Breathe

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“I’m not ready for my child to die,” says the father.

He is at the bedside watching his daughter, Stephanie. Not daring to look away. Her spiky hair is matted down around the sides of her head. She is a thin 35-year-old woman with an unrelenting turquoise gaze. Blood-filled catheters extend from her neck to the artificial lung: extracorporeal membrane oxygenation, or simply, “ECMO.”

I am a third-year medical student inclined towards medicine. I learn that Stephanie has been told three times she would receive new lungs, only to learn each time the organs are not “good enough.”

“I’m sorry,” the attending surgeon remarks to the daughter and father, “Those lungs would have been yours.”

My attending and I leave the room. “Not many survive on ECMO for longer than a month,” he says.

For Stephanie, this is somehow month three.

I visit Stephanie every morning. Every morning is the same. She never has any questions. She is always “fine.”

On the last day of my rotation, my resident receives a phone call. Another set of lungs is available for Stephanie. “Wrap up your notes and be ready at 0545,” she says. It takes a few moments of staring at her idiotically to comprehend the implications of “being ready.”

I make my way to Stephanie’s room. “Good morning,” I blurt out, “I have to be quick this morning but want you to know there is another pair of lungs.”

“As there always seem to be. So many lungs.” She is groggy this morning. “And none of them any good.” Perhaps not so groggy.

“Maybe fourth’s time the charm?” I say. No reply.

At 0545 I meet the surgeon at the main entrance. He is stocky and weary-eyed. There is barely time for pleasantries as we rush into the waiting ambulance.

“How much experience with these have you had?” he says as the ambulance speeds towards the airport.

“Uh, none sir.”

“Ah, are you an intern?”

How badly I want to say that I am at least an intern.

“No, sir. Third-year medical student.”

“Not to worry. You should read about the steps of extracting the lungs. Ask any questions you may have. You will be first assist.”

This does not happen to third-year medical students.

My mind quickly goes to Stephanie and her father waiting for a fourth verdict. I bring up the relevant details to review as we pull into the airport and straight to a small plane.

“So what do you know about our patient?” The surgeon breaks the silence now thousands of feet above land.

Primary pulmonary hypertension. A narrowing of the blood vessels within the lungs that is, without transplant, a death sentence. Since Stephanie has gotten worse on all of the standard medications and requires ECMO, transplant is her only option. She has inherited the disease from her father who is dying, slowly, of the same process. He also awaits transplantation.

We land and are whisked away by another ambulance. I find myself within the bowels of a new hospital. We navigate to the enclave of the operating rooms. Surgeons have flown in from other institutions, too.

The donor is a young woman left brain dead following a motor vehicle accident. The teams will harvest her heart, lungs, and intestine to benefit two others besides Stephanie.

The plan is to start on the bowel while the cardiac team prepares and extracts the heart. After this, the surgeon and I will step to the table and extract both lungs.

We enter the operating theatre.

Three operating rooms in one, I think. A half-dozen nurses. Four instrument stands. Six surgeons. The woman on the operating table, brain dead. A renewed life for so many at the expense of her family left behind.

The surgeon nudges me. "We are about to start our part. Please be ready to take over on the opposite side of me as soon as the heart goes," he says.

The heart goes. We are up.

The chest cavity is quickly filling with blood, making it difficult to visualize the lungs. "Suction! Retract!" The commands break me from my momentary hesitation.

The surgeon dissects planes I cannot see and maneuvers deftly around the anatomy I studied in books and in the cadaver lab. He does not speak. He guides me with his hands while not skipping a beat of his own. The lungs are free. There is a nod from him in my direction. *They are good enough*. I am pulling out and preserving both lungs as directed. Saline. Wrap. Ice.

The clock to get them into Stephanie starts. Six to eight hours. The gold standard from out of one person into another.

The way back produces no conversation. The sun sets as we land back home.

The next I see her is on the operating table, chest split open with one lung already removed. I carry in the blue and white plastic container.

This next operation is conducted between the surgeons.

Fourteen hours later I help wheel Stephanie to the PACU.

Sixteen hours later I leave the hospital bathing in the warmth of the sun.

Seventeen hours later I fall asleep.

The next day I rotate off to another service.

One hundred twenty-eight hours later, I catch a glimpse of Stephanie and her father as I pass their room. I slow down.

They are holding hands. She is laughing.

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