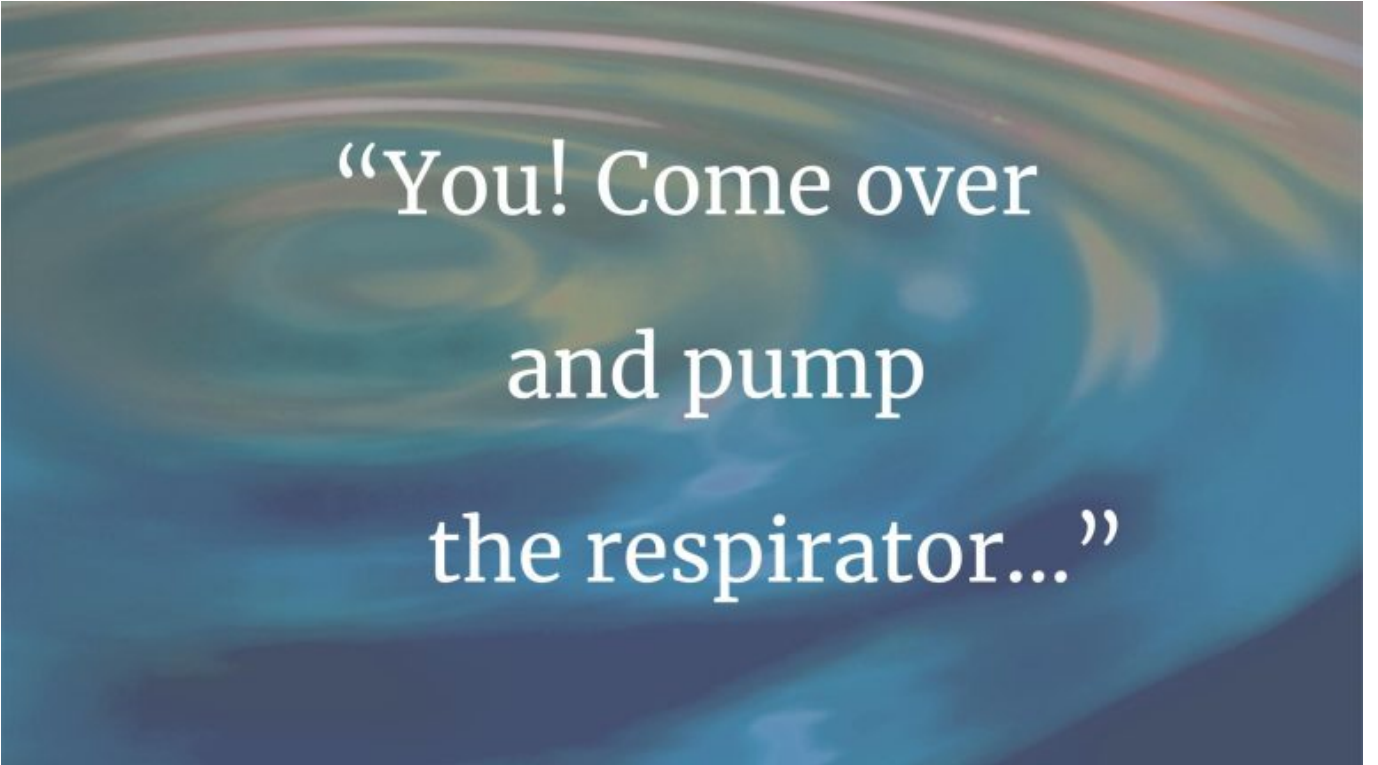


Aftershocks

Category: Stories

written by Darnell K. Adrian Williams Jr. | June 30, 2023



“You! Come over
and pump
the respirator...”

It's Monday. I wake up at 7:15 am, go down to my apartment building's lobby and meet with friends to work out before the rest of the day begins. We do arms, chest and back for an hour, then my friend PJ and I hit the steam room and head back to our apartments.

I call my mom for five minutes, then shower, dress and, before breakfast, knock out some flashcards on my laptop, like any self-respecting first-year medical student.

Today I'm spending a shift in the ER as part of my clinical-medicine class. I put on my purple scrubs and short white coat, grab my ID, stethoscope and reflex hammer and trek to the hospital in the pouring rain, slightly irritated that I'll be soaked upon arrival.

At the ER, I don an N95 mask and find my preceptor, Dr. Shannon. She assigns me to do a full history and physical on Mr. Ross, an older Caribbean man with back pain. We spend much of his exam talking about our favorite Caribbean dishes. We bond over my Guyanese heritage and the warm feelings these meals elicit in us both. He used to be a chef; his eyes sparkle as he reminisces about his "glory days" in the kitchen.

I spent thirty minutes with him, learning more intimate details about him in this one interaction than many people in his life ever will. I thank him for letting me, an annoying first-year medical student, disturb his ER visit so that I can practice my skills. As I walk away, he grabs my arm.

"I'm proud of you," he says. "You remind me of my son; he's a nurse."

I smile, thank him and go to present his history-and-physical findings to Dr. Shannon.

Afterwards, she walks my classmate Lauren and me to the trauma bay to discuss our cases. We're joined by Bryan, another student in our cohort.

Suddenly the loudspeaker blares: A patient in cardiac arrest is coming in.

I've never seen this before; I don't know what to expect.

A wizened woman is rolled in, and the code team jumps into action like a well-oiled, frantic machine—rattling off orders, checking vitals, inserting an IV.

We learn that the woman's name is Meera. As we watch from a corner of the room, the physician handling the resuscitation bag glances at me.

"You! Come over and pump the respirator," he says firmly.

Panicky thoughts: *I've never done this before...This woman is on the brink of death!* The doctor's stern confidence temporarily quells my fears, and I shed my white coat and grab a pair of gloves as he tells me to do.

"Pump the bag every time you breathe," he says. "When *you* breathe, *she* breathes!"

Terrified, I begin to pump, monitoring my breaths and trying to pump with each one.

"You're almost hyperventilating," a resident behind me whispers kindly. "Just pump every six seconds; it's easier."

Thankful for the nugget of knowledge, I do as I'm told. Meanwhile, Meera is stripped of her clothes as the team members poke and prod her in their treatment efforts. All the while, a chest-compression machine loudly rams her chest over and over—breaking her sternum and some ribs in the process. It's one of the most jarring things I've ever seen.

Time slows down as I focus on counting to six and pressing down on the pump, again and again.

"One, two, three, four, five, six, *push...*"

I glimpse my two classmates Lauren and Bryan in the corner, faces blank, taking it all in. A catheter is placed, the pharmacist administers medication, and the compression machine is adjusted.

I continue to push.

My arms begin to feel numb. The attending reaches from behind me and suctions fluid from Meera's mouth; some of it sprays on me.

Still counting, I see the resuscitation pump fall out of the socket positioned over Meera's mouth. Surprising myself, I move with almost robotic precision to shift it back into place.

I keep on pushing.

Every few minutes, the head of the code team calls for a pulse check. Nothing. People run in and out the room, radiating purpose and urgency.

Two residents behind me discuss how many patients they still have on the docket. One jokingly pleads for help with his patients; the other laughingly declines.

I continue to push.

The code leader asks for another pulse check.

Still nothing.

"If we see no improvement, this will be the last round of compressions," she announces.

Now, for the first time, the human reality of the situation hits me.

I notice the gold wedding band on Meera's finger.

Her C-section scars.

Her freshly done hair and nails.

The makeup on her face.

The lack of a spouse, child, sibling or loved one in the room.

The fact that, in this moment, in this random trauma room in a random hospital in a random city, a few other people and I are a vital part of Meera's story. None of us were present for her wedding, for the birth of her child, for her tears of joy. But we're here with her for this.

I snap back into pushing, vaguely hearing the code leader stop her orders and ask if anyone has any other ideas.

The silence is deafening.

"You can stop pushing," she says gently.

I stop.

She walks over and turns off the compression machine.

For the first time in what feels like hours, the room is quiet. She looks at us, looks at the clock and matter-of-factly announces Meera's time of death.

I can tell this isn't her first time doing this.

Meera's wedding band is removed, and people begin cleaning up the room.

Meera's body is moved into a white body bag.

Dr. Shannon walks over. "Good job," she says, briefly discusses the code with my classmates and me, then sends us on our way.

Less than ten minutes afterwards, I find myself walking back home alongside Bryan, both of us shell-shocked. Despite the rain, we seem unable to walk any faster.

We try to make small talk—unable to articulate our feelings, but knowing that what we just saw and experienced was not normal.

Although medicine would have us believe that it *is* normal—in this setting, at least.

And maybe that's okay.

Maybe it isn't right or wrong. Maybe it just *is*.

Maybe it's enough to recognize that what we just saw made us feel *something*—but that the emotion is too complex to put into words.

Maybe we'll get used to this...maybe we won't.

Maybe it's okay to recognize that walking home less than ten minutes after a code and then having to figure out what's for dinner, or how many flashcards I have left to do, feels bizarre, uncomfortable, depressing, flippant, callous, scary, confusing...and so much more.

Maybe it's okay just to know that I *feel* something—and that it will stick with me forever.

Maybe I'm being dramatic. Maybe I'm just being human.

Maybe that's why I'm writing this—just to remind myself that it's okay *not* to feel okay about what happened today.

That's what makes me human.

And that's okay.