1999 Second Place Personal Narrative

The Day I Decided I Didn’t want to be a Doctor

We’ve got one unconscious 14-year old male, struck by a train. Breathing is labored and shallow. A weak carotid pulse is 42. BP is 80 over 60. Skin is cyanotic, moist, and clammy. Pupils are dilated and non-reactive. Multiple complicated injuries: broken ribs protruding through left side, tension pneumothorax, distended abdomen with obvious internal bleeding, fractured humerus, and pelvis. Massive injuries to head and face: lacerated nose, fractured zygogos, fractured cranium with obvious ecchymosis around eyes, hemorrhaging and leaking cerebrospinal fluid from ears and cranium. Have the trauma team ready when we arrive.

I chose to do my clinical on a Friday night because I wanted a big messy injury like the ones in our class videos; but so far it’s been a rather uninteresting evening. The only injuries, a fractured arm, an avulsed finger, a lacerated chin, and, of course, herds of complaining geriatrics. Just my luck. Being enthusiastically bored with these trivial injuries, I stroll up to the central call-in desk and slump down on a wooden, three-legged stool and insipidly finger the plastic ID badge clipped to my front collar. WAIT, what is this. The trauma team has assembled and is impatiently waiting by the accordion glass door. Something big must have happened. Through the glass door, brightly flashing red and white lights ignite the emergency room. An ambulance has just arrived. The glass doors fold open and a sea of blue and teal scrubs frantically attacks the wheeled stretcher. This is it; this is the big one I’ve been waiting for. A spark of excitement shoots down my veins. Adrenaline jump-starts my heart and my mind is immediately racing. I launch from my stool and shuffle around the swarming sea of blue and teal. A blaring voice rattles off the patient’s latest Doctor 2 diagnosis: a 14-year old struck by a train. BP is 68 over 40, pulse is 34, broken ribs, tension pneumo, fractured cranium . . .

The stretcher is wheeled to an isolated back room. A boy’s tattered body lay quiet and still. Two, latex-gloved male nurses grasp each end of the spine board on which the boy is strapped and lift it onto a rectangular, white padded bed. A football-sized pool of bright red blood remains on the white padded stretcher where the boy
once lay. The small body, stripped of all clothing except for a small white towel covering his genitalia, is grotesquely deformed. The face is smashed flat like a pancake. A strip of tape stretches across the bridge of a jaggedly lacerated nose, keeping it from dangling down the side of the cheek. Ribs jut through a swollen and abrasion covered purple chest; dark, coagulated blood is smeared down his side. Blood and cerebrospinal fluid continues to flow like a faucet from his ears. The arm and pelvis have obvious misplaced portions that press the tightly overlying skin outward.

Doctors and nurses scrambled over each other, each performing their particular lifesaving duty on the motionless body. Long-needled hypodermics are punctured through flesh in his mid-lateral thigh and stomach, and half-dollar round tubes are stuffed down his throat. A foot-and-a-half long hollow, steal spear is punched through his left side. Pints of blood drip a continuous red stream through a clear tube articulating with the subclavian in the front right shoulder. Another IV with clear flowing fluid pierces his right forearm. Conducting gel is smeared on his chest and round electrode patches are placed over the gel coating. The patches are wired to a VCR shaped heart monitor above his bed. A green line flashes on the six-inch heart monitor screen, sporadically spiking and then dropping, indicating no rhythmic heart pattern; a loud, noisy beeping confirms this irregular pattern. The body continues to lay still. Medication is directly injected into the IV in his forearm.

“He’s not responding to the medication,” the RN in light teal scrubs exclaims. The monitors scream a loud steady beep. The boy’s heart has stopped.

As this tragedy unfurls, I precariously linger in the background, occasionally catching glimpses between the sardine-packed doctors and nurses fused around the patient’s bed. The excitement, the thrill of saving someone’s life almost makes me burst. I’ve been waiting for something like this my whole life and now it has arrived.

I am an 18-year old EMT in training at the regional medical center. As a requirement for my EMT course I must spend at least 20 hours observing emergency medicine in the emergency room. Ever since I was a child I have been fascinated by medicine and I have always dreamed of be a doctor. Now, I actually have the chance to play doctor and observe doctors in a real hospital with real patients. A dream come true; or so I thought.

The child’s mother finally arrives at the hospital and rushes through the posted security guards at the entrance and charges toward her injured child. She bursts into her son’s chaotic room and nudges her way between two nurses and peers down at her child. The mother’s face slowly melts in horror. Her grimaced lips tighten and
blush white. Her tension explodes into gut wrenching sob. Her ear-piercing shriek momentarily halts the doctor’s performance.

“Get this woman out of here,” the doctor exclaims. “It’s hard enough to concentrate as it is. I don’t need a frantic mother around.” Two security guards posted at the front entrance are summoned. They gently grasp the horrified mother’s arms and drag her away to the waiting room. And there she is forced to impatiently await the forthcoming tragic news.

Meanwhile back in the Emergency Room. The monitors sound a steady hum and the green line on the screen is flat lining. The child has gone into complete cardiac arrest. A nurse snatches a semiautomatic heart defibrillator from the wall.

“Everybody clear” she yells. Everybody backs away from the bed. She sticks two oval patches on the child’s chest, “Charging!” she loudly confirms. The nurses and doctors shuffle back a little more to ensure that they avoid the 300-joule electric shock of the defibrillator.

The nurse then presses the red shock button on the defibrillator monitor. All the muscles in the still small body strain and veins in the neck bulge out; the body systematically launches up and then drops. According to protocol, she then shocks two more consecutive times. The monitors continue to steadily scream and signal a flat-line. More medication is pumped into the forearm IV. Still nothing, the body remains quiet and still. Nothing more can be done. The heart monitor is switched off and a silence envelops the room. The boy is dead.

All the hours of classroom preparation did not prepare me for this. A numbing sensation creeps down my body and I stare off in a daze. “Wait, this isn’t supposed to happen,” I think to myself, “the boy can’t die.” I immediately recall all my classroom filmstrips and videos. Rarely did the doctors or EMTs lose patients. The doctor always came off conqueror. A doctor’s job was always glorified and great like on “ER”—but this is real life, there is no TV director to come in call “cut” and then re-shoot the scene. Whatever happens is FINAL; there are no second takes on life. A boy has died and there is no bringing him back.

The silent room is empty except for the doctor who now has the privilege to inform the mother of her son’s tragic ending. He indifferently glances over the top rim of his glasses at me and then slowly snaps off both of his blood-coated latex gloves and slides into a clean, teal, scrub top. His face is low and his eyes deeply saddened. Even
after all his years in practice, these tragedies still greatly affect him. *How can he deal with this tremendous pain on a regular basis? One would either have to be extremely callous or infinitely depressed to work such a profession.*

The weary doctor exits that shadow of death in the emergency room and enters the waiting room. The mother sits huddled into a ball on a blue couch. She blankly stares through tear-stained cheeks and red, watery eyes at the colorful tropical fish in the salt-water aquarium. She unties her legs and slowly turns her head toward the approaching doctor.

“Excuse me ma’am,” he softly speaks. He sits down in the navy blue seat next to the mother. She looks directly into the doctor’s eyes and grapples with each word he speaks. “I am the doctor who has been working on your son. He suffered extensive trauma to the head and chest. As we attempted to stabilize him, he underwent cardiac arrest. He . . . we did all we could to bring him back. I . . . I’m sorry, your son has . . . has left us.”

The mother’s face drops. The pallor in her all-ready white face turns translucent. “No . . . no . . . Nooooo!” the mother instinctively screams, the earth-shattering shriek bouncing down the tiled hallway. “No, this can’t be happening . . . w . . . why doctor, *WHY*. No, no, this is not happening to me. Let me see my son.” The doctor embraces the mother, and gently takes her trembling hand.

As I trailed a distant 10 feet behind I felt my heart reach out to that mother. I wanted to say something to that mother, anything at all, but I was at a loss of words. My mind was scrambled, as were my emotions. Until this moment, I was never broached with death that intimately and I didn’t quite know how to respond. The mother’s horrified face flashed through my mind like a still photograph. Her look of anguish and pain devoured my insides. I was literally disemboweled. My stomach was scooped out and all that remained was an empty black pit. I was emotionally drained.

Back in the child’s tomb, the doctor approaches the white-sheet covered body and pulls the top half-down exposing the child’s face. (Fortunately, the boy’s body had been cleaned and prepped for the coroner’s office. The dried blood scrubbed off, and all the tubes removed). The doctor helps the half-dazed, trembling mother bumble her way to her child. She gazes down at her *sweet little angel*. Tears again stream down her already masquera stained cheeks. She leans forward and gently kisses her child’s forehead, a tear drips off her chin and trickle down her son’s purple chest. She hesitantly turns to leave and slowly crosses the emergency room tile without looking back; an empty, distant glaze covers her eyes.
Without giving me a chance to catch my breath, the doctor leads me back to the boy’s deathbed. As part of my training Dr. Lehman is to teach me how to diagnose and recognize certain injuries—namely feeling for crepitus—broken bones, distension—internal bleeding, and ecchymosis—concussion bruising. He tugs down the child’s shroud revealing the child’s mutilated bare chest. The puncture wounds in the naked body seem to stare back at me. Rigor mortis has set in and the fingers are clenched as if around an invisible baseball with the knuckles jutting out in awkward angles. The two-minute flu grasps my stomach and I feel my Subway sandwich dinner slowly creeping up my esophagus. I take a deep breath filling my nostrils with the sterile hospital fumes. My food retreats back to its base.

“Ok, man, you’re ok, you can do this,” I unwillingly convinced myself. Like Cheech and Chong say, “Relax, just do it.”

“Here, feel right here, this is a great example of crepitus on the right humerus,” Doctor Lehman explains. I didn’t move. I was still feeling a little light-headed. “Come on, don’t be shy,” he further coerced. I had no choice now, and I slowly made my way closer to the corpse, concentrating on the cracks between the ivory tiles every step of the way. Dr. Lehman places my hands on the right humerus.

“Go ahead, grab his arm with both hands and act as if you are trying to snap a stick in half.” I tentatively began to “snap” the arm. A chalkboard scratching sound emanated from the arm as the broken bones rubbed together. A grating sensation crawled up my elbows and down my spine. The chill sent my back into a momentary spasm and I flung the stiff arm away.

Dr. Lehman once again scanned the body. “Now this, this is one of the best examples of a massive head injury that I’ve seen. Feel right here.” He grabs my hand and thrusts it into a gaping hole in the back of the skull. I curiously ran my gloved hand along the smooth ridges of the broken skull and rough hills of coagulated blood and cerebrospinal fluid. My fingers then feel a gelatin-textured substance—either the cerebral cortex or fresh blood, I really didn’t care to find out. I immediately jerked my hand away—I will never forget that slippery gooey feeling in my fingertips—I glanced down at my pink and red streaked glove.

“Excuse me,” I muttered and sprinted to the nearest bathroom in the waiting-room hall. The Subway sandwich was once again on the attack, however this time it didn’t retreat. After emptying my insides in the toilet bowl, I scrubbed my hands, trying to rid them of that gross, slimy sensation seared in my fingertips. As I viciously
scrubbed my lathered hands, I glanced up at my reflection in the cracked mirror above the sink. My eyes pierced me to the core. I saw more than just a mere reflection of my face. I saw a reflection of that tragic evening—the sobs from an innocent mother; the death of a child, too young to die; the guilt of still being alive. I saw my knees buckle under the emotional weight, my back snap under the intense pressure. At that moment, as I glared in to my eyes, I knew I could never be a doctor. I just didn’t have the spine to carry around all the emotional weight. Nor did I have the stomach to belly-up to the “blood and guts.”

As I stared at my reflection in the mirror, the reality of a doctor’s profession looked me in the face. I was a bitter sight. My lifelong dream of becoming a doctor was shattered. My dream of wearing the white coat, blue scrubs, and stethoscope was no longer. I could never be a doctor after what I saw and felt—scenes from the emergency room continued to flash through my mind like a horrible slideshow; they made me ill. I was emotionally and physically exhausted. I wanted to leave the emergency room and never return again.

As I emerged from the bathroom and slowly paced toward the emergency room door, the echoing voice of a nurse filled the hallway—We’ve got one unconscious male patient, injured in a car accident. His breathing is shallow and weak. His skin is cyanotic, clammy, and moist. He has a weak radial pulse of 40. Multiple severe injuries to his head . . .