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Calling the Code

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The physician sweeps a final, downcast eye over the body tucked between white sheets. Silver hair combed into a sharp part. Aftershave lingering in the lamplight. Stubborn traces of life that sting the physician. The man had plans that evening, had been well enough to care about style, the physician thinks, holding on to a deep, unsatisfying breath. Now he must call the next of kin. The only phone number belongs to the man's sister. When she answers, he reveals only that her brother is in the emergency department and he's critically ill. A chilled silence follows, but words are accumulating meaning, building a charge. The physician braces for a storm of grief. "I need to find a ride. The legs don't work too good," the sister finally says, unexpectedly calm.

The physician sighs sweet relief. "Take your time. We'll wait."

Nurses close off the room. The emergency department teems with life, making it a more charitable space for viewing the body than the sterile tranquility of the basement morgue. The physician

scrambles to catch up with the many patients lost on his radar during the long code. He's also haunted by the horde of people camping in the waiting room for a bed.

An hour later she calls back. "How is he?"

Deceit aches. The physician bites his tongue. The years have taught him that news of sudden death demands intimacy, awkward and ill-fitting as it may be. Over the phone it can feel like bumping against a dark where some objects are fragile and others wired with explosives. "It would be easier if we can talk face to face," he says.

"I'm on my way. Please tell him that?"

"Sure," he says, rubbing beneath the sweat-stained neck of his scrubtop. Manifesting a breezy tone is stressful when the very condition for the conversation is bad news, where words pass through a filter of self-doubt and second-guessing, grind against alternative treatments, even crazy ones; this is what the wounded ego feeds on in its efforts to pretend a better outcome and an easier discussion.

Another hour passes. "I just spoke to the sister," says the social worker, his voice sinking. "No ride."

"Seriously? She can't call a cab?"

The social worker removes his glasses, blows fog to clean the lenses. "You have no other choice."

The physician drops his chin to his chest, still tight from the failed resuscitation. Decisions weren't so much made as options eliminated. "The code cart is empty," a younger physician finally joked. "No meds left." This softened the strain and

frustration in the nurses' faces, but not by much. The code had gone on way too long, he knew that, but he couldn't find that sense of an ending, recognize when enough is enough, or even worse, when enough is too much. Then he caught sight of the medical student lost in the brutish chore of chest compressions, sweat limping off his forehead and onto the patient. The student was exhausted, or maybe sick from the realization that the crunching beneath his thrusts came from cracking ribs. "Breaking bones is part of CPR done well," the physician told the student. "Hope and bruising often come in the same package."

The physician calls back, breaks the news. He believes he can trace the sister's tears by her gulping breaths. He even reaches for a box of tissues. A bystander might suspect he's consoling the slow and outdated computer. "Again, I'm sorry for your loss." The physician can't figure out whether the sister needs space to cry or feels abandoned in her anticipation of more details. Or maybe she hung up, disappointed and disrespected by his audacity. He'd lied to her.

"Hello?" the physician says.

The clumsiness of the scene is complicated by the TV blasting in the background at her home.

"Hello?"

"My son isn't very considerate," the sister says.

An angry voice rips through the canned television laughter, tells her to be quiet. It belongs to a man who probably owns a car, the physician believes, or could steal one if he needed to.

"Can you hear me?" she says.

“I’m sorry? Are you talking to me?” says the physician.

“Who else would I be talking to?”

“Maybe your son”

“I’ve wasted enough breaths on him.” Sniffling mists the phone line. “Where’s he at? My brother?”

“The ER. His body. Thinking it was best for you to see him”

“You lied to me,” she interrupts. “He was dead when you first called me, wasn’t he?”

“This news can be dangerous over the phone. Sometimes folks become very upset. They dash to the hospital and crash and become patients themselves. We try to avoid that.”

“I don’t drive. I can’t.”

“Yes, you told me.” The physician squeezes the receiver, nestles against it, then pulls away. It stinks of ear sweat and cheap plastic. “Your brother called 911 himself. The medics said he was breathing when they found him on the floor of his apartment.”

“He kept that place spotless,” she says. “Not much need for furniture, except for that futon. Who can get up from those things?”

“Your brother’s heart stopped in the ambulance. The medics were all over it.”

“What makes you think I want to hear all this?”

“The chain of events were lined up just so for us to save him. And I couldn’t. We tried everything.”

The explosions from the TV float over the physician.

“He had a heart attack a few weeks ago,” the sister says. “You knew that, right? A small one.”

He hears the ping of gunfire, hollering, and music throbbing with faux suspense.

“What’s this?”

“Can you hear me?”

The physician forces the phone against his ear.

“He walked out of a hospital in Connecticut. His heart had blockages, the doctors said. Next day, he’s back on the site lugging rebar.”

“Say again?”

“He didn’t have medical. He never bought a stitch if he didn’t have the cash. He was responsible in that way. I told him to stop being stupid. He said the hospital bills would kill him before any heart attack.”

“He knew he might die?”

“It had to be on his mind, right?” she says.

This news shouldn’t diminish the tragedy, but the physician feels a smile, a reprieve from responsibility, slipping into his face. The distance from the sister now offers refuge. “Can you lower the sound?” the physician asks, aware that it’s *her* home. “Maybe go into another room?”

“It’s a land line,” she says. “The cord only stretches so far.”

The physician remembers what she had said earlier, that she didn’t walk too well.

“You need to show some respect,” she says.

“Excuse me?”

“Not you.” She appeals to her son. “My brother just died. Please.”

The television sounds recede.

“That’s better. You were saying, doctor?”

“I’m sorry,” the physician says.

“You already said that. Doesn’t matter anyway. I was hoping”

“What’s that?” the physician says.

“I wanted to see him,” she says, her voice crumbling. The wave of television noise slowly rising.

“Doesn’t your son drive? Have a car?”

“He does. He does. But he’s very busy. It’s better this way. He and his uncle didn’t see eye to eye. We weren’t close.”

“Put your son on the line,” the physician says.

“Nothing good would come of that,” she says.

The physician wants to argue, except he hasn’t earned the right. He couldn’t save her brother. What’s left is an irrational need to at least rescue this conversation.

“Don’t you want to say goodbye?” says the physician. “Closure is important.”

“You know, I was once an excellent driver.”

Shrieking tires peel through the phone line. The physician listens for the sister’s voice. “Mrs.—?” The physician doesn’t remember her name. He knows her only as the sister of the deceased, the next of kin who needed to be notified. “Hello?” Enough bad television dialogue. The longer he waits the sillier he feels. Silliness sharpens into anger, then anger morphs into doubt. Should he be concerned for her safety, calling the police? No. Enough with the crashing vehicles, the insane

whoops. *What are you doing?* he presses himself. Hanging on the line, abandoned by logic, he sees himself in the moment and looking back on it, an illusionary hindsight that offers no answers but carries no regrets, either. *Enough*, he tells himself, *you did your best; enough*, and returns the phone to its cradle.

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