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## Two Hearts Beating as One

It had been a turbulent year. Death and disease in the family had taken a toll on my personal life. Though I was a newlywed, life was anything but bliss. That month I was the resident in the cardiac intensive care unit (CICU); a challenging rotation, where sleep was a luxury and the long nights on call added to the strain on my relationship with my wife. It was on one of those nights that I met Mr. and Mrs. Dubinski.

Mr. Dubinski was a pleasant man who looked younger than his 75 years. He had been brought to the hospital because his implantable cardioverter defibrillator (ICD) had fired twice that night. He was in good spirits and chatting amiably with his son. I asked him how he was doing. His pleasant expression changed to a worried one. "I have been rather upset for the last few days, worried about my wife," he said.

It turned out that over the last few days Mrs. Dubinski had not been feeling well. This had troubled Mr. Dubinski, and he was often preoccupied with concerns about her. The couple had been married 55 years and had never spent a day apart. They had waited to seek medical advice. Her pain was intermittent, and they thought it would pass; they had some appointments coming up, and they thought they could wait it out. That night, Mrs. Dubinski had a particularly severe episode of pain that bothered her greatly and worried Mr. Dubinski even more. He said that he felt as though he was beginning to "pass out," and as he began to faint, he felt a "funny feeling" in his chest. He had never had a shock from the ICD before, and he didn't know what happened. He sat down to compose himself and felt the same funny feeling in his chest again and also felt lightheaded. He described it, saying, "I felt like I was going to explode from the inside." Concerned about his unusual symptoms and her worsening pain, Mr. and Mrs. Dubinski decided to come to the hospital.

Mr. Dubinski's electrocardiogram revealed many premature ventricular complexes (PVCs), and I suspected that one of these had triggered a malignant arrhythmia, which resulted in the device firing. He would need monitoring, and his ICD would be interrogated in the morning to ensure that it was functioning properly. I reassured Mr. Dubinski that the device seemed to have done what it was meant to do. It had almost certainly saved his life. He was relieved to hear this but wanted me to reassure his wife that even though he was going to the CICU, he was all right and it was nothing serious.

As I was wheeling Mr. Dubinski up, I walked past the nurse taking care of his wife. She pulled me aside for a moment and said, "Looks like you'll be taking her, too; her troponin just came back at 5.96."

Mrs. Dubinski was a thin, older woman who looked uncomfortable. For about a week, she had been experiencing intermittent pain in her chest and abdomen and just felt that something was not

right. Tonight her chest pain did not get better spontaneously, and she had a particularly long episode of pain that radiated to her left arm. She said she felt like “she was going to explode from the inside.” It was uncanny how she used the same words and expressions that her husband did. I suppose after 55 years of marriage, it should not have been surprising to me, but it was. When they had gotten to the emergency room Mrs. Dubinski had told the doctor about her own complaints. He ordered an electrocardiogram, which showed subtle changes consistent with myocardial ischemia. Her lab data confirmed that she was having a heart attack.

Mrs. Dubinski asked me what was going on. I gently explained to her that she was having a small heart attack. The stuttering episodes of chest pain in the past week probably meant that it had been coming on for a few days now. We could see some evidence of heart damage in her blood tests and the subtle changes in her electrocardiogram. I expected her to ask me more questions about the heart attack or what we were going to next. Instead, she said, “Please don’t tell my husband. It will only worry him more.” I reassured her that I understood her concerns and told her that she was also going to be admitted to the CICU. She was fine with this, more worried about her husband than herself. Once in the CICU I kept my word to Mrs. Dubinski and told Mr. Dubinski a partial truth—that his wife was being admitted for observation because we were worried about her.

I was genuinely touched by the deep bond between Mr. and Mrs. Dubinski. It amazed me to see that a man’s heart could be stimulated by his

wife’s suffering in such a way that would have taken his life if not for his ICD. One could say that Mr. Dubinski was anxious about his wife’s health, which led to an increased sympathetic drive and higher catecholamine levels. But as a young man at the beginning of a relationship with my wife, I thought there was much more here. Tonight, perhaps, because he cared so deeply, a PVC occurred right during the vulnerable period of the cardiac cycle in a person with a vulnerable heart, and a potentially lethal ventricular arrhythmia had ensued. And tonight my heart was also vulnerable, and I was moved. I thought of all the storms they must have weathered in their 55 years together and the love they had forged. It gave me hope for my own fledgling marriage and made me hope that one day my wife and I would be able to look back on many years of life together like Mr. and Mrs. Dubinski could, with 2 hearts beating as 1.

I had the privilege to know this couple for only 1 call night. By the time I was back on the CICU, Mrs. Dubinski had been transferred to another facility for angioplasty, and Mr. Dubinski had been discharged. Yet that was enough time for me to take part in the care of 2 amazing people and to witness the majesty of their love.

Note: Dubinski is a fictitious name.

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