MRS. HOFFMAN'S CONDITION IS QUICKLY DETERIORATING.

DO WE KNOW WHAT HER WISHES ARE FOR MEDICAL CARE?

NO... NOT REALLY, AND I HAVE THE FEELING SHE DOESN'T WANT TO DISCUSS END-OF-LIFE ISSUES.

WE NEED TO HAVE A CONVERSATION ABOUT THIS, LET'S JUST SEE HER.

YEAH... I GUESS SO, BUT I'M UNCOMFORTABLE BRINGING IT UP.

LET'S BEGIN.

I UNDERSTAND.... BUT, TRUST ME, THE ALTERNATIVE IS WORSE...

"...EVERY DOCTOR HAS A STORY ABOUT A DEATH THAT DIDN'T GO THE WAY IT SHOULD HAVE."

"... WINE BEGAN EARLY IN MY RESIDENCY - AS A FELLOW INTERN SIGNED OUT HER PATIENTS TO ME AT THE START OF A LONG WEEKEND ON-CALL..."

"... YOU NEED TO KEEP AN EYE ON BETTY. SHE HAS METASTATIC CANCER AND IS LIKELY TO DIE SOON."

"... HOW ABOUT WE SO SEE HER TOGETHER?"
“AS THE DOCTOR DIRECTING HER CARE OVERNIGHT, HER CODE STATUS WAS MY MOST PRESSING CONCERN SINCE IT WOULD DETERMINE WHETHER WE STARTED CPR OR LET HER DIE IF HER HEART STOPPED BEATING.

EVEN AS AN INTERN, I KNEW THAT PATIENTS IN HER CONDITION DIDN’T SURVIVE CODES, SO I ASSUMED SHE WOULD BE ‘DNR.’”

“I WAS WRONG.”

“SHE’S A FULL CODE.”

“I COULDN’T BELIEVE IT! SHE’D OBVIOUSLY BEEN VERY ILL FOR MONTHS AND HAD BEEN TREATED BY MANY PHYSICIANS FOR THIS CONDITION.”

“HASN’T ANYONE TALKED TO HER ABOUT HER ILLNESS...HER PROGNOSIS?”

“NO...”
AND NOW, SHE'S TOO SICK TO TALK, HER CHILDREN HARDLY EVER VISIT, AND EVEN HER FAMILY DOCTOR DOESN'T KNOW HER WISHES.

DOES SHE HAVE AN ADVANCE DIRECTIVE?

NO.

HER ONCOLOGIST SAID THAT PATIENTS LOSE HOPE WHEN YOU BRING THIS UP.

SO, WHAT DO I DO IF SHE CODES?

I GUESS YOU CODE HER.
"LATER THAT NIGHT..."

DOCTOR!

BETTY IN 346 HAS TAKEN A TURN FOR THE WORSE!

ON MY WAY!

"THE NURSE WAS RIGHT. I DIDN'T THINK SHE'D LAST THE NIGHT."

"AS I EXAMINED HER, MY FEARS WERE ALMOST IMMEDIATELY REALIZED."

"BETTY TOOK A LAST LONG GASP OF AIR..."

"THEN, HER HEART STOPPED."
“COMMON SENSE, AS WELL AS THE MEDICAL LITERATURE, TOLD ME THIS CACHectIC PATIENT WITH METASTATIC CANCER WOULDN’T SURVIVE... NO MATTER WHAT WE DID.”

“It just seemed wrong to subject this dying woman to the trauma of CPR for no good reason.”

“But the code team arrived just the same... with the senior resident barking orders.”

START CPR!
UM, BUT...
NOW!

“I felt and heard ribs breaking beneath my hands.”

“Sickening sounds emanated from her mouth.”

“Blood and body liquids oozeP from multiple orifices.”

“BlUe, it was my complicity in this assault that made me nauseous.”

“I felt dirty...”

“Guilty...”

“Ashamed...”

Doctor!

Here we are at Mrs. Hoffman’s room. Shall we go in?

Yes.

I think she’s ready. You take the lead, and we’ll work through this together.

End.”
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