

Sudden cardiac death in the hospital

Should relatives be allowed in the treatment room

asks **HS Bawaskar**

At seven p.m. on March 21, 1999, I was called to see a 52-year-old man complaining of sudden cold and severe gas since lunch. I knew this patient as a diabetic with hypertension and obesity. His brother had died suddenly less than a year earlier, following myocardial infarction.

I rushed to the patient's house, carrying an ECG machine and glucometer. He was in peripheral circulatory failure with massive pulmonary oedema with ice-cold extremities. The ECG showed left anterior block, poor progression of R wave in precordial leads and ST segment elevated in Avl. Blood sugar 92 mg./dl.

Two hours earlier, the patient had been seen by his family physician who had prescribed an antacid, an enzyme preparation and an injection of perinorm. In a discussion with the family doctor, I found out that at first he was not able to record blood pressure and found the extremities cold but within 10 minutes he recorded a blood pressure of 130/90 mm hg.

I accompanied the patient to the hospital where he was given decongestive treatment, oxygen, steroids, cardiac monitoring, nitroglycerine and dopamine. Despite the speedy treatment the patient died of cardiac arrest and massive pulmonary oedema.

In such situations we always allow two relatives into the treating room. In this case, they were the patient's brother and sister. They quickly accepted the patient's death, and the failure of our aggressive attempts to save him.

HS Bawaskar, *Bawaskar Hospital and Research Centre, Mahad, Raigad, 402 301 Maharashtra.*

After an hour, the relatives took the body home. At 10 p.m. I received a call to come to convince the patient's wife that her husband was dead. The lady denied her husband's death, and did not weep. I went to the house where the patient's body was kept, and met his wife. Along with a social worker who happened to be their family friend, I started recounting what happened: how his ill health started at 1 p.m., how he sustained a massive heart attack because his heart was unable to supply blood to his body. I told her that we had tried our best with various artificial methods but the heart stopped working. I recollected and refreshed her memory regarding the sudden death of her brother-in-law the year before.

In such situations we always allow two relatives into the treating room. In this case, they were the patient's brother and sister. They quickly accepted the patient's death, and the failure of our aggressive attempts to save him.

Suddenly, she started crying and ran to her dead husband's body.

The deceased's 22-year-old daughter was in Mumbai. She had been informed on the telephone that her father was seriously ill, and rushed to the home town at 2 am. She, too, refused accept that her father, to whom she was very close, was dead. She sat next to his body stroking his head, and would not leave him. She insisted that he was sleeping and then asked why he wasn't being taken to the hospital. She sat this way for at least six hours.

Shortly before the funeral started, I was called once more, because the daughter would not leave her father's body. I spoke to her in the same way that I had spoken to her mother. I told her that her father had been ready to go out with her the day before, but since she was late, he went on his own. She was not convinced. I gave her an injection of diazepam which she resisted, asking why I was giving her a sleeping injection to overcome this. I told her the injection was B Complex, to give her energy to go on a walk with her father, after which she accepted the injection.

As the procession left the house, the wife was reassured by her son: "Mother, do not cry, I am here to face any difficulties in the absence of my father."

Though funerals are attended only by men, I took the daughter in my car to the place of the funeral pyre. It was only when the last rites were performed and the pyre lit that the daughter suddenly started crying loudly, "My father is no more, he left me alone!" When we went back to the house she told her mother, "Father died, he is no more."

Perhaps some of these problems would not arise if both mother and daughter had witnessed the death of the patient by attending the treatment room, as close relatives.

I would be happy to hear the views of other readers on this subject.

(Some details have been changed so as not to reveal the patient's identity.)

