

Lumbar punctures don't kill people

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We moved her near the oxygen, a sure sign of impending death at our small hospital in Uganda. She was so still, a photograph. A soft fuzz of hair had escaped her red-streaked braids. It formed a halo around the top of her head, as if she had moved while the camera shutter clicked and was forever cursed with a touch of blur. Her lower eyelids dropped down, sagging from the effort and offering a glimpse of her reddened, dried eyes. When she breathed, it was ragged and slow, resonating through her chest and echoing out.

The new interns had started today. Fiddling and overwhelmed, they quickly lost track of their to-do lists that were rattled off as we rounded: draw blood here, do a biopsy there, follow up on her results, and send him home now. It was clear by the time we finished rounds that it was all too much for them, the pep talks, the inspirational monologues, and the high work expectations. They were regaled with stories of our own internships, struggles, and successes and with how we impressed our staff and always went the extra mile.

When we arrived at the new patient, she looked better. But now, the tube in her nose that connected the world to her stomach was bubbling with red-streaked porridge. She needed a lumbar puncture. Despite their protests, the family curled her into a ball, like a small fetus, cradling her head downwards toward her heart.

I let the intern perform the procedure. Observing him and his technique, I struggled to find the balance between overbearing instructor and abandoning superior. From my own training, I was keenly aware of the need for space to learn and appreciative of teachers who had given this to me. I did not check his landmarks with my hands and was content to eyeball

them. I had faith that, having done the procedure before, he would be able and dexterous. The first pass of the needle went deep, all the way to the hilt—a sure sign of failure. He extricated the needle unsteadily. I quizzed him about his location, orientation, and landmarks. I admonished him to look at the patient in the big picture: was her spine aligned, did she need to be bent more, and was she tilted?

I donned gloves and waited, long ago realizing that the duration of a diagnostic procedure has no bearing on patient outcomes. He passed the needle again, in a higher space this time. He was confident that he was in. I placed my hands on her hips, reached down with my left thumb, and realized that he was not even close to the midline of the spine. I was preparing my needle when her attendant interrupted and called for our attention. He sputtered in a local dialect, words I could not understand. When I looked up to her face, I immediately knew what he was saying. She was dying.

I put my stethoscope to her chest and heard the eerie silence. Gone were the cavernous echoes of each inspiration and the rocky creaking of her exhalations. Her booming heart, previously prominent and urgently thumping against her chest, was now only politely knocking, infrequent and unhurried. Her agonal breaths, dying gasps, sent shudders through her body. Her family responded to each with hope it represented confirmation of life.

Then I recognized that the oxygen was not on. The tank had run out of the water needed for it to flow. I put my fist to her chest and pushed. There was no response. I grasped the soft tissue at the side of her shoulder and squeezed, milking the sinew and muscle as if by sheer force alone I could wake her from her eternal sleep. Come back, I called to her. She had

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This article has been peer reviewed.

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CJEM 2014;16(6):508-509

DOI 10.2310/8000.2014.141381

drifted away. Her eyes were wide with marvel as she took in her new quarters. They were glazing over and hardening like small marbles bursting with colour. I pulled her lids down, obscuring her view of this world, but they bounced back, as if awed by their final glance.

The intern fiddled with the oxygen tank and dashed away to get some tools. I looked at her attendants and shook my head. The two men held their emotions. Their stoic faces showed only a flicker of intense pain before settling back into chiseled fixation. As if called by some universal force, more of her family flowed in, taking in the silence that had descended upon the emergency department. They saw the used needles, bloody and guiltily lying beside her supine form. One woman burst into tears, and another wailed. One of the men's faces contorted in pain, and he thrust his handkerchief over his face, before yanking it off and staring straight at the needles accusingly. The intern returned. I silently begged him to talk and fill the space with words of comfort, apology, and explanation. I was atypically mute. My own words were lost in the spaces between her back.

I had become too focused and had lost sight of the big picture. I had failed to notice the family whisper with each poke. There were rumours spreading of the guaranteed death that came with a lumbar puncture. My eyes had been affixed to the yellow square at the small of her back that demarcated the sterile field. The

harsh line between clean and dirty contained my thoughts. Little things are clearer now. She hadn't winced between the multiple pokes. When I felt her spine, she hadn't shifted with the soft rhythm of respiration. Like many before her, she had come to us too late. The antibiotics had no time to work. Our valiant efforts had little bearing on her trajectory. Now, her death was proof: lumbar punctures kill people.

My faith in the tenets of causality did not dissuade the unschooled from recognizing the association between lumbar puncture and death. The guilty parties include poverty, malnutrition, squalor, distance to care, and corruption. They lurk obscurely in the shadows, while the obvious immediacy of the spinal needle suffers for their crimes. I am not blameless. I was as ignorant of the magnitude of factors that led to her death as they were fearful of our care. I shared their loss. My words of apology were as lifeless as her head, rolling to the side as they rearranged her arms. Powerless and mute, I reached through the network of hands to cradle her neck in my ungloved hands. Finally, a blanket was found and was pulled over her, encasing her in a brown woolen cocoon. It was dotted with a scene of nature, trees, leaves, and mountains. Now, her firm form added topography to the forested photograph.

Keywords: emergency medicine, humanities, international medicine

Competing interests: None declared.