

Helpless Healer

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“Unfortunately the last scan shows that the swelling in her brain has increased and we feel that she would benefit from removing part of her skull”.

Today I said these words to a man whose 28-year-old fiancée—who he found on the floor at 3 am—lay motionless and speechless on the bed as he held her hand.

Today was the first time in my medical career that I cried. I’ve told people they will die from cancer; I’ve seen and smelled horrible, festering wounds; I’ve declared unexpected deaths. I have never experienced the gut-wrenching feelings that went through me today. The kind that rip out your heart and make you wonder who you’re really helping doing this job.

“I’m so, so sorry that this is happening to you and your family right now and wish I had better news.” That’s the last thing I say after I get this man to sign a piece of paper that says I’ve explained the risks and benefits of cutting off a piece of his bride-to-be’s skull. *Her skull.* She has one of the biggest strokes I have ever seen in my brief stint as a doctor. Her brain is being pushed up against the bone encasing it with little room to budge and only this may give her a small chance of even limited recovery.

I walk out of the room and put that putrid purple piece of paper into the chart, grab my half drunk coffee and walk out of the emergency department as fast as I can without drawing attention to myself. It’s one of those moments that you know you should be sad; but you wonder if you’re sad because you’re supposed to be or if this is true emotion, which you almost always seem to keep at bay. When I step into a quiet office, praying that there’s no one in there having a laugh, and put my head in my hands with tears streaming down my face, I have my answer. All I can think of is calling my beautiful bride-to-be—almost the same age as this beautiful girl who I can’t help but hold out little hope

for. As I pull out my phone, already hearing my voice shaking in my head, the hospital overhead speaker blares: “Stat call for neurosurgery resident Dr. Katz to Neurological Observation Area.”

You’ve got to be kidding me. This is the moment chosen by some cosmic force for me to hear my name called for the whole hospital to hear for the first time.

“Hi Dr. Katz. I just wanted to let you know that Mr. X just passed away.”

He was category three. That means we were not to perform any “heroic” measures, however, the nurse was covering for a colleague and didn’t know his code status when she found him lifeless in his room and appropriately panicked. He had two brain surgeries, multiple clots in his lungs, and a bladder infection that he had survived over the past three weeks under our care. The pneumonia he was diagnosed with that morning ultimately killed him.

“I’ll be up shortly to declare him,” I tell the nurse as I hang up the phone with a fresh bout of tears. I wasn’t even upset about this man being dead; I think he lived a good life and I think he died quickly, something I hope for everyone I love. I was upset because this added to today’s list of people who seemingly nothing could be done for, like the 63-year-old gentleman we sent to be palliated in the ICU for the sudden but devastating bleed in his head that would ultimately kill him.

This time when I pull out my phone, there is no interruption. It rings . . . once . . . twice . . . three times . . . I almost wish she doesn’t answer because I’m a mess, but still hoping I hear her voice on the other end.

“Hi baby! How are you?”

“I’m sad,” is all I can seem to get out. She tells me she loves me. She tells me she believes that I can tell people all this sad news with eloquence and grace. She tells me what she thinks I need to hear—which I do—but it’s knowing there’s someone on the other end who will

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listen and take care of me when I need it that's most important right now.

We hang up and I wipe away the tears and regain my composure; there's more consults to see waiting for me so I can't quit now. I walk back to Emerg to retrieve my iPad and papers that I had abandoned for my brief moment of solitude, and as I walk in a colleague points to a lady being wheeled into a resuscitation room and says, "Do you know about her?!" I look over my shoulder at a screen showing a CT scan of an enormous new bleed in this 90-year-old lady with a massive, bloody eye. I know almost instantly we will not be operating on this lady and this will almost certainly kill her. This time, I'm emotionless; stone-faced; worn out. It's midnight but I don't feel fatigue. I haven't eaten in at least 10 hours, but I'm not hungry. All I can

think over and over in my mind is, "Today needs to end."

So I sit alone in the hospital library at 2:53 am putting these thoughts down instead of getting the brief minutes of sleep that I'll be lucky enough to get tonight because I think this is more important, and I'm not really sure why. Catharsis? Maybe. Posterity? Probably not. Maybe it's so when I read back on this I recognize my own humanity in the most desperately hopeless situations that I will undoubtedly face throughout the rest of my career. And maybe this is a reminder to cherish the good moments, because even though the bad days will never stop happening, the good days make it all worthwhile.

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