

Residents' page

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Requiem for Mr Bojangles

A Requiem is a classical music composition for a funeral mass. Mozart was once commissioned to compose a Requiem—now the most moving and haunting of them all—but he passed away before completing it. Mozart died in his 30s, impoverished and alcohol-dependent, and was buried in an unmarked grave.

Mr Bojangles is a semifictional character and the name of a folk song originally and best performed by Jerry Jeff Walker. I was introduced to Mr Bojangles in a guitar class during the time I was rotating through a critical care unit (CCU) last year. It's funny how life sometimes takes its own turns, especially when a series of these turns teaches a handy lesson.

Collapse at the dinner table

One weekend late last winter, in the middle of my first year of family medicine training, I was on call for the CCU at the Royal Alexandra Hospital in Edmonton, Alta. It became busy on all fronts, from medicine ward consults, to cardiology ward calls, to emergency department admissions. A little before midnight I entered the emergency department to greet Mr Y, brought in by emergency medical services (EMS).

Mr Y was a 55-year-old who collapsed in front of his wife at the dinner table. About 10 minutes elapsed between the wife's 911 call and EMS's arrival. Assessment showed he was in ventricular fibrillation, and it turned out to be one of those rare satisfying cases where the use of paddles—defibrillation—was helpful.

By the time he arrived at the hospital, Mr Y was in sinus tachycardia, but with marked ST elevations in the inferior-lateral leads. As I gathered the history from Mrs Y, she stated he suddenly became short of breath at the table. While clutching his chest he had muttered "Oh no, ..." and slumped out of his chair.

When I checked his cardiac risk factors, he had no family history, no diabetes, no hypertension, no dyslipidemia, just a habit of half a pack of cigarettes daily for 25 years.

In the quiet of the conference room, I explained to the wife and two children what likely happened (myocardial infarction), and what we were currently doing for him (thrombolysis). They appeared quite collected and understanding. When I guided them into Trauma Room 1 to show them Mr Y, Mrs Y broke down while the children, not much younger than I am, stood in shock staring blankly at their father with a tube down his throat, lines and wires attached to him, and flecks of vomit from dinner on his neck and shoulders. They didn't spend long viewing the foreign and awful sight, and as the son left he hugged me and asked me to do my best. Humbled, I gave as professional a response as a first-year postgraduate resident could muster.

Down the drain

At around 3 AM, just as I put my feet up in the residents' lounge, I heard the annoying call of my pager again, showing "5200" again. Although I hoped it was just the emergency room with a friendly update on Mr Y's condition, it turned out to be another admission: a "Royal Alex Special" this time.

I went down to Trauma Room 3 to greet Mr B, who presented with surprising similarities to Mr Y. (Have you ever had déjà vu? Have you ever had déjà vu?) The 37-year-old man had somehow made it to a friend's doorstep before collapsing as the door opened. Again

EMS arrived soon after the call; again ventricular fibrillation was diagnosed; again defibrillation returned the patient's sinus rhythm to normal.

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As I scanned the patient's orders and notes to that point, I sensed a hollow and hopeless atmosphere in the room, as the phrase "spiraling [down] the drain" echoed repeatedly. I went to a computer to find his past admissions related to alcohol and substance abuse and various psychiatric diagnoses. As I looked over at the patient—filthy and unkempt, exuding a variety of foul odours, expecting to die—I thought his medical history seemed to indicate he was asking to die. At that point, I became annoyed because a guy like this was actually keeping me from my sleep. Shaking my head I saw that his chest x-ray film revealed a complete "whiteout" of his right lung. His blood pressure (systolic 70s) and heart rate (40s) figures were dismal; not surprisingly, his skin was pale, cold, and clammy. Intravenous fluids, two different pressors, and three different antibiotics were desperately and mercifully being administered. Somehow Mr B made it through the night.

In the morning, I reviewed the emergency cases from overnight with the staff cardiologist and senior resident. At that moment Mr B "flat-lined" before our very eyes. We watched the inevitable outcome helplessly. He was already receiving norepinephrine and dopamine drips.

The three of us then went into the emergency department conference room to let Mr B's sister know of her brother's passing. I was surprised that someone had actually been able to contact a family member, and also that the sister was a well-dressed woman who had flown in from Toronto, Ont, that morning. I couldn't believe these two people came from the same family. I wondered what turns in Mr B's life led him down this unfortunate path. I couldn't help but wonder which of the two stories was more tragic: the 55-year-old family man with only a single risk factor ending up with a huge myocardial infarction or this 37-year-old who seemed to recklessly harm himself to the point of death.

Guitar lesson

After a moment of reflection, the only thing on my mind was sleep: how could I get to my bed most

quickly? Back at my apartment, I slept all day and woke up a little after 7:00 with a start. I was disgusted and in disbelief; I thought it was already 7 AM the next day, as it was dark outside. Realizing it was 7 PM, I relaxed again—only until I remembered that guitar class would begin in about 20 minutes. Exhausted, I seriously considered skipping the class, but the opportunity to learn to strum my six-string a little better pulled me out of bed.

I strolled into class 10 minutes late (as usual) when Brett (The Fret) exclaimed in front of the whole class, "Jason! Too bad you missed it! We just went over 'Stairway to Heaven!'" They weren't the chords to Led Zeppelin's famous anthem, but I noticed a few new chords on the blackboard: C, C/B, C/A, C/G, F-bar, G. As a class we softly strummed these chords over and over. I looked around feeling a little foolish because I suddenly felt a strange sadness as I played these new chords in that slow and deliberate sequence: bass pluck, strum, strum. Soon I realized that my sadness was largely due to Mr B's feeble and tragic death, which seemed to surface only because of the series of new chords we played.

Later, Brett brought out the sheet music for the rest of the song, with the lyrics to "Mr Bojangles." Unlike the AM radio-Wal-Mart background music version by Nitty Gritty Dirt Band, I learned the less famous, more soulful Jerry Jeff Walker version. The song's lyrics tell of an old man in the southern United States who was wise and happy and kind. But he was frequently thrown in prison because he had a drinking problem. The narrator tells of an honest, loving man who was dealt a major loss in his life that turned him to alcohol. He remained upbeat though, spread joy to others wherever he went, and continued to hide his sadness by drinking. He was often jailed, but actually he wasn't such a bad guy.

I never really knew Mr B of the night before, except for the brief admission histories in the computer. Who knows? Maybe he wasn't such a bad guy. ♦

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