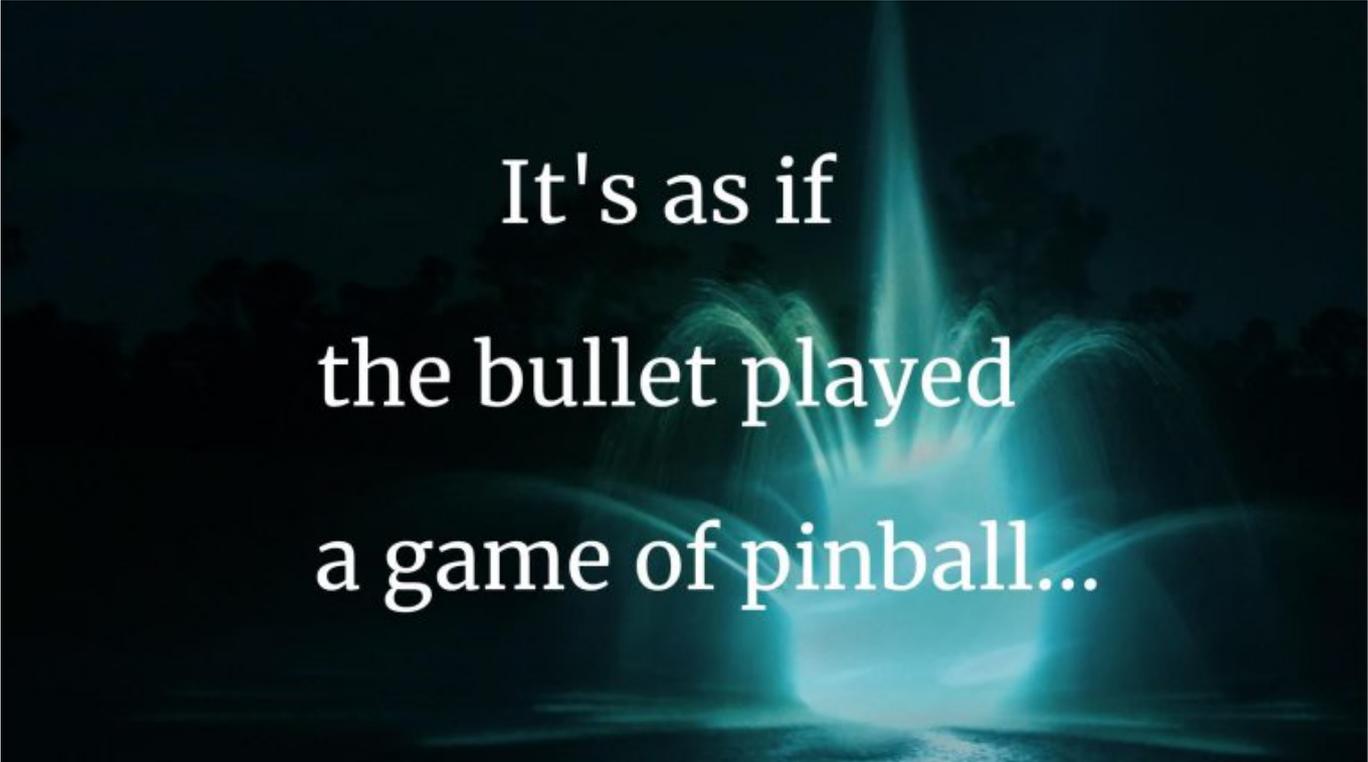


## Another GSW

Category: New Voices

written by Odeya Kagan | April 18, 2023



It's as if  
the bullet played  
a game of pinball...

Flashback to a year ago: I'm a third-year medical student, three weeks into my very first clinical rotation—acute-care surgery at our county hospital.

It's nearing dinner time, less than halfway through my twenty-eight-hour call shift, when my pager buzzes, alerting me to an incoming trauma. Looking down, I read three letters: "GSW."

After three weeks, those three letters no longer faze me. "GSW" (gunshot wound) has become as routine as "MVC" (motor-vehicle collision) or "AVP" (auto vs. pedestrian)—so frequently displayed that just hours into my first overnight call, I've realized that the question isn't *if* but *when* those letters will call me into action in the emergency department.

This time is like all the others. As our patient arrives, the emergency-medicine residents and trauma surgeons quickly go to work, checking airway, breathing, circulation—an almost choreographed dance carried out amid the chaos and perfected by daily experience.

I watch as they stabilize the patient and attempt to assess the damage, working hard to identify which injuries are the most life-threatening. I'm told that one bullet entered through the left flank, but left no exit wound. The ultrasound indicates bleeding within the patient's abdominal cavity, his blood pressure is dropping, and he is whisked to the operating room.

I follow along nervously, trying hard not to get into anyone's way or, worse yet, break the sterile field. As the team performs an exploratory laparotomy,

I stand in awe, face to face with living internal organs I'd previously viewed only in textbooks and Zoom lectures.

I soon begin to see the destruction caused by that one bullet—damage so extensive, it's as if the bullet played a game of pinball in the patient's abdominal cavity. The surgical team works to seal the perforations in the small intestine and stomach, only to find a clear opening in the diaphragm. We double-check the patient's X-ray and see the bullet light up the space between his diaphragm and lungs.

The team decides that it's too dangerous to remove it, so we close up, and the patient is taken to the surgical ICU. The next day he asks for Jell-O, and his recovery begins.

He is lucky.

I've never before seen the true extent of damage that a single bullet can cause. I'd heard about the dangers of guns on the news—the tragedies of mass shootings and the stories of gang violence. I've watched as politicians, activists and my casual Instagram following have united in support of common-sense gun laws to ban military-grade weaponry capable of spewing out forty-five rounds in a single minute, leaving so many dead, and forever changing communities like my childhood hometown, Parkland, Florida. Yet here I've just witnessed a tragedy that won't make it onto the news: one lone bullet from a regular handgun.

I've noticed an unspoken reluctance among medical professionals to talk about the consequences of the violence that many of us witness in our emergency departments each and every day. Maybe this stoicism is ingrained in our culture, which places value on people's ability to uphold a façade of strength and emotional stability—or maybe it's just easier to become numb. In trauma surgery, the unrelenting demands can make it almost impossible to take a moment to reflect: Our pagers will not stop buzzing, and the next patient deserves our full and undivided attention.

Looking back twelve months to my then twenty-four-year-old self, I realize that by the end of my three weeks on service, and after countless similar stories, I too had become numb to the shock of GSW.

Now, as I enter my fourth year and prepare to apply to residency programs in my chosen specialty, general surgery, I want to make a promise to my future self.

I promise myself never to go numb, and never to find the carnage of gun violence normal.

As I continue my medical training, it may seem easier to stop feeling entirely in order to avoid emotional burnout and compassion fatigue, but I believe that taking the time to feel is what's truly most important. The elation at a good outcome, the sorrow of a patient's death and even the jolting disturbance of gun violence are *meant* to be felt.

Our ability to feel is what keeps me and my fellow providers questioning.

It's what keeps us fighting for our patients each day.

It's what keeps us human.