The 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 at 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 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 where, as Joelle remembers, Jerry had a big steak dinner.

After dinner they settled down for the 21st-century version of travel pictures—digital pictures on the television. Chris was at the television getting things wired right. His parents were sitting together on the couch like millions 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.”
Buffalo Physician

Chris and his mother followed the ambulance to Craven (see sidebar article on page 20). They had reason to be anxious beyond what they had convinced him to go to the hospital anyway—just in case.

The paramedics arrived and wired Jerry to a twelve-lead EKG. It showed that he was nothing. The younger doctor wanted to shrug it off. He said it as “a snoring respiration.” 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 because 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 10-12 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 cardiologist on call completed procedures on Jerry, including the insertion of a transvenous pacemaker and an aortic balloon pump.

That night, Chris and his mother kept a vigil at the hospital.

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. For survival, or he forego surgery, with no hope.

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.

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!”

As Jerry was being transported to the cardiothoracic surgery 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’s flight was the first to arrive at the hospital’s new roof-top helipad (as it turns out, Jerry’s flight was the first to arrive at the hospital; the new roof-top helped with a patient on an aortic balloon pump).

As Jerry was being transported to the cardiothoracic 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 dose 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.

“When I saw him,” says Chris, “he was surrounded by a forest of infusion pumps. There were nine drips, the aortic balloon pump and the ventilator. That first postoperative night I was sure he was going to die.”
v-fib again and I asked one of the nurses what that rhythm was and they deliberitated him again. Then we were all together—I felt his pulse. We had to do CPR, to do nothing to him, so all they had to do was press a button."

Neither Chris nor the surgeons were optimistic about Jerry’s chances. Joelle was, however. At that moment he came through the operation, ‘held 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 and nephew who were a student at Penn State joined them. The Logue Family was rallying, “just in case the worst-case scenario, “ and Chris and Andrea’s home had turned into a dormitory.

“I was the middle-woman 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 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 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 alphabet rotational chart. 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 says. But 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 lococonal drip. Chris was getting some sleep when he could at the nearby home of an emergency room doctor who had offered him a guest room. Joelle was, however.

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Jan 1987, so Jerry ended up in the loop. “I was thinking ‘I am intubated in the ICU and I can’t move.’ He wanted to make sure the doctors had considered Guillain-Barre 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 touch 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 the agonizing wait before things would turn out,” she recalls. “Gawning at me were many questions—‘How would he be in the end?’ How incapacitated would be he? 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. “I tell him about things I see here. We bounce things off each other. We tell stories. We’re having fun.”

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ed in the ambulance. He thinks the aspilin 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 out on life support. He had already discovered that morphine did not agree with his system (makes him “sick as a dog”), so he abysmally claimed to be in no pain.

A few days later when he was still recovering in the hospital, friends brought him a couple of boxes giving accounts of other near-death “white-light” experiences, and Logue found much commmonality between his experience and the accounts he heard. Thinking about his experience as a psychological phenomenon he supposed that things happened simultaneously: his nervous system shut down and his brain released all its endorphins at once. “The brain goes into a drug-like state,” he says.

Robert A. Milch, MD '68

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 its 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 Medical 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 Hospice for Holistic 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 on 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 Center Network, represents the American Academy of Hospice and Palliative Medicine, 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.

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