

November More Voices: Emergencies

Category: Emergencies

written by Paul Gross | October 31, 2022

Dear *Pulse* readers,

One can't listen to the news these days or think about the upcoming midterm elections without feeling that our nation is in a state of emergency—a civic emergency that we can all address by making sure to vote and by encouraging others to do the same.

When it comes to medical emergencies, I realized early on in my training that I was not one of those doctors who relished catastrophic situations. Even now, when a medical student tells me that they like being at the center of the action, like *doing* something in critical moments and want to be an ER doctor or a trauma surgeon, I tell them that I admire their courage and their spirit. I also admit that my temperament is better suited for a quieter kind of doctoring.

At the same time, emergencies will sometimes find us even if we don't go looking for them.

I think of a slender young woman who showed up at our family health center one afternoon years ago. She'd recently had a pneumonia, and now she was having trouble breathing. An X-ray showed fluid around one lung.

She was feverish. She was sick.

I didn't go home that evening. At 11 pm I found myself in the intensive care unit trying to convince a pulmonologist that the fluid around her lung might be an empyema—a collection of pus—which is a true medical emergency. If it was, there was a good chance that my patient would die without rapid surgical intervention.

But to make a diagnosis, the pulmonologist would need to sample the fluid by putting a needle into her chest, something he was reluctant to do. It was late. We were both tired.

"She looks comfortable," he said. From the doorway, we gazed at her supine form. I took a moment to count the rising and falling of her chest.

Her respiratory rate was thirty-two breaths per minute. Normal is less than twenty.

She wasn't gasping for air, but she was definitely not comfortable.

The pulmonologist finally agreed and was able to get an ultrasonographer to come into the hospital to guide the procedure. He performed the thoracentesis.

She did have pus in her chest cavity. It was an empyema.

A chest surgeon brought her to the OR first thing in the morning to drain the infection—and save her life.

She wasn't out of the woods yet: After the surgery, it was a long, slow recovery. She required intubation and needed a chest tube, intravenous antibiotics and an extended stay in the ICU. But her breathing gradually improved, and she eventually went home on her own steam.

I felt gratified and relieved. At the same time, the experience was no fun. I didn't enjoy the stress of caring for a desperately ill patient. I didn't like being in the ICU at midnight. I didn't enjoy haggling with the pulmonologist.

And I could see how easily things could have gone the other way. It so happened that I'd cared for one patient with an empyema during residency, so I knew how dire a condition it was. Without that prior experience, I wouldn't have pushed so hard. I'd have let the pulmonologist handle things. I'd have gone home—and this young woman probably would have died.

Those thoughts tempered any sense of vindication I might have felt. I was lucky this time. Next time, who knew?

My most recent medical emergency happened closer to home: My wife heard a crash in the bathroom and ran upstairs to find her husband passed out on the floor with blood oozing from his head.

That was me. I'd gotten hypoglycemic, fainted and banged my head on the radiator.

My wife handled this emergency adroitly. She was able to rouse me, then drove me to our local hospital, where an ER doc stapled my scalp back together. We have a photo of me sitting on an ER gurney, smiling sheepishly, with gauze wrapped lopsidedly around my head.

When it comes to emergencies, sometimes we get to be the lifeguard, but sometimes we're the one thrashing around in the water.

How about you? What's your experience of [Emergencies](#), this month's *More Voices* theme? Use the [More Voices Submission Form](#) to send us your lived experience.

For more details, visit [More Voices FAQs](#). And have a look at last month's theme, [Surgery](#).

Remember, your health-related story should be 40-400 words. And no poetry, please.

We look forward to hearing from you.

With warm regards,

Paul Gross
Editor