

The Physician's Stealth Code

M.W. Everett - 02.03.2010

Doctors and hospitals often use colors, numbers and codes of their own for different situations. There is, however, yet another vocabulary that does not appear in any medical texts, journals, or dictionaries but is almost universally understood by medical personnel, a secret language, indecipherable to outsiders, intricate enough to be perplexing.



The Elusive Patient Status Code - The Physician's Stealth Code

by M.W. Everett

Patient Code Status:

The patient is assigned a triage code which relates to his/her urgency and level of care to be given. A patient's "Status Code" indicates the level of life support care a patient will receive should the need arise. The range of interventions is generally referred to as a "code" or "no code" in which a special team responds (or not) to resuscitate a patient. Know your Code Status: Full-code means you want everything humanly and technologically possible done to keep you alive. ie., "aggressive treatment". The no-code designation is similar to a DNR, as it requests that no lifesaving measures be taken by the health-care personnel. No Code status does not address any plan for your care. With a "0" code, you will likely get none. Therefore, the no-code designation is unsafe for patients.

The categories of triage, in corresponding codes, are: Category 0: Used for victims who are dead, or whose injuries make survival unlikely. The latter implies an assumption that cannot be made by anyone unless an aggressive approach has already been undertaken. In this regard some patients are rushed to their deaths without any proper diagnosis ever having been made. There are no specific tests that can be applied to identify patients who have no hope of survival. Whether desired or not, the decision to withdraw or withhold lifesaving measures should never be made straying willy-nilly in the face of potentially treatable and/or reversible causes. Under no circumstances should a physician be entrusted to make that decision on his/her own.

DNR

Do not resuscitate End of life decisions is an order written in a Pt's (patient's) chart that explicitly and unequivocally states that CPR, intubation, pounding, defibrillation, should not be initiated if a Pt is found in cardiac arrest. Instead, these patients are given large and/or fatal doses of narcotic analgesics to help comfort and speed up the dying process. When a patient's Code is absent or aborted, the patient left to die. DNR or "no code" orders, are notorious for being implemented without patient approval. Beware of physicians who actually abuse the use of sedation and analgesics. They are like stoics, trained to bear evils with indifference who never succumbed to honesty and integrity.

Code zero is used for DNR, although you rarely hear it said - hospitals often use colors, numbers and codes of their own for different situations. There is, however, yet another vocabulary that does not appear in any medical texts, journals, or dictionaries but is almost universally understood by junior doctors. It is the elusive No Code directive masquerading as "Code Zero", "Code 0", or simply "0", This is of course is "medical slang and coded jargon". All professions speak a secret language, indecipherable to outsiders and this is especially true of medicine.

The Ontario Medical Review cites the following stealth subterfuges employed by Canadian doctors to end their patients' lives: "verbal suggestions (passed from shift to shift by word of mouth), orders recorded in pencil on the nursing card index, to be surreptitiously erased after the event, circumlocutions in the progress notes ('requires compassionate care only'), cabalistic symbols on patient records and the unforgivable 'slow code' response (start CPR, but only after we have a coffee)." Further, a poorly written, disorganized record obscured by medical slang and coded jargon is strong evidence of an incompetent health care provider.

Delaying or withholding life sustaining treatment from an undiagnosed patient who is under the influence of sedative hypnotic/tranquilizing agents or high dose pain medication is of questionable legality. When life support is delayed, withdrawn or discontinued, death results from respiratory paralysis and subsequent asphyxiation. In the strict medico-legal sense it signifies asphyxia, caused by lack of oxygen or obstruction of the breathing passages. The medical team will use this as an opportunity to legally harvest organs. " Hospitals are on constant watch for organs, and are known to provoke fatal outcomes in cases where they are likely to obtain body parts. " - MashCan.org.

The Yale Law Journal, Vol. 93, No. 2 (Dec., 1983), pp. 362-383, criticizes questionable hospital policies "that resort to third party adjudications in No-Code decision making", and provides insight into the assigning of a No-Code order "instructing personnel not to attempt resuscitation". Many physicians sanction the use of deception to secure third-party adjudications - deception, after all has a long and distinguished history in medicine.

A friend of the family should not be involved in the decision making process for the DNR including connection and disconnection of the ventilator, OR for purposes of organ donation unless its in writing. Only the spouse, defacto-spouse, immediate family, guardian or other designated (in writing) person can legally act on the patient's behalf.

Medical jargon detracts from the sober and objective nature that should characterize a serious matter, but in reality it can only serve to obfuscate the hastening of death. Therefore, to "no code" and proceed to zero " 0" the patient by altering some form of support and letting "nature take its course" is of itself an act of euthanasia, which, in Canada is a criminal offense punishable by imprisonment up to 14 years. A number of other criminal offenses can also be applied in this instance such as criminal negligence, murder, manslaughter, or failing to provide the necessities of life. Further, a person who assists in killing another person may also be charged. Know that The Charter of Rights and Freedoms guarantees that "everyone has the right to life, liberty, and security of the person" at Section 7. Such rights are not to be deprived from Canadians "except in accordance with the principles of fundamental justice."

Medical jargon actually encompasses several overlapping vocabularies, each with its own origins, motivations to include vague, euphemistic diagnostics, prognostics, and overt lies. Scientific jargon and three letter acronyms are increasingly a part of a doctor's everyday language. The slang can be cruel, insulting and sometimes highly inventive, couched in technical or euphemistic language, calculated to deceive. Perhaps staff in emergency medicine departments, the epicenter of medical slang, would prefer the kinder definition of "language of a highly colloquial type". Some terms are offensive and even cause confusion to other doctors and health care providers who are not in the know. Sometimes, the origin may be a play on more conventional terminology, such as the elusive 'CODE ZERO' , an unofficial clinical designation, often expressed as Status Code '0', Code 0 (zero) written in the patient record. Thus Patient Status "0" is used primarily to denote "unnecessary health care use". Put simply, it implies a No Code .

A useful maxim to remember is "Not documented means not done".

Further, "doctor's slang, medical slang and acronyms", however colorful the terms may seem, a secret code used to keep you in the dark can also be deathly serious for an unsuspecting patient. Relatives of patients on the critical list may blanch if they knew what is really meant by "0" (no code) on their loved one's records or chart and the deception that awaits them.

Slang is defined as "the special vocabulary used by any set of persons of a low or disreputable character." The use of slang in clinical practice is quite widespread. It is the inventive language created by doctors the world over to add insult to injury.

These and other terms are part of a secret language, indecipherable to outsiders, that doctors use with each other to convey is otherwise un-sayable, especially to the patient., not necessarily what is truth, but rather what they don't have the guts to say to your face. It conceals transparency. The "getting away with it" mentality is strongly evident in both jargon and medical terminology itself.

CAVEAT: Zero is of itself a number as represented by the figure " 0" - also called zero , oh , null , nil , or naught . It has come to mean that the patient has "no measurable or otherwise determinable value" as indicated by a "zero score". A code zero '0' is designated to indicate the patient's final designation.

Patient Status Codes - interventions

Level 1 - Resuscitation

Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.

Level 2 - Emergent

Conditions that a potential threat to life, limb or function, requiring rapid medical intervention or controlled acts.

Level 3 - Urgent

Conditions that could potentially progress to more serious problem. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.

Level 4 - Less Urgent

Conditions that relate to patient age, distress, or potential for deterioration or complications that would benefit from intervention or reassurance within 1-2 hours.

Level 5 - Non Urgent

Conditions that may be acute but non-urgent, as well as conditions which may be part of a chronic problem with or without evidence of deterioration.

A full code is the most extensive course of treatment. A full code is the only safe code. It communicates to the physicians that all measures should be taken to keep the patient alive. The patient is only considered safe when his/her code status is a full code - indicates the highest level of care that can be delivered.

See [Medical futility](#) . Cf [Advance Directives](#) , [Living will](#), [Euthanasia](#).

Additional Reading:

[**Do-Not-Resuscitate\(DNR\) Orders: Legal and Ethical Issues: Merck ...**](#)

[**A Structural Analysis of the Physician-Patient Relationship in No Code...**](#)

[**Do Not Resuscitate \(DNR\) Order - Basic Facts**](#)

[**No code -in the Medical dictionary**](#)

[**The secret world of medical slang**](#)

[**No Code and Do Not Resuscitate**](#)

[**No Code Orders :**](#)

[Factacular : Medical Slang and "Code 0"](#)

[Article: No-code orders: legal aspects](#)

[DaNgeR-- DNR !!!](#)

[Factacular : Code 0](#)

[Ambulance Call Report - Ontario](#)

[When a doctor goes wrong he is the first of criminals - Indymedia ...](#)
