"No Dr. Blue / Do Not Resuscitate"

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ABSTRACT: In December 1980 an elementary school teacher in Minnesota obtained a Restraining Order to ensure that a severely brain damaged friend would receive emergency medical care in her nursing home if she needed it. This situation focused attention on the need for better understanding, among medical professionals and consumers alike, of the significance of a "No Dr. Blue / Do Not Resuscitate" order.

"No Dr. Blue/Do Not Resuscitate"

These words dictate to nursing staff of St. Mary's Rehabilitation Center that a medical emergency team is not to be called if a patient appears on the brink of death and that the patient is not to be resuscitated if breathing or heart-beat has stopped. Nurses are under no obligation to give emergency medical care to the patient and may even get into trouble if they do so.

In August of 1980 such an order was written by William Hedrick, M.D., for a severely brain-damaged 41-year-old friend, Sharon Siebert, at St. Mary's Rehabilitation Center in Minneapolis, Minnesota. It is my belief that a D.N.R. (Do Not Resuscitate) order is improper for a patient like Mrs. Siebert. Most important, her medical condition has remained stable for over four years, since she recovered from a devastating illness following brain surgery. She was not in a terminal condition nor in intractable pain when the "No Dr. Blue / D.N.R." order was written. If she had indicated before her brain surgery that she wanted a D.N.R. order under certain circumstances, it seemed oddly tardy to impose that decision on her after four years of stable medical status. Sharon Siebert's present condition prevents her from communicating sophisticated decisions and therefore prevents others from determining with certainty whether or not she would want to be given feasible emergency medical care.

Having visited Sharon daily for 22 months, I knew her to be capable of participating in numerous simple activities and expressing some likes and dislikes. (My observations were confirmed in court by several members of the St. Mary's Rehabilitation Center staff and by Sharon Siebert's medical record, which was entered into evidence.)
have seen terror come into my friend's eyes a few times when during illnesses she has felt gagged by vomit. It struck me as inconceivable that such a patient could or would be given a "No Dr. Blue / Do Not Resuscitate" order. This decision definitely did not seem to be in her best interests.

I learned of Sharon Siebert's plight through a miraculous coincidence. One evening in Fall 1980 James Davies, a friend of mine who is an LPN, happened to be sent by his medical pool to my friend's nursing home, and he noticed that Sharon's name was not on the list of patients to be given emergency medical care should they require it. (Interestingly, it emerged later in court testimony that 15 of the 22 patients in this skilled care facility, or 68% of the patients, had such orders, though it is doubtful that so many were terminally ill or suffering intractable pain.)

When I first heard that Sharon's name did not appear on the "Dr. Blue" list, I assumed a simple, serious mistake had been made. Once in 1978 during a flu outbreak, nursing staff had assured me that Mrs. Siebert was on the "Dr. Blue" list; so if she started exhibiting symptoms of impending death (such as difficulty breathing), they would immediately call in an emergency medical team via a tunnel from St. Mary's Hospital next door. Thus, it was my initial belief that she was still under a "Dr. Blue" order, but someone had probably neglected to note her status on a posted list.

At James Davies' and my request, the Director of Nursing Home Residents' Advocates filed a complaint about this oversight with the Minnesota Office of Health Facility Complaints, an independent office of the State Department of Health, which investigates and attempts to resolve complaints about health care facilities or providers. Shortly thereafter, we learned from the investigator that my friend had indeed been given a "No Dr. Blue / Do Not Resuscitate" order. Because it had been written by a physician and approved by Sharon Siebert's guardian (her father, Earl Bigalke), the O.H.F.C. would not substantiate our complaint of neglect to the patient.

At this point, James and I did three things: We consulted with two attorneys, researched the subject of D.N.R. orders, and contacted local advocacy groups to inform them of the implications of this case. Luckily, these activities kept me too busy to dwell on the enervating enormity of the situation.

My two attorneys, James McCarthy and Mark Kurzman, felt it best to try to get a Restraining Order to enjoin the guardian, the physician, the facility, and the Health Department to put Sharon Siebert back on the "Dr. Blue" list of patients who will receive emergency medical care when needed.