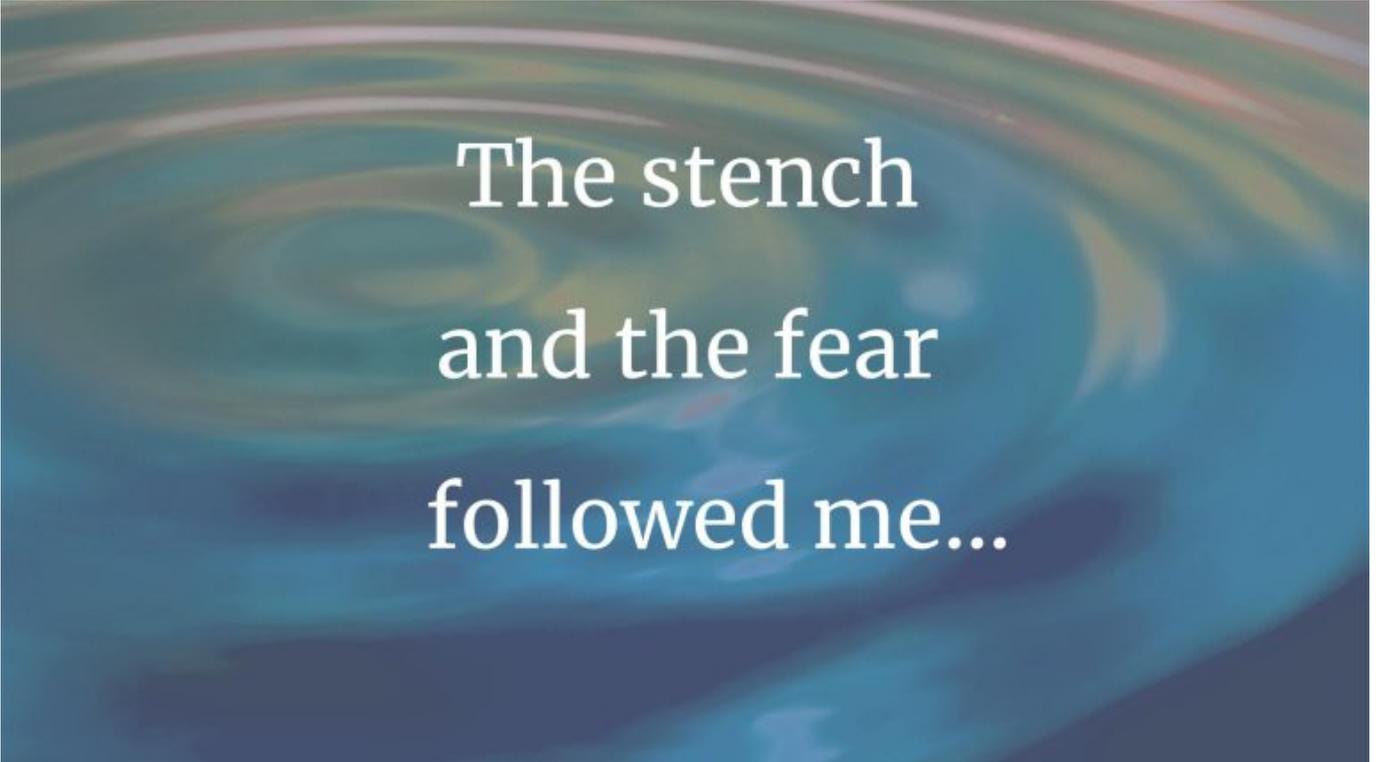


Burnt

Category: Stories

written by Maureen Hirthler | January 26, 2024



The stench and the fear followed me...

You never forget the smell of charred human flesh. It permeates your skin, your hair, your nose and your mind. It never leaves. You may try to describe it, but there is no equivalent. Not barbecue, not melted plastic, not wood; the smell of the flesh of a once-living human being stands on its own. Even after thirty years, my mind holds the smell in its broken places.

They said it was a Molotov cocktail thrown into the house because of a drug deal gone bad. The man who was the target jumped out a window and left his girlfriend and children behind. The fire consumed everything.

The five victims arrived in the emergency department where I was one of two attending physicians. Four were unidentifiable, hunched over in pugilistic positions as if fighting death. One, a girl of about seven, was alive, with second and third-degree burns over her entire body. My team and I tried to save her.

Have you ever tried to intubate a burned face? The blackened skin flakes, or the pinkish skin slides off wherever you rest your hands. Pink flesh oozes, but white skin that feels like leather is worse: a third-degree burn that has destroyed every layer of the skin. Placing the needles used to start central IV lines, we had to use force to break through the skin. To find the urethra for the Foley catheter, we had to use feel alone.

We failed to save her, of course. Honestly, we didn't try all that hard, knowing that she had little chance of survival. But she was a child and had come to us alive. It wasn't our choice to make.

It was time to notify the family. I entered, alone, a large room filled with family and friends, all people of color. An elderly woman, clearly the matriarch, sat on a chair amid the crowd. I knelt in front of her and held her hands.

"I'm so sorry," I said. "We weren't able to save your daughter and grandchildren."

I didn't see it coming, the foot that kicked me hard in the chest. The dead woman's distraught sister, unable to contain her suffering, had lashed out. On my back, I crab-crawled to the door, where a security guard, drawn by the cacophony of grief, pulled me to safety.

Back in the ED, it was as if nothing had ever happened. I approached the department director, who had come in for the trauma alert.

"I think I need a physical exam," I said.

"Why? It's busy, and I need you back at work."

"I've got a shoeprint on my chest, and the arm I used to protect my face is getting a nasty bruise. You know I'm on blood thinners. And I'll need documentation for the police report."

"What police report?"

"The one I'm making for assault."

He snorted and turned away. "Fine. Do what you want."

The exam was brief, and I never even thought to ask for a chest X-ray to check for bleeding around my heart. I just wanted out of the ED.

I was expected to finish my shift, even though another physician and a physician's assistant were there—but over the rest of that shift, I began to come undone. I couldn't think clearly about the patients; I felt anxious and shaky. Throughout the remainder of that night, it was as if I were sleepwalking.

I don't know how I made the hour-long drive home in the morning. I shampooed, scrubbed, and snorted water, but that smell of burning flesh clung to my pores. After a few stiff drinks—the only way I could imagine to ease the panicky feeling in my body—I got a few restless hours of sleep. I suspected that I had another shift that night, but couldn't be certain. I was on autopilot: home, sleep, eat, work.

After less than four hours of sleep, the assistant director called.

"How are you feeling?" he asked.

"Tired and sore."

"Well, are you coming to work tonight? It would be difficult to find someone

to replace you at the last minute. A real imposition.”

Amid the remaining stench, something inside of me broke into pieces.

Of course I went to work. That’s what we’re expected to do.

The director called the next day, once again interrupting my fitful sleep.

“The hospital doesn’t want you to press charges,” he said. “It’s bad publicity; they say it’s cultural and don’t want to offend anyone. Of course, I’ll support you, but there’s a lot of pressure on me.”

“The hospital’s statement is racist,” I said. “I know of no culture that supports assault. I’m doing it.”

The pressure relented, but the pull on my sanity remained. Eventually, the DA and I agreed on a modest fine for the woman.

Later, mulling over the hospital’s response, I began to think that I’d missed something. *Wasn’t this a big deal? Shouldn’t they have offered me some trauma counseling?*

From their point of view, I realized, the answer was no. An incinerated child and an assault simply affected business; my personal well-being was irrelevant.

Meanwhile, the stench was always there in the back of my mind. I began to shake whenever I reached the entrance of the ED. I could barely step into a room with two other people before feeling the walls close in, and my reaction to people of color was an aversion so strong that it took all of my courage even to say hello. I was mean and angry to everyone—colleagues, staff and patients. I drank. I sought counseling on my own, but my work hours interfered, and for financial reasons, I couldn’t cut back on them.

The stench and the fear followed me from job to job for twenty years. Miserable in a career I’d once loved, I was the “disruptive” physician. I was fired, hired and fired again until I couldn’t do it anymore.

Was I simply a mean and difficult person? No: I had PTSD, which back in the early Nineties was often viewed as not an actual syndrome.

I never returned to clinical work. Instead, I went to graduate school for a master’s degree in creative writing and found relief in bottles of white wine. Then, in 2016, my beloved father—my rock, my strength—passed away.

I taught for two years at the local medical school, but I was drinking steadily by then. By the time I found sobriety, the administration and I had mutually agreed that the job was no longer mine.

I approached my doctor for help, and he arranged for a respected therapist to see me. A psychiatrist adjusted the antidepressant medications I had been taking for most of my life.

As an atheist, I was not comfortable with Alcoholics Anonymous. A friend introduced me to Buddhist Recovery, and I found a spiritual home and became a serious student of the dharma.

But it wasn't until I put this story—the whole story—on paper that I felt healing begin.

Was my PTSD related to the dead children? The uselessness of their deaths caused by the drug culture? The physical assault?

I don't believe so.

My PTSD stemmed from those moments without compassion from my physician colleagues. From the avarice of the hospital. From my ingrained training to ignore the needs of my body and mind. From my belief that I deserved that sort of treatment.

That is the odor I still carry, although it's fading. I know now that I deserved, and deserve, to be treated with understanding and compassion. I realize that I don't need anyone's permission or approval to take care of myself, and that I have a right to say, "No, this is not an acceptable way to treat me."

In writing this reflection, I found a freedom from suffering that I never expected.