

Reflections

“You’re in charge, Doc”

Richard E. Allen, MD

I heard the ambulance sirens from my home. For a moment I considered going to the scene rather than to the hospital. It was my first night on emergency call in a small town, my dream of becoming a physician now at a climax.

The emergency room was quiet; I saw a 3-year-old child with otitis media while waiting. Then I heard the panicky call over the radio:

“pale... combative...not breathing....” This person was obviously not in a minor farm accident—someone I would stitch up and send home.

In a minute a 14-year-old boy on a gurney banged through the doors. He was white as a sheet, unresponsive, and contorted into the fetal position: a dying child, my worst medical school nightmare.

“Let’s intubate him,” I yelled. “Let’s go, now!” I reminded myself to stay calm and work with my team as I took a straight blade and guided an endotracheal tube past his vocal cords. Then his parents came in, calm as they walked through the door. They expected to see their embarrassed son with a cut finger or a bump on the head. The clerk grabbed them and took them out to the waiting area, but not before they saw their lifeless, pale son and me standing over him with an ominous metal instrument in my hands. The mother’s cry in the hallway brought a wave



of emotion over me. I get choked up talking to parents about their children’s asthma, let alone trauma and death.

Calling the shots

I have spent all my years looking forward to what comes next in life. I could never enjoy the present and could not wait for the future. The last 3 years of medical training were painfully slow,

and I longed to be out on my own, “calling the shots,” making decisions. I am well trained in trauma management, but nothing prepared me for the child before me. And now I wanted Dr Lemon there, or even Dr Kruse—the mentors whose shadows I could not wait to escape, but who were now a thousand miles away when I desperately needed them.

I put the tube down the boy’s throat without difficulty, and the nurse started an intravenous line; sinus rhythm showed on the monitor. “Pump like this,” I directed the emergency medical technician in forcing breaths with a bag. I put my stethoscope to the boy’s chest, but I heard nothing. There was no chest movement and no oxygen, now going on several minutes. Again I intubated. I was so certain about placement that I put my own lips to the tube and blew hard. The chest filled with air, and a general sigh of relief was heard. “Bad valve,” I said as I tossed the pump bag aside.

Canadian Family Physician invites you to contribute to *Reflections*. We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

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Dr Allen moved from Illinois to a practice in Cardston, Alta, that includes emergency, obstetric, surgical, and family medicine.

But now we had lost several minutes: precious minutes.

With the boy still unresponsive, and now a falling systolic pressure, I called for a pericardiocentesis tray. I remembered Dr Schaadt teaching me the technique. *I wish Dr Schaadt were here*, I thought. Just weeks ago these traumas were exhilarating for me.

This was different

I love to do procedures. I love to insert needles and tubes and shoot drugs into the heart. But this was different. This was not some downtown drunk who keeled over. This was a real live child from the neighbourhood. I had no backup,

no helicopter, and no trauma surgeon. The "trauma team" was me, and I hated it right then.

"Looks bad, Rich," I heard someone say behind me. Dr Taylor rushed into the room, called away from a wedding to help me. "Bradycardia," he said in his sympathetic voice as we watched slowing blips on the monitor.

I called for atropine, then epinephrine, then cardiopulmonary resuscitation. "You're in charge, Doc," Dr Taylor encouraged me. *He's been through this*, I thought. In his 20 years, he has been through this many times. Like a father, he wants to take me away from it, literally put his arms around me and take me out of the room. But he knows that I have to be here. I have to finish it.

"Helicopter is 1 hour [away]," someone yelled from the desk. Dr Taylor and I looked at each other, and a long moment of silent understanding passed. The pain showed on his face. He was looking straight at me when he yelled back, "Cancel it." My lower lip quivered. I was not ready to give up. I looked at the clock: almost 40 minutes had passed. I usually give up in 10 minutes and let them die in peace. But not this time. Not on a child. Not on my first night.

A dozen people were in the room, but all was silent when I finally called it. "Time of death 8:58 PM," I said solidly. "We're done," I whispered as I dropped the boy's hand.

Now the emotions came heavy. I walked to the sink and splashed water on my face, covering tears and sweat and fear. I cried for him, for his parents whom I was about to face, and for his brother who called the ambulance. I cried for

the community. I cried for myself. A young boy was killed by a farm gate, and with all my medical training I could not save him. Maybe if I were a little faster? Used a different drug? The bag-valve intubation failure did not happen?

Living in the present

The next evening I spent pulling weeds in my garden and sipping my favourite grape soda. I thought of my unforgettable first week as a doctor: a busy clinic, a baby delivery, stitches, broken bones, and heart failure. It is everything I ever wanted in family medicine. Then came this tragedy: the death of a local boy. And yet, this too was a part of what I wanted, indirectly. It was a part of the whole experience, my present experience. For once I found myself not escaping into the future. *This* was my future: my wife and four daughters, working alongside me; the wide-open spaces that I love; and a close community now grieving. And tomorrow will bring more experiences, even tragedies. ♦

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