

# Broken

Category: Stories

written by Jordan Grumet | September 3, 2010

## **Jordan Grumet**

I was a third-year medical student in the first week of my obstetrics rotation. The obstetrics program was known to be high-pressure, its residents among the best. Mostly women, they were a hard-core group—smart, efficient, motivated—and they scared the heck out of us medical students.

I remember the day clearly: Not only was I on call, but I was assigned to the chief resident's team. I felt petrified.

We'd started morning rounds as usual, running down the list of patients in labor. Five minutes in, my chief got a "911" page from the ER, located in the next building. This seldom happened, so instead of calling back, we ran downstairs and over to the trauma bay.

We walked into pure chaos. The patient was 27, in her last weeks of pregnancy and actively exsanguinating—bleeding to death. She and her husband had been fighting; apparently he'd picked up a kitchen knife and stabbed her in the neck.

As the ER physician and the trauma surgeon worked rapidly on the woman's neck, my chief readied herself to deliver the baby. She turned to me.

"Quick, get me a sterile gown and a scalpel."

Helping her to gown and glove, I could see the other physicians getting coated by the blood spurting from the woman's neck. She'd been talking when she arrived by ambulance; she wasn't talking anymore.

The nurses were pumping blood into large-bore IVs in both of her arms, but the patient's blood pressure kept dropping. On the fetal monitor, we saw the baby's heart rate starting to dip.

My chief cleared her throat: "Okay, guys, we're gonna lose the baby if we don't do something fast!"

Without taking his eyes from the patient, the trauma surgeon said authoritatively, "We can't. If you cut her, she'll die. Give us a minute."

"It will take a minute-and-a-half to have this baby out," said my chief. She got no answer.

She stood poised over the patient's abdomen, arm raised, scalpel in hand and ready to pounce.

The patient's blood pressure dropped even faster, and the baby's heart rate plummeted.

"It's now or never," said my chief. Then the cardiac monitor began beeping.

"Ventricular fibrillation!" The ER physician grabbed the cardiac paddles and shouted, "Clear!"

With a sweep of his arm, the trauma surgeon moved everyone away from the table, then stepped back—and crashed into my chief. She fell to the floor, extending her arm to avoid slashing anyone with the scalpel.

The electrical shocks, delivered over the course of several minutes, didn't revive the patient. Her wavy cardiac tracing flattened into one long, straight line.

By then it was too late to save the baby. Its heart rate had been too low for too long, causing severe, irreversible brain damage. As we listened, the fetal monitor went silent.

The walk back to the obstetrics floor was eerily quiet. I wanted somehow to comfort the chief...to comfort myself...but I didn't know how. As we reached the nursing station, she slowly came unwound.

For the first hour, all she wanted to do was talk. She grabbed every resident and nurse who walked by, going over and over what had happened. If only she had disregarded the trauma surgeon, things could have been different...

Then she became intensely quiet. She sat at the table in the middle of the nursing station, her face contorting into a myriad of expressions as she mentally replayed the events. Occasionally she raised her right arm as if wielding the scalpel again.

Finally, she put her head down and started to cry—loud, disconcerting sobs. The staff and patients passed to and fro, largely ignoring her. No one seemed to know how to comfort such a strong, accomplished physician in her time of need.

And there I stood—helpless in a sea of sadness and pain.

She cried for what seemed like hours. Then she picked up the phone, made a call, placed her pager on the table and left the hospital.

A few minutes later, an attending came in to replace her, to pick up the pager and to collect me.

The next day, my chief returned to work. She acted as if nothing had happened. No mention was made of the day before.

She finished the year and is now a well-known attending physician at a prestigious medical center.

I'll always remember that day as the day that medicine broke her—destroyed her innocence. To me, she seemed like a soldier who had witnessed her first death in battle. Would she ever be the same? Or had she lost a sacred part of herself forever?

I feel sure that this is what happened because I remember when medicine broke me—one lonely night, watching helplessly as a patient died in the intensive care unit. I'd bet that most of my colleagues have had similar experiences. We rarely talk about them, but you might get some answers if you asked our loved ones.

They would tell you how we changed over the course of our medical training. How one day we came home from work seeming different. How a young, eager, empathic man or woman gradually became angry, frustrated and often cold. How we started out suffering *with* our patients, but ended up suffering *from* them.

And that's the paradox of medicine. We enter this profession out of a passion to help others. But repeated exposure to the most agonizing situations causes pain that can make us retreat into a shell of cynicism or "clinical objectivity." There, we risk losing the softness, warmth and caring that sent us into medicine in the first place.

Now, years later, I know that some of us—the lucky ones—recover. For me, the anger and frustration started to reverse six years ago with the birth of my son. Gradually, I learned to tend the wounds that medicine had inflicted on me. Now I'm no longer so scared of being hurt. Now I can cry with my patients, not because of them.

And now I finally feel like the physician I'd always hoped to be—a little more caring, a little more loving and a little less afraid of what the future will bring.

**About the author:**

Jordan Grumet is an assistant professor at the University of Chicago and practices internal medicine in the Chicago suburbs. He writes as an outlet—in response to his often busy and sometimes stressful medical practice.

**Story editor:**

Diane Guernsey