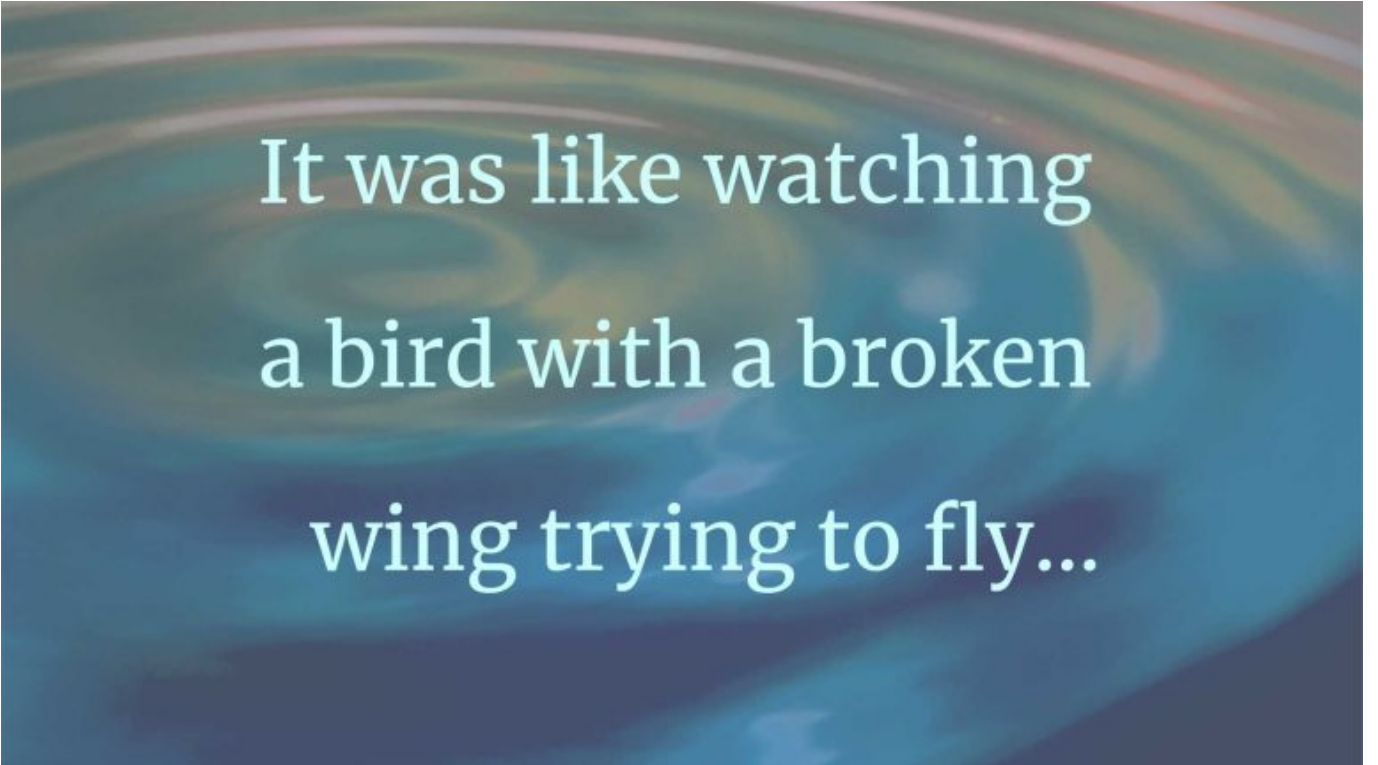


A Different Kind of Emergency

Category: Stories

written by Anthony P. Gulotta | September 26, 2025



It was like watching
a bird with a broken
wing trying to fly...

Curled on a gurney beneath the fluorescent glare of the hospital room lights, a girl no more than eight clutched a stuffed giraffe. Her small frame, the slight downward tilt of her eyes, and her delicate jaw and thin upper lip were the visible signs of fetal alcohol syndrome.

This was Elle, whom I encountered as a medical student during an emergency-medicine rotation.

I pieced together Elle's past from her chart and from the whispered conversations of the doctors and nurses who'd cared for her during her first week in the ER, prior to my arrival.

Her life, I discovered, had been one of profound social hardship. Her mother struggled with addiction, and her father was entirely absent. Her prenatal alcohol exposure, coupled with the lack of a nurturing environment, had led to a cascade of birth defects and developmental issues that would forever shape her life.

After Elle's birth, her Aunt Vanessa had become her legal guardian. Over the years, despite Vanessa's unwavering dedication, she'd found Elle's behavioral challenges—a volatile mix of aggression and emotional outbursts—increasingly hard to manage. Elle's pediatrician had advised bringing her to the ER after months of escalating incidents had culminated in Elle's attempting to stab her younger cousin with scissors.

"I was terrified," Vanessa explained, her voice trembling as she recounted

the incident. "Every time Elle was around her little cousins, I was so scared. She was so unpredictable; I couldn't keep them safe. I had to bring her in."

Elle needed psychiatric intervention—but while she was awaiting placement in an overburdened mental-health system, she had to stay in the ER.

"It's hard to believe this is the best we can do," murmured an attending physician, pausing by her bedside. His frustration with the inadequacies of the healthcare system was echoed by many other staff members.

"Don't even get me started on the psych-bed problem," a nurse sighed despairingly. "We have kids like Elle here for weeks sometimes. It's a network rule: No discharge without a bed. But this place isn't supposed to be a hotel!"

The ER became Elle's unsuitable temporary home. She passed her days on the gurney, finding solace in the flickering images of cartoons playing on a small wall-mounted television. She could have been a poster child for institutional shortcomings in providing timely care.

Seeing Elle's tragically unmet needs, I immediately felt a deep sympathy for her. I wasn't used to dealing with children, especially those grappling with complex problems—but seeing her stirred a protective instinct, and I wanted to try my best to help.

During our interactions, her deep developmental delays became clear. When I asked her favorite color, she struggled for words, pointing a hesitant finger at the blue of her blanket and simply saying, "This." Another time, I tried showing her a picture book of brightly drawn farm animals. While other children her age would readily identify the animals and make corresponding sounds, Elle stared blankly at the pages, occasionally touching the pictures with a flat palm, but showing no sign of recognition.

My heart ached with each confused stare, each fumbled word. Often, she would just gaze at me with wide, unblinking eyes. I wondered if any amount of time or attention could truly alleviate her developmental deficits or ease the social struggles she faced. It was like watching a bird with a broken wing trying to fly, and knowing that it would never soar.

Eventually, after spending almost a month in the ER, Elle was discharged to a specialized facility for children with behavioral-health needs. Years later, I still think of her and worry, remembering how little hope her future held.

Healthcare professionals routinely confront the consequences of the societal ills—abuse, addiction, neglect, poverty—that contributed to Elle's condition. Her story illustrates both the terrible power of these problems and the limits of modern medicine.

This experience challenged my understanding of a physician's role in health care. While deeply rooted societal inequities have no easy fix, Elle's plight exemplifies a clinician's responsibility to try and confront them. Her memory serves as a powerful reminder for me that my greatest impact as a clinician

lies not just in diagnosing and treating a patient's illness, but in deeply understanding that person's lived reality. This necessitates advocating for systemic changes, such as increased mental-health funding or better support programs for families coping with substance-abuse disorders.

Even today, when I encounter patients who are struggling with severe socioeconomic health challenges, Elle's face flashes through my mind. Remembering her, I feel compelled to keep on trying to make a difference, however small, for those I strive to serve—even when the prospect of a positive outcome feels impossibly far away.