scalpel or scar.

But my mind, always fierce in struggles with my heart, is not yet rid of the recurring, relentless ache that had I acted differently at her last visit, Hannah might have lived. Lived through her first viral illness, through her heart catheterization, through the multiple hospitalizations and surgeries sure to follow.

In time maybe I can begin to feel that I didn't fail her. And that I didn't fail her father, who has forever to bear his worst fear realized.

Perhaps it is as my dear friend and colleague remarked upon learning of Hannah's death, "Some things just have to happen."

I have resolved that Hannah was never destined to have a long life. Her maladies were too severe.

And for the 6 months and 6 days she lived, it was my privilege to be her doctor.

Sweet Chariot Ride

I never know what to expect when I go to pronounce someone dead at home. I've seen family members stricken, relieved, angry, sad, and mostly, tired.

I knocked softly on door 134. The paramedic opened it immediately.

The Reverend was there to greet me. His 6-foot, 6-inch lanky body, black as the sky on a moonless night, was covered with a white sheet except for his face. He was stretched out in the middle of the living room floor. The plastic endotracheal tube hung out the left side of his mouth, which curved up in a smile.

His widow sat on one end of a worn, sagging, avocado-and-gold plaid couch, dry-eyed. Immediately I was relieved. Hysteria complicated things when decisions like which funeral home to call needed to be made.

A younger woman, but not someone I recognized as family, sat on the other end, talking to the police officer. A teenager, who I took for a granddaughter (because of her resemblance to the Reverend), stood at the sink washing dishes. A younger girl, maybe 8 years, scurried in and out of the room, seemingly unshaken by her grandfather's corpse.

We talked, and the Reverend's wife told me how their day had gone. He had skipped breakfast and, after wandering through the kitchen, had gone back to bed. For the past several years he had spent much of his time in bed, so she wasn't alarmed. As lunch time approached, she looked in on him, and found him kneeling by the bed, unconscious.

She gestured to her friend to continue. The friend knew cardiopulmonary resuscitation, she said, reporting that she'd checked him and found that he was not breathing. She could not find a pulse. She opened his eyes, and when his pupils did not respond to the flashlight she had shone in them, she told the wife that "He is gone." She decided not to start CPR.

When I looked at the wife, she reiterated, "I knowed he was gone when I saw him slumped over."

After some discussion, I imagine, they called 911.

I turned to the paramedic. He reported that the Reverend was in ventricular fibrillation when they arrived. Despite a half-hour's efforts and every round of medicine in their protocol, they failed to get a response.

He died at 12:53 PM.

I telephoned the coroner's assistant and informed him that I would sign the death certificate.

After everyone had told their story, I turned to the young woman who had checked him. "You did everything just exactly right," I said, loud enough for the granddaughter to hear.

"You were right to not start CPR. He was already gone." Her face registered relief.

I turned to the widow. "And it was good to call 911. They were able to check his heart. I think he died of a massive heart attack. It was what we call a silent attack; painless. He didn't suffer."

I thanked the paramedic, squeezed the Reverend's arm tenderly, and hugged his widow, offering "nerve medicine" if any one needed it to get through the funeral. She responded with a resigned, sad smile—her lips curved up, but her eyes drooped down. She thanked me for coming out.

I expect an overflow crowd with lots of "Amen, Brother!" and "Thank you, Jesus!" exclamations at the Reverend's service. The Reverend was an endearing man, known for fiery sermons and his long-standing alcoholism. Even in his later years, alcohol proved to be a mistress that he was unable to dismiss.

I hope a good preacher was called for his funeral and that the family remembers to tell him that the Reverend was already on his knees when the sweet chariot swung down to carry him home.

Terminal Sanity

Bernice Threadgill* was demented. Certifiably incompetent.

I met her on my nursing home rounds. Since her arrival 2 days earlier, she had been trying to escape the facility and refused to eat. She was 76 years old.

Her clear blue eyes brightened when I walked into her room. Her hair was shoulder length, wispy and white as a cloud. She was thin, and she had on what women of her generation call a housedress—a pastel cotton smock that zipped up the front.

As our interview proceeded, it was evident that she knew only two things: her name and that she had a brother. Her medical record indicated that she had hydrocephalus. The neurosurgeons had attempted two shunts to drain the excess fluid; they both had failed, and her brother did not want her to go through any more surgery.

So, I was to keep her comfortable.

For the next 2 months, I tried weekly to coax her to stand, walk, and eat.

"A banana, fried pig skins, chocolate?" I'd offer, remembering some of my Grandmother's favorite foods.

"Nope, not hungry," she'd reply, folding her arms.

"Good enough," I'd concede. Then as I'd turn to leave, "Your brother is worried. He wants you to eat."

She'd perk up. "Well, maybe," she'd say, reaching for a foil-covered chocolate.

Then one weekend her heart failed. When I made hospital rounds, she smiled. "You sure look pretty, Doctor," she said. "I like those colors." And when we finished, she remarked, "Thanks for coming by. See you tomorrow."

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*The patient's name has been changed to protect patient and family confidentiality.

I was puzzled. The woman had been near death, and for the first time I'd seen, she was making sense. By the end of the week, she improved and returned to the nursing home.

Two days later her nurse called. Mrs. Threadgill was cyanotic; she couldn't breathe; her heart rate was 140 beats per minute.

I ordered oxygen.

When I got there, her white hair was moist. It clung to the sides of her head. Her arms were clammy. Her lips purple.

"Thank you for coming, Doctor," she said as I held her hand and counted her respiratory rate. "I can't breathe. I'm very uncomfortable. Please help." Her voice was clear. Her mind intact.

I telephoned her brother. She smiled as she held his hand and took her last breath.

Initially, I thought it Nature's cruel joke for this woman to become lucid just to suffer through death.

But as the months have passed, I've decided that maybe my initial perspective was too narrow. Perhaps the importance of the solitary journey ahead for her outweighed the suffering she endured, then left behind.

And, I suspect that in her new destination, she won't need human talent or a mechanical shunt to keep a clear mind.