

## Saving *Life* and *Kin*

A father-and-son survival story

BY JUDSON MEAD



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HE EVENING OF FEBRUARY 3, 2004 began happily enough with a meal at Ham's restaurant. It was the grand opening of the restaurant in New Bern, North Carolina, and the Logue Family was eager to give it a try.

Gerald (Jerry) Logue, a hematologist who is vice chair for education in the Department of Internal Medicine in the UB School of Medicine and Biomedical Sciences, and his wife, Joelle, had just spent a week in New Bern babysitting their six-month-old granddaughter, Grace, while their son, Chris Logue, MD '02, and his wife, Andrea, vacationed in Hawaii.

Chris was a second-year resident in emergency medicine at the Pitt County Memorial Hospital, the teaching hospital for East Carolina University's Brody School of Medicine, in Greenville, North Carolina. Andrea, a Navy dentist and a 2001 graduate of the UB School of Dental Medicine, was assigned to the Marine Corps Air Station in nearby Cherry Point.

Chris and Andrea had arrived home that morning on a red-eye from California, washed their clothes, slept and reoriented. Then everyone went to Ham's, where, as Joelle remembers, Jerry had a big steak dinner.

After dinner they settled down for the 21st-century version of travel slides—digital pictures on the television. Chris was at the television getting things wired right. His parents were sitting together on the couch like millions of parents have before them, waiting for the show to start.

Joelle heard something strange: "Jerry made an odd gurgling sound and when I turned to look at him his head was thrown back. He looked unconscious."

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ROM THE OTHER SIDE OF THE ROOM, Chris heard what he recalls as “a snoring respiration.” He saw his mother nudge his father. Something was clearly amiss. He went over and shook his father and saw that he wasn’t responding; all this in an instant of cascading comprehension. Andrea called 911.

“I took a carotid and a radial pulse simultaneously,” Chris says, “and I felt a faint and rapid pulse that disappeared. I think I actually felt him go from v-tach to v-fib.”

Chris gave him a single precordial thump while thoughts rushed through his mind. “My next move would have been to throw him on the floor and begin CPR,” he recalls.

The thump worked and Jerry opened his eyes.

“He looked up at me and said, ‘What happened?’” Chris remembers. “He was sweating and he was pale.”

Chris had brought people back from cardiac arrest numerous times in the ER, so he knew what it felt like, but this was different.

“It had never happened in my own home and with no equipment around” he says, and it certainly had never involved a family member.

The elder doctor Logue wanted to shrug it off. He said it was nothing. The younger doctor Logue thought they should carry through the protocol that Andrea’s 911 call had started.

A fleeting moment after he regained consciousness and before he started trying to talk his way out of a ride to the hospital, is all Jerry Logue remembers from that night.

“My last memory, sitting in my son’s house, was Chris’s face above me with a panicked look,” he says.

The paramedics arrived and wired Jerry to a twelve-lead EKG readout. It showed that he was

not having an acute myocardial infarction, but the family convinced him to go to the hospital anyway—just in case.

They had reason to be anxious beyond what they had just seen, as Jerry had suffered a heart attack ten years before (see sidebar article on page 20).

Chris and his mother followed the ambulance to Craven

Regional Medical Center in New Bern. At the hospital, the paramedics told Chris that his father had vomited but that nothing else had happened. After talking a few minutes, they invited Chris to see his father.

“He was okay at first,” says Chris. “However, as I was talking with the ER doc, Dad went into a 10-to-12 beat run of v-tach, then back into a sinus rhythm. I asked him how he felt and he said he was feeling bad again, then he lost consciousness, and went into v-fib. I slapped the defibrillator pads on his chest while the ER doc got ready to intubate him. The intubation was difficult and he vomited and probably aspirated some of the contents. On the second shock we got a rhythm back. He was in third-degree heart block and hypotensive and so we paced him with the pads.”

The immediate crisis over, Chris reverted to being just a member of the family while the hospital ER team and the car-

diologist on call completed procedures on Jerry, including the insertion of a transvenous pacer and an aortic balloon pump. That night, Chris and his mother kept a vigil at the hospital.

The next morning, when the interventional cardiologist was available, Chris lobbied for an immediate catheterization. Tests results revealed a grave situation: Jerry’s right coronary artery

was 100 percent blocked and his left main coronary artery was 90 to 95 percent blocked. An aortic balloon pump was placed to assist his heart in pumping blood. All parties agreed that he should be moved to Pitt County Memorial Hospital, the regional tertiary care center about fifty miles away.

In the interim, because Jerry did not have an advanced directive, Chris worried about what to do in the event his father suffered a serious hypoxic brain injury as a result of the two cardiac arrests.

When the physicians briefly weaned Jerry off sedation prior to transport, Chris took the opportunity to try and question him about whether he wanted a “do-not-resuscitate” order should his condition worsen. Adding to the intensity of the situation was the fact—not far from Chris’s mind—that Jerry serves as a member of the Erie County Medical Center’s Medical Ethics Committee, which assists doctors, patients, and families with just such decisions.

While Chris thought he understood his father to indicate that he wanted everything done to keep him alive, he was concerned about the clarity of his father’s directive. When he discussed his ambivalence with his mother, she said she was sure Jerry would want “everything possible done,” to which Chris retorted in a line that is now fondly recounted in Logue family lore: “But he’s an ethicist!”

ous logistical complications (e.g., the hospital’s balloon pump system wasn’t compatible with the transport’s), the glitches were untangled and the transfer accomplished. (As it turns out, Jerry’s flight was the first to arrive at the hospital’s new roof-top helipad with a patient on an aortic balloon pump.)

As Jerry was being transported to the cardiac intensive care unit, a surgical resident friend of Chris’s obtained the history of the present illness from Chris and it was determined that Jerry was a high-risk candidate for bypass surgery.

Soon thereafter, Jerry became hypotensive and unstable. As a result, the decision was simplified: either he undergo emergency surgery immediately, without a great deal of hope for survival, or he forego surgery, with no hope.

The team completed three bypass grafts: right coronary, left anterior descending, and left circumflex. When they tried to close his chest, Jerry went into ventricular fibrillation; when they tried again, the same thing happened. Each time he had to be defibrillated in the operating room. Eventually they moved him to the cardiothoracic surgery intensive care unit with his chest still open.

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The Logue Family, Christmas 2003, less than two months before Jerry’s second cardiac arrest, on February 3, 2004.

Standing, left to right, are Nick, Tim, Chris and Jerry. Seated, left to right, are Andrea; Jerry’s mother, Wiloven, holding Gracie; and Joelle.

Joelle, in turn, was certain that Jerry was willing to fight back from incredible odds. He had done so before, and he would try to do so again, she reasoned.

Pitt County Memorial Hospital’s critical care transport service, East Care, was activated and a helicopter was sent to New Bern to pick up Jerry. While the transfer was beset by numer-

Chris was on duty that night, and because the nurses let him come into the ICU while they were setting up his father, he found himself in the overlapping role of physician and son of a patient.

“I was standing out of the way watching the monitor as the nurses scurried about. As I watched, I saw him go into

v-fib again and I asked one of the nurses what that rhythm was and they defibrillated him again. There were electrodes attached to his heart, so all they had to do was press a button.”

Neither Chris nor the surgeons were optimistic about Jerry’s chances. Joelle was, however.

“I felt that once he came through the operation, he’d live,” she says.

Convinced that everything possible was being done for his dad, Chris took charge of getting the family, including his mother’s sister, to New Bern. In addition, Chris’s brother, Nick, flew in from Hawaii and a niece who was a student at Penn State joined them. The Logue Family was rallying, “just in case of a worst-case scenario,” and Chris and Andrea’s home had turned into a dormitory.

“I was the middleman between the doctors and my family,” recounts Chris, who at the time was working a string of six-night shifts in the Emergency Department. “For me it was easier knowing the medical details. His physicians knew me as a resident in the Emergency Department and from my inpatient

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rotations. As physicians, we spoke a common language and they kept me in the loop.”

Joelle, on the other hand, kept her feet planted firmly out of the loop. “There’s a certain wonderful thing about not knowing the medical details,” she admits.

Back in the ICU, Jerry clung to life. After four days the surgeons were able to close his chest without further complication. On the fifth day, they removed the balloon pump, and the following day they weaned him off of his lidocaine drip. Chris was getting some sleep when he could at the nearby home of an emergency

medicine attending who had offered him a guest room.

As Jerry began to recover and was weaned off sedation, the family had to endure an agonizing wait before learning whether or not he had suffered permanent brain damage. Surviving had been the first challenge. Now that he’d survived, what would life be like?

Chris was with his dad when they were preparing to remove his endotracheal tube. He had written out an alpha-

## “Luckiest Unlucky Guy Ever”

Gerald Logue, MD, has beaten the odds before

GERALD (JERRY) LOGUE, MD, professor of medicine in the UB School of Medicine and Biomedical Sciences, has averted plummeting odds against survival more than once. In addition to his extended brush with death in 2004 (see article on page 16), he survived near-death moments in 1987 and again in 1994. “I’ve dodged a few bullets,” he says dryly, “but actually, I’d rather not be shot at.”

In 1987, Logue was driving home from his office at the Veterans Affairs Medical Center in Buffalo when a car crossed the centerline on Main Street and hit his Ford Pinto head on. The rescue squad had to cut him out of the car. He was, in his words, “very badly smashed up,” with a broken pelvis, his femur driven into his abdomen, a smashed acetabu-

lum, and the resulting internal trauma. At Erie County Medical Center, he almost died during surgery. In the surgical intensive care unit, he developed a bad infection, became septic, and, again, barely survived.

Following the accident, Logue spent several months rehabbing at the VA, where his hospital room doubled as his office.

Logue’s 1994 heart attack came out of the blue while he was clearing snow at home—a classic Buffalo cardiac moment. He had no suspicion that he had heart disease, but when it started “it was very clear to me what was going on,” he says.

After managing to get in the house, he asked his youngest son, Nick, for aspirin, which was strange because he only ever took

Tylenol. Joelle asked him if it was his hip, but Jerry pointed to his chest and said she should drive him to the emergency room.

Instead she called 911.

It turned out to be a good call. When the paramedics arrived, they administered nitroglycerin. He arrested in the ambulance on the way to the VA.

Logue still has the strip from the EKG that records the very moment of arrest, what he refers to as his “torsades de pointes,” or the turning point when electrical activity in the heart becomes uncoordinated and soon thereafter stops. At that moment he had the vivid sensation of being completely surrounded by a bright white light that had no apparent source—he saw no doorways, or

bet template and Jerry was pointing to letters in an attempt to spell out a message, which, at first, was not making much sense to Chris.

“G-U-I-N-B-A-R-R-E?”

“My father isn’t the best speller,” says Chris. “I realized that he was running a differential diagnosis in his head. He was thinking ‘I am intubated in the ICU and I can’t move.’ He wanted to make sure the doctors had considered Guillain-Barré syndrome as a possible diagnosis. He is your typical internist. I had to let him know his diagnosis was off the mark and that he was in the surgical ICU. But I was ecstatic! His response let me know he was intact up there.”

Jerry spent a month in the Pitt County Memorial’s cardiac care unit, shaking off touches of ICU psychosis, working with the physical therapists and regaining his strength, although still confined to the bed and a chair.

Joelle spent every day at the hospital, driving the one-hour commute to and from New Bern. “Having Gracie at one end of the drive was my salvation and helped me get through wondering how things would turn out,” she recalls. “Gnawing at me were many questions—‘How would he be in the end? How incapacitated would he be? Would he be able to lead a normal life? Would he be able to work?’”

Chris visited his dad two or three times a day. Before Jerry’s heart attack in New Bern, father and son had been in

constant contact by telephone, a closeness that continues.

“He shares interesting clinical vignettes,” Jerry explains today. “I tell him about things I see here. We bounce things off each other. We tell stories. We’re having fun.”

**JERRY SAYS THAT HE DIDN’T EXPECT** his children to go into medicine. He has three sons: Nick, who writes plays in Chinese and is completing a master’s degree in Asian performance at the University of Hawaii; Tim, who is profoundly disabled by autism; and Chris.

“He’s a good doctor,” he says of Chris. “It’s satisfying to hear how well he’s doing.”

Before he decided to go to medical school, Chris, who had been a swimmer as a UB undergraduate, worked as a scuba instructor and lived, in his mother’s loving words, as a “free-spirited beach bum.” His parents didn’t push although his concerned mother once gave him a refrigerator magnet that said, “If your ship doesn’t come in, swim out to it.”

While Jerry was in the hospital, one of the things he and Chris talked about was whether Chris should agree to be nominated as a candidate for chief resident. Jerry encouraged him to do so, noting that “His wife will probably never forgive me.”

More seriously, he adds: “It’s a good experience. You

CONTINUED ON PAGE 22

tunnels, or anything but the intensely bright light. His pain disappeared. He was unconscious for just a few seconds—a minute at the most—before the paramedic revived him.

When he arrived at the VA, Logue was

Jerry recovering at the VA following a near-fatal car accident in 1987.



basically okay, despite what the EKG recorded in the ambulance. He thinks the aspirin he took dissolved the clot, the nitroglycerin relaxed his blood vessels, and the danger dissipated. Subsequent catheterization showed no coronary artery disease. However, his enzymes did indicate that he’d had a heart attack and he was put on lytic therapy. He had already discovered that morphine did not agree with his system (makes him “sick as a dog”), so he assiduously claimed to be in no pain.

A few days later when he was still recovering in the hospital, friends brought him a couple of books giving accounts of other near-death “white-light” experiences, and Logue found much commonality between his

experience and the accounts he read about.

Thinking about his experience as a physiological phenomenon he supposes two things happened simultaneously: his sensory system shut down and his brain released all its endorphins at once. “The brain goes into emergency mode,” he says. “It can be a very pleasant experience.”

He does add, however, that pleasant as it was at that moment on the border between life and death, he prefers staying alive.

His son Chris Logue, MD ’02, calls him the “luckiest unlucky guy he’s ever seen.”

Jerry Logue will take that, but he does admit that his two heart attacks have had more to do with his insufficient attention to lipids than to bad luck. **BP**

CONT'D FROM PAGE 21

learn more than medicine, you learn how to manage people, especially doctors." A former chief of staff himself, Jerry says that managing doctors "is fascinating."

Chris decided to throw his hat into the ring for chief resident and was voted in by his fellow residents and attendings.

"I have this expression I use in the family," Jerry says: "Are you ready to thank me yet?" Chris says that being chief resident was "a lot of work, but I had a ball."

When he looks back on that February night in his living room in New Bern, Chris feels that, in many ways, he observed his father's heart attack from a safe distance, as a medical incident. "I honestly think I detached there—doing what had to be done. There was no time to reflect, so many things happened so fast: thumping him, running the code on him at the community hospital in New Bern, shipping him to Pitt, then the emergent surgery."

But Chris also remembers it as a signal event. "Once we survived that incident, even though I was still fulfilling my requirements for residency, I felt that I'd succeeded as a physician."

Chris says that having treated his father in an emergency gives him a new degree of conviction when he tells a family what he'd do if it were his father there in the emergency room.

The whole experience also vividly demonstrated a truth Chris already knew. "You don't practice medicine by yourself," he says. "It's the team that does it. Everyone along the chain worked together and did an unbelievable job: My wife, who called 911, the EMTs and paramedics who came to the house, the Emergency Department staff and cardiologists at Craven Regional Hospital in New Bern, the East Care flight crew, the cardiothoracic surgical team and ICU staff at Pitt . . .

"If anyone had dropped the ball, my father would not have

*"When he looks back on that February night in his living room in New Bern, Chris feels that, in many ways, he observed his father's heart attack from a safe distance, as a medical incident."*

*"I honestly think I detached there—doing what had to be done."*



Andrea, Chris and Grace visiting Buffalo in April 2004, when Jerry was released from Buffalo VA Medical Center.

driving to visit friends . . . ."

Jerry was cleared for rehabilitation and both he and Joelle wanted to get home so they arranged for this phase of his care to take place at the VA in Buffalo, where Logue had been chief of staff and where he had rehabbed before—at great length—after a near-fatal car accident in 1987. They flew home in an air ambulance in April, and he went back to work eight weeks later.

In July 2005 Chris Logue started a fellowship in undersea and hyperbaric medicine at the University of Pennsylvania.

Father and son remain the best of friends, and colleagues. **BP**

survived. Even my six-month-old daughter was an important part of the team. You just couldn't get depressed when she looked at you and smiled. This is why I love to practice medicine."

Jerry, on the other hand, claims fairly vigorously that he learned nothing from being a patient (yet again). Sitting in his office at Erie County Medical Center in Buffalo, he says, "I've heard that if you've been a patient, you'll be a better doctor. I say from experience: no. That's not so." He shrugs away the question with the authority of a veteran: "There's no advantage to being a patient."

Something Jerry knows just as certainly is that he was lucky, as the survival rate for an out-of-hospital cardiac arrest is less than one percent.

"Just this last summer one of my friends, a very esteemed colleague here in the Department of Internal Medicine died of sudden cardiac arrest," he recalls. "There just wasn't enough time to get him the effective treatment, and that was it."

Joelle doesn't even like to finish the thought—"If this had happened a day earlier, when Chris and Andrea were still away and we were there with Gracie, or a day later when we would have been



# 2005 Distinguished Medical Alumnus

**Robert A. Milch, MD '68**

**R**obert A. Milch, MD '68, surgeon and medical director of the Center for Hospice and Palliative Care in Buffalo, is the recipient of the University at Buffalo's 2005 Distinguished Medical Alumnus Award.

Milch is internationally recognized for his contributions to the field of palliative care, having served in numerous capacities, including consultant to the government of Hungary and national hospices of Croatia and Slovenia in their efforts to establish national hospice programs. In 1989, he received the British Embassy Ambassador's Award for Contributions to the International Hospice Movement, and in 1995 he received the Lifetime Achievement Award from Children's Hospice International.

After earning a bachelor of arts degree in English (1964) and medical degree (1968) from the University at Buffalo, Milch completed his internship and residency in general surgery at the Buffalo General Hospital. He then served for two years as a surgeon at the United States Naval Hospital in Quantico, Virginia.

In 1975, Milch began working in the private practice of general, oncologic and vascular surgery at the Buffalo Medical Group. In 1978, he became the first medical director of Hospice Buffalo, a volunteer position he held until 1984. Since 1980 he has been the director of the Palliative Care Unit of the Buffalo General Hospital, and in 1997 became the director of the Palliative Care Consultation Service of the Kaleida Health System. In 1993 he left private practice to become the medical director of the Center for Hospice and Palliative Care in Buffalo.

Milch has been on faculty at the UB School of Medicine and Biomedical Sciences since 1975. Currently, he is a clinical professor of surgery and adjunct associate clinical professor of family medicine. Over the years, he has taught numerous courses on topics of palliative care medicine, including "Advances in Cancer Management for

the Surgeon" (Harvard Medical School), and "Palliative Care for Surgeons" at clinical congresses of the American College of Surgeons. He is certified to teach the Robert Wood Johnson Foundation/American Medical Association course, "Education for Physicians in End-of-Life Care," and is on the faculty of the National Residency Education Project for Improving End-of-Life Care (Robert Wood Johnson Foundation/Medical College of Wisconsin). He is on the editorial boards of *The American Journal of Hospice and Palliative Care*, and the End-of-Life Physician Education Resource Center.

Milch has published and presented widely on the subjects of pain and symptom management, medical communication, ethics, and palliative care. He holds numerous teaching awards and other citations, including the *Iris* Yearbook dedication in 1981, the

Chandra Outstanding Clinical Teacher Award from the Department of Surgery (1989 and 1991), the Robert S. Berkson Memorial Award for volunteer faculty excellence in teaching (1997), the Western New York Citizen of the Year citation from *The Buffalo News* in 1994 and 2000, and the Community Service Medal of the University at Buffalo (2003).

A Fellow of the American College of Surgeons, Milch serves on the Palliative Care Consensus Guidelines Panel of the National Cancer Centers Network, represents the American Academy of Hospice and Palliative Medicine on the Commission on Cancer, and was a founding officer of the New York State Cancer and AIDS Pain Initiative.

Milch is co-chair of the Surgical Palliative Care Workgroup of the American College of Surgeons, chair of the Board of Mercy Flight, and serves on the board of directors of the Kaleida Health System. He is a member of several professional societies, including the New York State Hospice Association, the American Academy of Hospice and Palliative Medicine, and Alpha Omega Alpha Medical Honor Society. **BP**

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Left to right: Interim Dean Fredrick C. Morin III, MD, Distinguished Alumnus Robert Milch, MD '68, and UB President John Simpson, PhD.