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Bengaluru, India

“On which cot is Sriansh Devanahally?” Dr. Venkatesh Karanth, a nephrologist of repute, asked with heavy breathing as he entered the ICU of Matru Nursing Home, Bangalore. Dr. Venkatesh was rushing from the Oberoi Hotel, where he had gone for dinner to celebrate his wife’s birthday. There was no choice but to wait till the cake-cutting ceremony was over, and then he rushed to Matru Nursing Home after driving for fifty-plus minutes, leaving his wife and guests to enjoy dinner. This was a private nursing home with thirty-one beds, of which eight were ICU beds. A resident doctor immediately took him to the corner bed. Just a look at the patient, and he knew there was a major problem. He asked the junior doctor, Dr. Karnik, “Are kidney function reports ready?”

“Yes, sir. I was informed on the phone just now that both BUN and creatinine are mildly high.”

“How much is urine output after admission?”

“No urine at all.”

“Is the catheter in place?”

“Yes, sir.”

“What is his BP?”

“One fifty by ninety-six, pulse is 127, and oxygen saturation is 92.”

Dr. Venkatesh examined Sriansh. He did not waste much time on a detailed check-up, which he would usually do. Then, turning to Dr. Karnik, he said, “Prepare for dialysis immediately. Give me all his records and send his relative into the cabin.”

He went into the cabin. A nurse came and placed all the records on the table, and he started studying them. Within a few minutes, a young girl of about twenty to twenty-five came and stood in front of him. He raised his head and said, "Are you a relative of Sriansh Devanahally?"

"Yes, I am his daughter," she said, pushing a lock of hair back with her left hand.

"Any other relatives with you?"

"No, we are only two at our home. His brother and friend will be reaching soon."

"Have a seat."

Taking the seat opposite him, she asked, "How is my dad?"

"Does not look good. I have asked them to prepare for dialysis and intend to do the same after explaining it to you and taking your permission."

"Do whatever is required."

"Can you tell me how the present problem started and when?"

"He was absolutely fine till two days back. Even his regular health check-up at Follo Hospital showed all reports to be normal except some lipid abnormalities."

"Have you given those reports here?"

"No, I have a folder in my phone."

"Show me after we finish talking."

"Yes, sir."

"What was his complaint two days back?"

"He complained of weakness and muscular pains."

“Which area?”

“Did not specify. Whole body.”

“Then?”

“Both increased more in a day.”

“Any dark-coloured urine?”

“Not that I know of.”

“What else?”

“Today, he looked really fatigued. I also noticed swelling and a couple of bruises on his arms.”

“Any idea what medicines he was taking?”

“Yes, I have a list in my phone.”

“Show me.”

She worked with her cell phone and showed the list of drugs. Dr. Venkatesh asked, “Is he taking all these the same way he used to take a couple of months back?”

“Yes, all except one for cholesterol. Dose of the same was increased by the doctor three days back.” He confirmed that it was a statin, 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitor.

Dr. Venkatesh, saying, “Excuse me, I will be back in a minute,” rushed to the nurses’ station and told the nurse, “Immediately increase the speed of the IV drip going on and call the laboratory and get CK isoenzymes done if not already done.”

She replied, “Yes, sir.”

He stressed, “Both immediately,” and came back. “Did he have a fever or infection?”

“No.”

“Rigors or muscle tremors?”

“No.”

“We have ordered a test which will confirm, but at the moment I have a strong suspicion that he has Rhabdomyolysis, and in this, muscles start breaking down, and the proteins of those damaged muscles damage the kidneys. He has acute kidney failure, and so dual treatment of hydration and dialysis will be carried out.”

“How and why did this occur?”

“Let us go into that later, as it is a dreadful emergency. For now, let us concentrate on the treatment I specified.”

Before Aadhira could ask anything, a loud shout came from a nurse: “Code Blue, cot number eight!” Dr. Venkatesh, as well as some other staff members, rushed to the bed where Aadhira’s dad was lying. The security guard came and kept the passage to the bed clear. In a minute, the speaker system announced, “Code Blue, Cot Eight, ICU.” Aadhira stood like a statue, guessing what must have happened.

2

Las Vegas, USA

Oliver Garcia was lying in bed number twenty-four of the ICU at Blossom Valley Medical Institution on Flamington Road, Las Vegas, with severe hypotension and priapism. Given a choice, he would have preferred not to inform his wife, Valentina, but, looking at his condition and on medical advice from the attending doctor, his friend Nathan had no choice but to call Valentina. He said, “Oliver has suddenly developed low blood pressure, and I got him admitted to Blossom Valley Medical Institution.” Not knowing what more to say, he added, “Listen to Dr. Charlotte Abalos, who is the internal medicine doctor here.”

Though Dr. Charlotte had not suggested giving the phone to her, now she had no choice. “Hello, Dr. Charlotte Abalos here.”

“Hi, Doctor, how is my hubby? Anything serious?” Her anxiety was palpable.

“Frankly, I can’t say it is not serious, but we are doing everything that can be done medically in such cases.”

Valentina was on the verge of crying, but controlled herself and asked, “I heard Nathan saying that Oliver has developed low blood pressure, but actually, he suffers from high blood pressure. What is this?”

Dr. Charlotte got a little defensive, though it was no fault of hers by any stretch of the imagination. Some medical practitioners smell legal issues in each case and want to save even an unknown colleague from unnecessary legal trouble. To buy time, she asked, “What is your name, dear?”

“Valentina.”

“See, Valentina, occasionally anti-hypertensive medicine can lead to low blood pressure, and sometimes in combination with another drug it may cause such a severe fall.”

“Do you mean to say some other drug was taken by him? Prescribed medicine or one of those fun, addictive drugs like cocaine?”

“No, Sildenafil is a prescription medicine.”

“I was worried men on their own would do anything for pleasure.”

Dr. Charlotte remained mum, realising that she probably did not know the meaning of Sildenafil.

Valentina asked, “How soon do you expect him to get a fine?”

Dr. Charlotte answered, “Valentina, you seem to have missed what I had told you in the beginning. I had said I can’t say it is not serious. So, at the moment, how soon is not an important question. We just want him to respond positively to the treatment which has been started.”

“Shall I fly there?”

“That is your decision.”

“Can I talk to Nathan?”

When Nathan said, “Hello,” Valentina asked straightforwardly, “Do you think the doctor is suggesting that he may not survive?”

“No, no, the doctor is not saying that. But it is not a simple health issue and needs to be treated and observed.”

“Are you suggesting I should fly there?”

“No, I am not suggesting that. I am here for any help he or the medical staff may need from the patient’s family members.”

“Somehow, none of you is talking frankly. I will reach there by the first flight. Send me the detailed address,” and she disconnected the phone.

Nathan looked at Dr. Charlotte and said, “She is coming. I feel you will take care of his illness of low blood pressure, but I am worried about his other problem of erection, and if she comes to know the facts, she will create scenes.”

Dr. Charlotte, pushing her shoulders upward, showed no interest in the non-medical social problems of the patient.

3

Bengaluru, India

Dr. Venkatesh, as a medical person, and Aadhira, with whatever view she had from the distance, were impressed by the activities where each one knew his job well. In spite of each one performing his duty properly and everything running smoothly, there was the fever pitch of life-and-death resuscitation. Dr. Karnik had already started cardiac massage, and the senior nurse looked after breathing. Dr. Karnik instructed another nurse to increase the rate of the epinephrine drip going on. Luckily, an anaesthetist present in the compound reached her as she heard the announcement of code blue. She took over the charge as the team captain, as well as started looking after breathing.

The eyes of Dr. Venkatesh were glued to the cardiac monitor screen. The resuscitation team leader, Dr. Durvi, after attending to intubation and controlling breathing with the respirator, asked Dr. Karnik to use the defibrillator. Dr. Karnik, handing over cardiac massage to the senior nurse, prepared the machine to give an electric shock. He asked everyone to remain away from the cot and the patient, and, putting both plates on the chest, pressed the switch to give the shock. A little jerky movement of the body was seen, but the heart tracing remained the same.

Dr. Venkatesh shouted, “Give Sodabicarb.”

Dr. Durvi replied, “I have given once, but will repeat.”

In the meantime, Dr. Karnik was ready to give one more shock. He did, with the same result.

Then, though efforts continued mechanically in the same way, the internal talk of most of the staff changed to, “I don’t see any hope of this man coming out.”

After continuing efforts for twenty minutes, Dr. Karnik looked at Dr. Durvi, and she looked at Dr. Venkatesh, and with hardly any noticeable change in face or body language, all understood that they could stop now.

By this time, one of the junior nurses had managed to take Aadhira away from the cot and out of the ICU. Dr. Venkatesh realised that it was his duty now to break this unpleasant news to the patient's daughter. Though in his life till now he had done the same several times, he had never found it easy to do and knew no definite way of how to do it. After confirming the time of death with Dr. Karnik and Dr. Durvi, he moved to the small cabin of the ICU, and Aadhira was called there.

Though the serious face of Dr. Venkatesh did convey what must have happened, a wishful mind is never ready to accept that unless specified and stressed. He asked Aadhira to take a seat, and as she sat down, she asked, "How is he?"

Dr. Venkatesh looked at her, wondering whether all that she saw initially, and what she could see now, including his face, did not convey enough for her still to use the present tense for her father. In a very gentle voice, he started, "Beta (my daughter), I am sorry, he is no more."

Aadhira looked at Dr. Venkatesh, but it was such a blank stare that she was not looking at him, but through him to some infinity point. Dr. Venkatesh did not know what to do at such times. He took the easier way of talking about the post-death procedure. "Beta, medical legality requires a post-mortem for all those who die within a day of admission."

She suddenly came to the present, though her eyes looked emotionless, or carried emotions which could not be understood by Dr. Venkatesh. However, it did the trick of starting the conversation.

"I thought it was only when crime is suspected."

"No, there are many other reasons for doing it. One of them, as I told you, is death within twenty-four hours of admission."

“Any way to avoid the same?” she asked, pushing a lock of hair back with her left hand.

“As far as I know, the hospital can give a letter stating that the cause of death is known, and the legal officer in charge—the coroner—going through documents and asking questions to relatives, may decide to waive off the post-mortem.”

“I would like that. Please let the hospital do that.”

“Sure, I will pass on the message to the hospital authorities to do that. However, the final decision will be of the legal authority.”

“I understand. Doctor, you are sure about the diagnosis?”

“Almost, but it will be confirmed after I get the result of the test.”

“If the result does not corroborate your suspicions, then?”

“Then, no choice but post-mortem.”

“Oh, no!” She started crying. Dr. Venkatesh could not understand why she started crying now—whether it was because of the post-mortem, or their talk had only delayed her grief over her loss.

Dr. Venkatesh called a nurse passing by and suggested taking her to the water cooler, and also, if she wanted, to serve her tea or coffee. She did not resist going out, but with some sobbing told him, “Sir, I will meet you later. I need to understand the details of what happened to him and why.”

“Sure, anytime,” Dr. Venkatesh replied with a sigh of relief, as such a difficult time at the most vulnerable moment came to an end.