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FROM THE INSIDE

Healing ourselves

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It started off like any other code blue at 3 a.m. The silence of the night broken by the unpleasant beep of the pager declaring cardiac arrest. Bleary-eyed I walk into a crowded room of the Surgical Intensive Care Unit. The scene was one of organized chaos. People pounding on the patient's chest, the respiratory therapist bagging through an existing tracheostomy tube, and orders flying through the air. Being the attending physician I took a quick stock of the situation. The patient was an unfortunate 36-year-old victim of an intracranial bleed who was admitted 1 month back with severe brain injury. He had survived the initial insult with significant residual neurological deficits and a tracheostomy. The cardiac arrest was sudden, with no obvious precipitating factors. Catecholamines, electricity, and multiple rounds of Advanced Cardiac Life Support continued, but there was no evidence of any return of circulation. Things were not looking promising at all. One hour into the code we realized the futility of our efforts and decided to call it off.

This meant the loss of a 36-year-old under my watch. More importantly, this meant the loss of a 36-year-old loving father of three bright kids. I was shaken, distraught; so were the nurses who were taking care of him. For them it was the loss of a family member. Through multiple family visits, hours at the bedside, early morning phone calls, and interactions they had adopted his family as their own. A bright collage of his family members peeked at us through this hour-long struggle.

One might think that having seen such events time and again we might become numb—but that is clearly not the case. No sooner did we decide to terminate our resuscitative efforts that I came across a flurry of questions from a couple of teary-eyed nurses, "Did I do anything wrong? Could I have done anything differently? Could I have picked up something which could have prevented this? What did we miss?". Doubts and second guesses filled their voices. I did not know how to answer. Clearly every single member had gone above and beyond their duties to provide the best possible care. My clinical judgment replied "I do not think so"—but the question kept lingering in my mind for days. Why so?

There is more to medicine than just anatomy, pathophysiology, and pharmacology. The actual practice of medicine teaches us to be analytical and somewhat dispassionate. Being somewhat dispassionate helps avoid emotional paralysis while making split-second judgments. The ability to make objective, unclouded decisions entails some amount of transient disengagement. This is sometimes referred to as the dehumanizing aspect of medicine. We caregivers often attempt to erect barriers in our hearts in the heat of the moment to dodge our despair over what might seem to be a futile struggle. To focus and not be overcome by emotions. I wonder if this is true disengagement. Are we really able to erect opaque barriers and be purely objective? Probably not. Being human first, our cognition and actions are invariably influenced by our emotions. This prompts us to introspect long after such an event, despite knowing that we had given our collective best effort. This is what makes us look at a 36-year-old critically ill man as a dad of three than just another patient. We feel sad, overwhelmed and powerless in the face of adverse events—sometimes these feelings are transient, whereas some other times these are longer lasting.

These emotional rollercoasters are played out with the greatest vividness and frequency in the intensive care units. The extreme acuity and abrupt changes in clinical situation make intensive care units the most fertile grounds for such upheavals. We come to realize that we shall win most battles, but also lose some. Losses hit close to our hearts and we perseverate. The only way to get out of this feeling of helplessness and emerge stronger is to

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give each other a shoulder to lean upon and help each other heal. To bounce back and give our best. This we must do expeditiously because the next code blue might be lurking around the corner.

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