

Tears for the Fallen

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Perm J 2016 Spring;20(2):111

<http://dx.doi.org/10.7812/TPP/15-159>

“Trauma 99 activation, ETA 5 min!” As an emergency medicine resident, this type of overhead page is what gets my adrenaline pumping. *Finally*, I thought, *I’ve been waiting for some action all night*. I looked over at the call sheet: 30-year-old male, single gunshot wound to the torso, CPR in progress. Eager and excited, I ran over to the trauma bay and prepared mentally and physically to save this man’s life: I gathered intubation materials, a cricothyroidotomy tray, chest tubes, central lines, and a thorocotomy kit. *This is what I went into emergency medicine for!* I thought.

As the paramedics rushed the patient into the trauma bay, an unnatural hush came over the room. He didn’t even look human; his skin was gray, his eyes were fixed to the side, and blood was seeping out of a single jagged exit wound in his back. His shirt was torn, but I could still see brown burn marks on what was left of the white T-shirt that was covering a small-caliber bullet wound on his chest. Right over his heart. I felt queasy as the medics told us how the man’s family had heard the gunshot, how they found him slumped against a chair, how the medics had been doing CPR for 45 minutes already. I could envision his heart taking its last few valiant beats, his life slowly oozing out of him.

As I quickly inspected the rest of his body, I noticed a tattoo on his forearm: he had the stamp of a soldier. I heard my attending physician gasp; he knew this man. They had once worked together and had bonded over the stories and hardships of wartime. Although my attending was not consumed by the black hole of PTSD, our patient was not so lucky. This man’s last act was a self-inflicted gunshot wound, and now he was dying in front of us in the trauma bay.

That family meeting was one of the toughest things I have ever experienced. Seeing the look on his wife’s face and listening to her describe how she found him is something I will never forget. I always told myself that I wasn’t allowed to cry, that it was not my grief to experience, that I had to be strong. I had always prided myself on being able to compartmentalize my emotions and my ability to hold my emotions close to the vest. But here, I struggled to hold back the tears. It wasn’t the fact that he was so young, or even that he had died in front of me; it was the fact that he did it on purpose. I had to excuse myself and take a walk—I had 9 hours left in this shift and I had to pull it together.

The next day, there was a similar overhead page, “Trauma 99, ETA 5.” And again, there was that same feeling

of giddiness and excitement. The call sheet indicated a 30-year-old female who fell off the roof of a house. I made my way to the trauma bay, ready for action. The paramedics brought in a young woman who was moaning but was otherwise unresponsive. As they gave report, a similar queasy feeling came over me. She had jumped.

The woman’s body was oddly contorted, and the initial imaging studies showed that in addition to suffering other severe injuries, she had essentially snapped her spine in half. We all worked tirelessly to save her, intubating her, placing central lines, splinting her broken extremities, and starting her on pressors until she was stable enough to make it up to the ICU. She was still alive because of our care, yet I kept wondering if we were doing the right thing. I couldn’t imagine the amount of pain she had to be feeling, and even if she were to survive her devastating injuries, at best she would be ventilator-dependent, paralyzed, and have a severe brain injury—why would we ever condemn anyone to a life like that? For the rest of my shift, I felt so guilty and almost hated myself for hoping that she would pass.

As I drove home the next morning, I was exhausted both emotionally and physically. I couldn’t wait to curl up in bed and just sleep. I was lost in my thoughts when someone cut me off on the freeway. I slammed on the brakes, and instead of my typical tirade of curse words, I just started crying. I didn’t even really cry at my wedding, so this display of emotions surprised me. And then I realized: as residents, we work hard to become medically proficient and learn the nuances of our respected specialties; however, we do not really learn how to handle emotionally taxing situations or how to grieve. We often bottle up our emotions in an effort to protect ourselves from the pain of tragedy. We don’t like to talk about our tough cases because it makes us vulnerable. However, by not letting ourselves properly process our experiences, the emotional burden compounds, sometimes to a dangerous tipping point. I realized that it was okay to feel for our patients, that it was okay to hurt, and that it was okay to openly admit it. I was crying for the overwhelming depression and sense of despair that the former soldier experienced. I was crying for the immense sense of hopelessness that drove the young woman off the roof. I was crying for the sadness and grief that their families were experiencing or were about to experience. And, finally, I was crying for myself. ❖