

# All in a Night's Work

Category: Stories

written by Isaac Song | January 24, 2014

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I was a college freshman, just starting out as a rookie EMT with the local rescue squad. In the squad building, located near a strip mall in our suburban New Jersey town, my fellow volunteers and I joined the staff supervisors to spend days or nights on call.

On a rescue squad, I quickly learned, patience is key. If you visited the building, you'd see seasoned EMTs lounging around as if they had nothing better to do. They had developed a subdued alertness that let them relax while also being ready to leap into action. Unfortunately, I had yet to cultivate this quality; I sat in silence, jittering apprehensively.

Night shifts were the worst. Amid the darkness and silence, time seemed to crawl along.

So far, this night was going like all the others.

I stared at the clock, at the dispatch radio, then at the clock again, waiting. The seconds dragged on. I'd only been there for an hour, but already I felt restless and anxious to go home.

Traditionally, each rookie is paired with a veteran. Luckily for me, my partner, Jim, was one of the most seasoned EMTs. A short, fit guy in his late twenties, he'd had years of practice and had spent time in the military. All of this had sharpened his wits and given him a calm, decisive demeanor.

Tonight, his decision was to nap in his chair. It made sense; we had a long night ahead, and Jim knew that I'd be there to wake him up if necessary.

Hungry for some fresh air, I went outside to inspect the ambulance supplies. I'd finished checking the gloves and was starting on the oxygen tanks when the radio emitted its piercing shriek.

Jim raced out to the ambulance and took the driver's seat as I scrambled in on the passenger side.

"You ready?" he asked.

"Yup," I replied.

It was a lie, but Jim went ahead and kicked it into high gear. A patient was waiting, after all—a man complaining of chest pain at a nearby trailer park. That was pretty much all the information we had.

Arriving on the scene, we found the man lying unconscious on the floor. He

was heavy-set, middle-aged, living alone. Jim knelt down and began the assessment.

"He's not breathing," he said. "I've got this. Go and check for history." He started performing CPR.

When the patient can't give you a medical history, the best places to look for clues are the medicine cabinet and the fridge.

I checked the medicine cabinet: fifty or so empty pill bottles stacked haphazardly on top of one another. I jotted down a few names and headed to the fridge.

Liquor bottles on every shelf. Not a good sign.

I went back to help Jim with the patient. We tried the defibrillator, but its shocks had no effect. I prepared to load the man into the ambulance while Jim kept up the chest compressions.

When a pair of paramedics arrived to help, Jim filled them in. I was really glad he was there—I wouldn't have been able to give a coherent summary.

One paramedic joined me in the back of the ambulance, and we headed off.

My fellow rider began intubating the patient while I took over CPR.

Giving chest compressions in the back of an ambulance is thankless and exhausting: to deliver them effectively, you need to keep your weight on top of the patient; meanwhile, you're being flung from side to side by the ambulance's careening. Jim was merciless once he got behind the wheel.

"Cardiac arrest again," said the paramedic.

"What do you mean, again?" I asked.

"I've seen this guy twice already in the past year," he replied.

He'd hooked up the patient to a portable electrocardiogram. Each of my chest compressions showed up as a spike in the patient's tracing, the height of the spike reflecting the force behind the compression.

Apparently, the paramedic wasn't satisfied by what he saw.

"Don't be shy! Pound him!" he yelled.

I pushed harder. The spikes grew higher.

My arms began to burn, but I remembered my personal mantra as an EMT: *Do no harm*. In training, we'd been told that we should try to deliver patients to the hospital in as good condition as we'd found them in, or better. Chest compressions might injure this man, but the alternative was worse. So I kept on pushing.

Soon we reached the hospital. My job was done.

I followed the patient inside and watched as the ER doctor and nurses began their own resuscitation attempts. The doctor repeatedly gave the man epinephrine, but to no avail.

Thirty minutes later, he was pronounced dead.

Sweaty and exhausted, I left the hospital and climbed back into the ambulance with Jim. As the adrenaline rush subsided, I felt doubt and apprehension slowly creeping in.

*Could I have done anything different? I thought. Did I do something wrong?*

I stared out the window. Jim too seemed wrapped in thought.

Finally I broke the silence.

"How do you deal with it?" I asked. "People dying, I mean."

He didn't answer right away.

After a couple of minutes, he said flatly, "I don't know. You just get used to it, I guess."

I wondered if I would ever really get used to it. Struggling to find some meaning in what had just occurred, I saw that, without realizing it, I'd become so invested in the man's welfare that I just couldn't accept his death.

*I want to go back to the hospital...I want a redo, I thought. Of course there was no such thing.*

Back again in the rescue squad's cramped waiting room, I reflected on the fact that so much of paramedics' humor is gallows humor: "Oh, he finally died? I'm surprised it took so long!"

Comments like that made me wonder why some of my colleagues had gone into EMS work to begin with. Distancing yourself from an uncomfortable situation is one thing—but scoffing at a patient's death as if to say good riddance?

At that moment, I realized that I just do not possess the ability to write off patients so effortlessly. Perhaps it's a learned skill, like wrapping a bandage or splinting a fracture. If so, it's one I have no intention of learning.

*That will never happen as long as I make the patient my greatest priority, I resolved.*

*To keep my humanity, I need to devote myself to providing the best care for the patient.*

*But to keep my sanity when things turn out badly, I need to approach this ideal with some measure of caution.*

A lot to ponder as I waited for the next call.

**About the author:**

Isaac Song is a third-year undergraduate at Rutgers University. He currently writes and edits for several university publications and aspires to intertwine writing in his future career. "My interest in writing began with a youthful imagination enriched by mountains of novels."

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