NARRATIVE MEDICINE

"A" for Life

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ABSTRACT

This is a story of a medical intern whose cascade of baffling thoughts about pursuing a career finally led to a gratifying conclusion. This young intern is easily swayed by the opinions of others, but circumstances proved that the field he chose was the one he was made for. This is a story of determination and belief in one's ability, which gave the power to fight against the odds.

INTRODUCTION

Choosing a specialty is to transition from an undifferentiated physician to a fully differentiated specialist. Selecting Emergency Medicine (EM) as a career was not an easy decision for me. The training program was new in my institution and there were a lot of speculations. According to many, enjoying an EM rotation for 2 months in internship was not enough to pursue it as a career.

I heard both positive and negative remarks from seniors in various other specialties. The information and the comments I heard perplexed me. *Become a surgeon and you'll be rich and famous*, or, *Join internal medicine and you'll be at peace*, but I heard not a single piece of encouraging advice for EM. The most common discouraging remark I received was that the Emergeny Department (ED) was just a consult service, and EM physicians were jacks of all trades but masters of none. But I listened to the little voice that kept popping into my head, telling me that EM was going to be a thrilling journey. Was it the right move? Honestly speaking, I did not know in the beginning.

Ultimately, circumstances one after another proved that the decision was not only right but was also extremely gratifying, endorsing my belief that this was indeed the profession I wanted to be in for the rest of my life. My journey in EM so far has been full of exhilarating events and thrilling experiences. They have left an impact on my soul that has not only changed me as a person but has metamorphosed my perception toward life. Despite limited interactions with patients in the ED, the connection is unique—you need to develop firm faith and trust with the patient and the patient's family in no time.

PHYSICIAN STORY

It was just another day in the ED when I started my duty. The deaths of two stable patients consecutively was enough to call it a bad start. Exhausted after an hour of running two codes, I accompanied a friend for a cup of coffee. Just when we stepped out of the ED and grabbed our caffeine drip, we heard another shrilling resuscitation announcement, which moved our feet toward the resuscitation area. The first glance at that young man drenched in blood and lying on a stretcher, shaking back and forth like a fish out of water, took my breath away. I felt a wave of mixed emotions come over me. *Time to move!* I immediately took charge from my junior colleague and saw blood gushing out of open wounds on both sides of the patient's neck. We got the quick history—it was a gunshot case and the young man had been transported directly to our hospital within half an hour of being shot.

He was gasping for breath, and his sensorium was deteriorating. The monitors were beeping and flashing, and the numbers were all abnormal. He was very restless and working hard to breathe. Gradually his respiratory efforts started getting weak, which alarmed us because his saturations were dropping as well. I asked my staff to prepare an intubation tray—we urgently needed to secure his airway. We somehow managed to apply a facemask. I had assessed that this intubation would be difficult, so I called Ear, Nose, and Throat and Anesthesia colleagues. I was afraid to waste time until help arrived because the monitors were not giving good signals, so I decided to make the first attempt on my own. I opened the young man's mouth and lifted up his jaw, to see just a pool of blood inside with completely distorted anatomy. I tried to intubate him but failed.

The Ear, Nose, and Throat team arrived during my first attempt. They assessed the patient and were of the same opinion that it would be difficult to secure his airway or to get surgical airway because of the completely distorted anatomy.

I pulled my reins again, and I knew this was going to be my last attempt and probably the last chance for my patient as well. I wanted to give it my best shot, and this time I tried intubating with a bougie. Voila! The sight of those vocal cords was the best thing I saw that day. The ambulatory bag was attached, and the CO_2 detector showed change in color, indicating right placement of the tube. My eyes were glued to the screen until oxygen saturation started building up. The readings started to improve, and finally the monitors went silent. I finally took a breath. As I looked around, my whole team gave a sigh of relief and contentment.

The airway (the "A" of the EM ABCs) was secured now. We fixed the tube and also applied a pressure dressing to the wound. We managed to control his bleeding a bit, and moments later he was ready to be shifted to the Operating Room for further management, now in a much more stable condition. I then stepped out of the resuscitation room like a jack-tar guiding his ship out from under a cloudburst and thunderstorm. In a very calm and fulfilling state of mind, I had just one thought: *Yes, we ED physicians are jacks of all trades, but we are masters of one: Emergency.* ❖

Disclosure Statement

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