

## No Rest for the Wicked

*“There is no peace, saith my Lord, for the wicked.” (Isaiah 48:22)*

Brady awoke and looked at the clock. *Shit!* It was Saturday – the day of his nephew’s birthday party. He had completely forgotten about it. *What type of party starts at 10 a.m. anyway,* he thought.

He arrived late. When he walked in, the ‘happy birthday’ song was underway. Looking chubby and happy, little Benjamin was fixated on the single flame that decorated the top of his cake. Sam, Brady’s older brother, noticed him come in, and greeted him.

“Look what the cat dragged in,” said Sam. “Clerkship got you down? You look awful.” Sam took Brady’s coat and invited him in.

Sam was a psychiatrist. He too had gone through the clerkship process; the one that helps turn medical students into physicians. As Brady was a week in, he could now officially be called a ‘clerk.’ He had two years of classroom training under his belt, but now, he was working in the hospital. His first rotation was known to be one of the most intense and grueling of all – he was in the Medical Teaching Unit, or MTU, an internal medicine floor. Surviving it intact would be a particularly special feat. Sam recognized in his younger brother the remnants of a horrible night. Puffy, purple-gray hammocks hung beneath Brady’s eyes. His hair was unkempt and bristly blond scruff peppered his face.

“Here,” said Brady, offering a package, “I got this for Benjamin. Sorry – I didn’t have time to wrap it – just picked it up this morning.” Brady handed Sam a large plastic box with a remote control car inside. On the front, it read “appropriate for ages 5 and up.” Brady had not noticed the age recommendation, which was spelled out in large, yellow print.

“Oh, uh, thanks Brady,” said Sam. “I’m sure he’ll enjoy it down the road. Why don’t we get you some cake and tea?”

“Brady, how are you?” asked Jessica, Brady’s sister-in-law. She seemed excessively bubbly to him that morning. “I hope medical school is treating you well.”

“Oh...it’s fine,” said Brady, though he felt anything but fine. “How are you?”

“Well, I just had the worst night ever with little Benjamin. I only got about four hours of sleep with his fussing. He’s teething, you know. Anyway – it was brutal.”

“It sure looks like he has grown a lot,” said Brady, trying to keep the conversation away from medicine. It seemed to work – Jessica spun into talking about her son’s ‘baby fat’ and the large quantity of diapers that they went through in a day. Brady was never so thankful to be listening about the bowel and bladder habits of his nephew. Over the next hour, Brady’s responses to questions from other adults at the mid-morning shindig were mainly monosyllabic – *Yup. No. Sure. What? Wow. Yup.* Mustering an *oh really?* on one occasion was his most dynamic comment.

The adults spoke with delight about their recent IKEA finds and investment options. Even on a good day, Brady would have had little to contribute to such conversation. His one-bedroom apartment was minimally furnished with items he had purchased from Craigslist. Financially, he was creeping further into debt by the minute, it seemed. And for what? Dreams of a medical degree that he was considering abandoning. How would he pay back the loans without completing medical school? He had always wanted to be a barista at a coffee shop. Maybe the local Starbucks was hiring. His mind began to drift back to his night from hell.

Two days prior, Brady had been on call for his first time. As a medical student in the MTU, he was assigned to carry a pager, for regular consults, and the fear-evoking 'code pager.' The previous week, Brady had picked up a small handbook at the bookstore, entitled *Clerk Nerds - The Informal Guide to Surviving Clerkship*. He read the section on carrying the code pager: *If it rings, run. Run with all your might, make yourself known, and let the team know you are able, and willing, to do chest compressions.*

The code pager had been making its way around the medical students in the MTU that week. Each morning, at handover, the clerk who was on call the previous night passed over the code pager to the next one. None of the students had been called to respond to a code thus far.

"Here you go, Brady," said his classmate, Jen. She looked surprisingly well-rested for having just worked a call shift. She unbuckled the pager from the side of her scrubs and passed it to him. "It didn't even go off."

Jen told Brady that she had been able to sleep for four hours the previous night, which she was quite happy with.

"And I only got paged for simple things – like if someone needed a bit more Tylenol. It wasn't bad at all," she said.

Brady was relieved to hear that her night was relatively uneventful. He had heard horror stories of call shifts on the MTU. Though a low-key night sounded appealing, Brady also had a thirst for learning and gaining new experience. He was so early in his clerkship and felt as though he knew nothing - he wanted some challenges thrown his way.

Though his knowledge base needed expanding, Brady had always done relatively well throughout medical school. He scored a predictably average mark on exams, falling a point or two either below or above the class mean. He had never failed a test or assignment. But a major strength of his was in his ability to connect with patients.

Brady hailed from a sleepy hamlet in Prince Edward Island. He was short and had blonde hair with blue eyes and a round, red face. His patients often asked him whether he was old enough to be a doctor. *Well, actually, I'm a medical student*, he would try to explain. Patients loved him – especially the older ladies. They called him 'dear' and 'sweetie,' and looked forward to seeing him on the mornings on rounds.

"Anyway," said Jen, "I'm out. I can't believe I have the day off – I'll probably have a nap, do some laundry and maybe even check out that new hot yoga studio." She looked smitten with the thought of her upcoming day.

"I'll see you tomorrow at handover - have a nice post-call day." Brady snapped the code pager to his scrubs and began rounding on his patients.

As Brady was opening his first patient's chart, the code pager sounded. Brady could feel his heart rate rise. *This can't be possible*, he thought. *I'm getting called to a code two seconds after being handed the pager?* He started sprinting down the hallway, even though the location of the code had still not been announced.

*Testing, testing, 1, 2, testing. This is a test.*

Alexia, one of the residents on his team, smiled at witnessing the incident. She was a first year, off-service radiology resident. She was tall, with long auburn hair and green eyes. She had difficulty hiding her delight at Brady's false start.

"Oh – you didn't know?" said Alexia. "They do a test run every morning at 8 a.m."

"Oh – oops. I'll know for next time." Brady's faced deepened to be an even redder hue than normal.

After the medical students finished rounding on their patients individually, the team huddled together and saw all of the patients again, collectively. Afternoons were normally used for 'scut work,' – getting notes written, discharge summaries completed, and taking care of details.

*Clerk Nerds Tip # 17- Good clerks can't get enough scut work, and will willingly offer to take care of endless amounts of menial tasks for their residents....*

Brady was always asking the residents how he could help, but as a medical student, he felt redundant. Like a modern-day flight attendant fiddling with his hands while videos on the backs of seats instruct flyers on safety features. He imagined the hospital would function just fine, if not more efficiently, without his presence.

At the end of the day, the team conglomerated once again, summarizing the 'things to be done' for each patient. The chief resident sat at the head of the table. "Who's on call tonight?" he asked.

Brady and Alexia both raised their hands. Brady hadn't realized he'd be working with Alexia, the same woman who had witnessed his embarrassing run for a test page. Though he found her intelligence and confidence intimidating, he was glad to be on call with her. She was competent in internal medicine, despite the fact that she was an off-service resident.

"Alright then," said the chief resident, "We have some expected deaths with our palliative patients, so don't be alarmed if you have to pronounce a person or two."

Alexia and Brady then changed from dress clothes into scrubs. Due to her height, the bottom of Alexia's green scrub pants sat six inches above where they should – they looked more like clam diggers. She was swimming in her scrub top. He wondered how anyone could look attractive in such shapeless attire, but somehow, Alexia pulled it off.

After they were changed, Alexia and Brady made their way to the cafeteria for some food. They stood in line, both clad in their greens and with lasagnas in hand. "I'll take care of this," said Alexia, taking Brady's dinner from him and placing it alongside her own by the register. He did not argue.

*Clerk Nerds tip #27 - If there is an opportunity to eat, eat. If a resident or staff offers to buy you anything, accept it.*

"Thanks, Alexia."

Alexia proceeded to ask Brady what he wanted to learn about over dinner. She presented various options – abdominal pain, cardiac chest pain, how to pronounce someone dead...

"Hmmm...I've never seen someone pronounced dead before. Could you teach me about that, since it's a possibility tonight?"

"You got it," said Alexia. She taught Brady about the details of it all. He learned that before you even go into the room, you want to know who is in the room, how old the patient is, whether the death was sudden or expected. Review the chart before entering the room, find out whether an autopsy has been requested, address organ donation. In the room, you need to check for heart sounds, feel for a pulse and listen for breath. She went on to list a number of other components of the process.

"And don't be alarmed if you feel a pulse – sometimes you'll feel your own pulse. I made that mistake once," she said.

An intense beeping sound radiated from Alexia's hip.

She answered the page, "Uh huh. Yeah. Uh huh. Ok. How old?"

She hung up the phone. "I have a job for you. Are you familiar with Mr. Jones?"

Brady was indeed familiar with the man. He had been assigned to have Mr. Jones as his patient at the start of the week. He knew his story quite well – it was a straightforward leg infection that was resolving with antibiotic therapy. Brady was quite thankful for the simplicity of the case. His other patients were complicated, time-consuming puzzles. Mr. Jones' laboratory values were improving every day – Brady considered Mr. Jones a welcome break. Plus – they were becoming friends.

“Why don't you go upstairs and see what's going on with him?” said Alexia. “I'll work on some discharge summaries. Page me when you're done.”

Mr. Jones was a 68-year-old retired miner. He had a number of medical comorbidities, including diabetes and high blood pressure. Despite this, he was active and loved spending time with his grandchildren, now that he was retired. Mr. Jones was also a joker. He complained about his family doctor not spending enough time with him, laughing at the sign she had posted in her office in bold print – ‘only one issue per visit,’ it read.

“Do you suppose if I was shot twice, I would have to go back the second day for the second bullet wound?” he asked Brady sarcastically.

In the mornings, though Brady had a number of patients to see on rounds, he would spend a bit of extra time chatting with Mr. Jones. They both enjoyed the outdoors and were both Montreal Canadians fans.

“Hi, Mr. Jones,” said Brady. “I've heard you've been feeling unwell.”

“Well, just squeamish,” said Mr. Jones. “I'm thinking it's the turkey I ate for dinner.”

Brady remembered the passage in *Clerk Nerds* - always first assess a patient's vital signs - blood pressure, pulse rate, respiratory rate, oxygen saturation level and temperature. *BP ROT* was the suggested mnemonic.

“Well, let me just check a few things,” said Brady, “to make sure everything's okay.”

Methodically, he checked every vital sign, noting the numbers in his little red book. All values were within normal limits. Brady continued his assessment, conducting a thorough history and physical exam. He checked the most recent laboratory values. Mr. Jones' creatinine was a bit high, but this was chronic for him. Other than that, everything was within normal limits. He ordered some basic tests and reported back to Alexia.

“So in summary,” said Brady, “with normal vital signs and essentially normal laboratory values, along with a non-contributory physical exam, I don't think there is any immediate action we need to take. I've put an order in for a CBC, BUN and creatinine.”

“Excellent summary,” said Alexia, “let's go see him.”

Alexia and Brady returned to Mr. Jones, and Alexia agreed with Brady's assessment. “Good, Mr. Jones,” said Alexia, “It looks like there's nothing severe going on. Your vital signs are normal and so was your neurologic exam. If you're still feeling unwell in the next couple of hours, or begin feeling worse, let your nurses know and we'll come back and see you again.”

Brady was impressed by Alexia. Internal medicine was not her specialty, yet she had such confidence. Brady would soon enough be in her shoes, which he found difficult to fathom.

As they were leaving Mr. Jones' room, Alexia's pager beeped again.

“Hi, this is Alexia, the R1 resident on call for MTU. Oh really? Oh. Okay – we'll be over in a minute. It looks like our little teaching session from earlier paid off. Let's go pronounce someone dead, Bradley.”

*Bradley? She thinks my name is Bradley?* He did not draw attention to the error.

“Alright, well, let’s go,” he said.

The person who had died was a palliative patient. Her death was apparently not a surprising one. They were about to enter the room, when Alexia remembered something. “Oh - did you happen to order lytes on Mr. Jones?”

Electrolytes. *Damn*, Brady thought.

“No – I forgot.”

“That’s ok – but before the night is over, make sure you do it. Not urgent.” Brady gave her a nod, and they entered the room.

The patient’s son was sitting on the chair beside his recently deceased mother, holding her cold hand.

“Yeah,” said the man, to someone on the other end of his cell phone, “You’re going to want to come back. Mom just passed...I know, I know. Okay – the doctors are here now, I better go. I’ll see you soon.”

It was Brady’s first time seeing a patient who had died. He had seen dead people in funeral homes before, relatives who were embalmed and well dressed, even wearing makeup. But this patient was lying with un-groomed hair and in her hospital gown, mouth gaping open.

The minute they entered the room, Brady noticed a shift in Alexia’s entire body language. Her personality morphed from a sarcastic fire cracker into a softer, gentler being. Her voice lowered and she sat beside the mourning man.

“I’m so sorry, this must be very difficult for you,” she said, as she placed one hand his shoulder.

After introducing herself and consoling him sufficiently, she went on to pronounce the patient’s death, just like they had discussed in the cafeteria. She checked the patient’s pulse and listened for breath sounds. As expected, there were none.

“Time of death – 8:32 p.m.,” she said.

The door then flew open. It was another man dressed in jeans and a t-shirt, holding extra-large coffees and bagged-up pastries from Tim Horton’s. He was sobbing uncontrollably.

“I just left to get coffee – I didn’t expect this to happen...” It was another son, clearly in distress.

Brady shyly took the coffee cups and food from the man, freeing his hands. The man ran to his mother, crying into her.

“Her mouth, her mouth, someone please close her mouth!” He placed his hands on his mother’s mandible, attempting awkwardly to bring it up toward her upper teeth. But her jaw continued to drop back down.

“I’ll give you some time with her now,” said Alexia.

After they were down the hall, Alexia said “It’s never fun...you just have to try and make the situation as best as it can possibly be, you know?”

Brady was feeling edgy about the whole situation, but before he could process things, Alexia’s pager fired again.

“No rest for the wicked,” said Alexia.

Brady wasn't sure whether she was quoting the Bible or Hunter S. Thompson, but nodded in agreement. As *Clerk Nerds* said: *If you don't understand a joke that your resident or staff makes, just laugh anyway, rather than revealing your ignorance.*

After hanging up from the page, Alexia underwent yet another change of tone in her voice. She seemed more stressed this time.

"I gotta go. There's a bleed on the third floor. Listen – I'm going to have my pages forwarded to you. If you think it's a dire emergency, if you're worried about a sick patient, come get me. But if it can wait, let it wait. This guy on three is crumping." With that, Alexia ran down the hall, into the stairwell and out of sight.

Crumping? Brady assumed she was not referring to hip-hop dance moves. He wrote the word down in his little red book in the 'look up later' section.

Over the next several hours, he responded to a number of pages on Alexia's behalf. In close consultation with the experienced nurses, he decided that none of the patients seen were medical emergencies. Heartburn. Constipation. Can't sleep. He hadn't touched base with Alexia in a couple of hours, and decided to page her to check on her status.

"Hi. Bradley?" she said.

"Yeah – it's me," he said. "Nothing urgent – it's just that I have a few patients to review with you."

"Actually, can you hold on for a second? I'll be right back. Almost done here," said Alexia.

Brady waited on hold. Five minutes. Ten minutes. And at this point, a strong urge to urinate came over him. He realized he had not used the bathroom since the beginning of his call shift. Going to the washroom while on hold was certainly a risk, but at that moment, it was one he was willing to take.

He finished peeing, and was relieved that Alexia had not yet picked up the phone. But just as he flushed the toilet, he heard Alexia's voice.

"Um...are you in the bathroom?" asked Alexia.

"Oh...uh no...that was just the...uh...the cafeteria trolley going by." Brady was sprinting out of the bathroom away from the sound of the flush.

"Right. Well, meet me on 5.7 and we'll review your patients. Oh, and P.S. - don't forget to wash your hands."

Brady reported on the patients he had seen, communicating that he didn't think there were any medical emergencies. Alexia would follow up with them. "Nice work, thanks for doing that."

"By the way," said Brady, "how did things go with your patient? With the bleed?"

There was a pause.

"Not good," she said. "Listen - it's 2 a.m. now. Why don't you try to get a little sleep?"

Brady didn't ask any further questions about the patient. He assumed from Alexia's response that the patient had died, or was very close to it. He also reflected on his own state – *Clerk Nerds* clearly stated that when a resident offers you sleep, take it, because you don't know when you'll have another chance.

“Sounds good. I’ll see you...when I see you.”

Brady had probably slept for about 15 minutes, just long enough for it to be confusing, when he heard his code pager ring. A muffled radio voice came over it, saying, *Code Blue, 4th floor, room 425, cardiac arrest.*

By instinct, Brady jumped out of bed. He grabbed his pagers, phone, stethoscope and for some reason his toothbrush, and began sprinting down the hall toward the elevator. In the first few seconds of his dash, he heard something crash on the floor – it was his new smartphone. The face had entirely smashed. He quickly picked it up again and kept sprinting, up the stairs, to reach the code. When he arrived, most of the code team was already there, including Alexia. Chest compressions were underway.

“This is Bradley,” said Alexia. “He’s a clerk.”

The senior internal medicine resident on call was leading the code.

“Can you do chest compressions?” she asked Brady.

“I know how theoretically, but I’ve never had to do them before,” said Brady.

“Well, you’re going to have to tonight – get in there and give Alison a break.”

Alison, the respiratory therapist, was kneeling up on the bed, hovering over the patient. Brady moved behind her and said “I’m here to take over when you need me.”

Soon later, Brady mounted the bed, just as Alison had. In his sleepy state, he had not paid much attention to the room that he had been called to. But as he started pressing down in the patient’s sternum, rhythmically with the heels of his hands, he realized who it was.

“Mr. Jones,” he said, loud enough for everyone on the code team to hear.

The chief resident leading the code then said to Brady “Do you know him?”

“Yes, he’s my patient.”

“Shelly’s getting the chart – Alexia gave us a briefing, but tell us everything you know about him in the meantime.”

The respiratory therapist temporarily took over compressions while Brady explained to the code team why Mr. Jones had been admitted. He described his medical conditions. He had his medication list memorized – *spironolactone, ramipril, rosuvastatin...* He explained that earlier in the evening, Mr. Jones had been feeling weak and nauseous, but they had ruled out anything serious at the time. It was at this moment that he remembered about the electrolytes he was supposed to have ordered.

“Electrolytes – did you order electrolytes?” asked Brady.

“Yeah – we drew them a few minutes ago,” said Alexia. Brady and Alexia shared a knowing glance at that moment.

Brady was up for compressions again. The smiling, joking man he knew now looked completely different. His skin was pale, his body was jerking slightly with each push down on his chest. Brady tried to push these thoughts out of his mind. He continued to do chest compressions just as he had been taught in simulation sessions. He pretended it was someone else. Beads of sweat formed over Brady’s brow and were erupting over his back. Occasionally, he felt a snapping sensation beneath his palms – he was cracking Mr. Jones’ ribs.

*Clerk Nerds – if you’re cracking ribs, you’re doing it right.*

Still – feeling those crunches and snaps beneath his hands was sickening.

A nurse rushed into the room. “The lytes are back,” she said, “potassium of 8.2.”

“Shit,” said the senior resident, “Tony – get some IV calcium on board. Jill – I need another EKG.” He continued along a list of instructions to try to treat the severely high potassium, a deadly condition. But after another twenty minutes, the code was called. People slowly dispersed from the scene. Brady stood there in shock, not able to move. He heard the code team members talking...terms like *potassium-sparing diuretic* and *kidney damage* trickled into his ears.

“Come with me,” said Alexia.

Their work continued into the morning, but Brady was simply going through the motions. He admitted another patient and then rounded on his own. Meanwhile, another palliative patient had died, and Alexia pronounced them.

It was now 8 a.m. - time for handover. Brady could feel guilt through all the cells in his body. His hair was a mess and he had not slept. His fellow medical students later told him how gray his face was. Like a ghost.

The team of residents, medical students and staff were gathered around the table in the morning. Alexia gave everyone a briefing of what had happened overnight. Overall, four patients had died.

“Whoa,” said the senior resident, “looks like you really cleaned things up.” Several chuckles broke out.

“And Brady, is it true you got to do chest compressions last night?” asked another medical student, with eager, envious eyes. *Got to do*. The words resonated with him. As if performing chest compressions was his little reward for killing his patient.

After 27 hours in the hospital, Brady left for home. Shutting the car door was apparently his cue to break into tears. He choked on those tears the entire drive home, kept choking on them up the elevator to his apartment, and in his bed with his face against a pillow. *If only I had remembered to check the lytes....*

Brady wasn't normally a drinker. In fact, the only reason he had beer in his refrigerator was because a friend had left it in his apartment a few months ago. But that morning, he cracked open a cold one, taking it into the shower with him. He just stood there, hypnotized, feeling the cold beer slide down his esophagus while the piping hot water streamed over his body. Though he was exhausted, he felt as if there was no way he could sleep. He sat down at his laptop and opened his computer. He first decided to google the word ‘crump.’ ‘Urban dictionary’ provided the following definition:

*Def. a slang medical term used to indicate that a patient's condition is rapidly worsening. See also: circling the drain.*

This was not helping his current state. Then he thought about the comment Alexia had made earlier in the night. *No rest for the wicked.*

Sure enough, references to the Bible appeared. He scrolled down, and saw that one of the hits was a music video by an indie band called Cage the Elephant, whom he had never heard of. Thinking it could lift his spirits, he opened the video to watch it. The chorus seemed particularly pertinent -

*No I can't slow down  
I can't hold back  
Though you know I wish I could*



*No there ain't no rest for the wicked  
Until we close our eyes for good*

With that, he decided he had better close his own eyes, for at least a few hours. It was noon at this point, and he drifted into sleep. Waking up that evening, he spent his time eating delivered pizza and watching episode after episode of *Breaking Bad*, while contemplating his withdrawal from medical school.

The next morning, after spending two tiring hours at his nephew's birthday party, Brady decided to head out. He made his way to the door, and Sam walked him to his car.

"All I can say," said Sam, "is that it gets better. It might never be easy, but it gets better." He patted his little brother on the shoulder while offering him a sympathetic face.

"Thanks," said Brady. "I hope so."

After Brady arrived home, his phone rang. He looked at the call display through the cracked touch screen. It was a number he did not recognize.

"Hey, how's it going? It's Alexia."

"Oh, fine." Brady was surprised to hear from her.

"You're not in the bathroom, are you?" she asked sarcastically.

"No – ha ha. Very funny." Brady was exhausted, dehydrated and depressed.

"Listen. I just wanted to call and see how you were doing," she said. "We had a rough night. Are you okay?"

To Brady, 'rough night' was an understatement. He felt personally responsible for the death of Mr. Jones. He could not even hold it together to answer Alexia's question. He started to break out in tears.

"If I just did like you asked," Brady said between sobs, "if I only remembered to order the lytes, none of this would have happened."

"It's not your fault." Alexia tried to reassure him. "Mr. Jones had a lot of medical conditions. And as a resident, it was my responsibility to make sure the necessary tests got ordered. But we can't get anywhere by blaming ourselves."

She continued to explain that the guilt he was feeling is normal. "Everyone feels this way at some point, and if they don't, then they're lying to themselves. All we can do is learn, and move on."

"Right," said Brady. Though he still felt horrible, Alexia's words were comforting.

"Alexia...by the way, my name is Brady. Not Bradley."

"Oh – sorry, Brady," she said, without dwelling on her error.

"So...I'll see you Monday, right?"

Silence.

"So," Alexia said again, "I'll see you Monday, right?"

“Yeah,” said Brady, “see you Monday.”