QUERY

In Hollywood Westerns — Clint Eastwood's *Unforgiven* comes to mind — it is often said that "It's a helluva thing to kill a man." This colloquial point is made flesh when some young initiate, game for gunslinging, assassinates his first quarry. We then watch him suffer remorse. He vomits, he sweats, he suffers revulsion. Often, he loses faith in outlawdom.

Not much is made of the victim, a bloody prop for the camera to fix on for a few seconds before returning to the antihero's face, where it lingers. The audience is not encouraged to sympathize with the dead body, only with the soul-searching, culpable killer. Dead men don't emote.

Clint's Law holds true: it is indeed a profound thing to transgress the most basic of Biblical commandments. Pulling the trigger takes a kind of malignant courage that every Western fetishizes. But what movies fail to dramatize — after the remote-detonated blood bags have done their job — is a corollary to Clint's Law: It's a helluva thing to *watch* someone die. As I did, today.

During my lunch hour I typically squeeze in patients who have problems that need to be dealt with the same day. It's a one-visit, one-problem service. The first case was a forty-year-old woman complaining of swollen lips. She had a known peanut allergy and a few hours before had eaten a pita sandwich at a local restaurant. She didn't think there were any peanuts in the pita, but wasn't sure.

I find it surreal that we were chatting about peanuts. It's like the moment in *Unforgiven* when the young gunslinger surprises his quarry in the outhouse. Rather than reach for his holster, the victim instinctively pulls up his pants. As he tries to do up his belt, he's shot down.

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Her lips looked fine. But she began to complain of a tight throat, and I became more concerned. I had some Benadryl samples in my desk and thought they might do the trick. I went in search of them, leaving a loquacious, breathing person in the examining room.

Two minutes later I returned to someone who was breathing very fast, could speak only in three-word sentences, had a rapid pulse and looked sick. I began making wishes: I wished that my nurse and receptionist had worked through lunch, that there'd been someone, *anyone* around to help me look for samples and phone the paramedics and start the iv line and roll the crash cart from the other end of the hall and give epinephrine. But all these things were, like Clint's pull of the trigger, quick and relatively easy.

The hard part was, of course, watching her die. She gasped faster and faster until no air could get in or out. She collapsed, then turned blue. I connected her to the heart monitors and started bag-mask-valve ventilation as I heard the siren of an approaching ambulance; for an interminable number of seconds there was nothing I could do but watch her as I automatically squeezed the bag. Paramedics ran in and took her away. I watched the ambulance pull out of the parking lot.

I still had a full afternoon list left; patients were in the waiting room, ready to be seen. As I worked through them, I received a call from the hospital. My patient was dead. The Emerg Doc asked, *What happened?*

— *Dr. Ursus*

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