

2012 EAST Oriens Award – This is Why I want a Career in Trauma
Winning Essay
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My path toward a career in trauma initially took a fairly conventional route – I went into my general surgery residency with designs on not only becoming a general surgeon, but also becoming a “doctor” and having involvement in all aspects of my patients’ care. During residency the trauma ICU provided this opportunity – to address all the needs of critically ill patients. My rotations as both a junior and senior resident on the trauma service were exciting and enjoyable. I found the work rewarding, and often felt as though I “made a difference”. However, I was just as happy tackling whatever my next rotation had to offer as well, and therefore only gave a cursory look into trauma as a career. I was perfectly content to enter the working world (and in my case the US Navy) as a well-trained broadly-practicing general surgeon.

After starting my military commitment, pursuing fellowship training in any field fell completely off my radar. I was enjoying my practice, my partners, and most importantly the newly discovered free time with my family. My life received a jolt when only a year out of training I was given orders to deploy to Afghanistan in support of the US Marine Corps. I was assigned as the first American surgeon at the busiest combat hospital in theater and found myself pushed both technically and emotionally; on a daily basis I was caring for the most severely wounded patients I had ever encountered. Though taxing, this environment brought out my best – my love for my profession increased dramatically and the lethargy that I felt I was falling into in my daily practice was lifted.

My true life-changing event occurred in spring, 2009. A young US Marine, who voluntarily left his family behind to serve his country, was critically injured by an improvised explosive device while on foot patrol in Southern Afghanistan. The explosion killed one of his friends instantly and left him in a peri-arrest state. His evacuation was then delayed due to a concurrent ambush, one in which I would later find out he played the vital role in repelling until physically unable to return fire. Despite emergent thoracotomy, laparotomy, vascular control and aggressive resuscitation, we were unable to save his life. While moving from chest to abdomen and attempting to staunch blood loss, I knew he had presented too late in the process for a reasonable chance of survival. But at the same time I vividly remember thinking to myself, “his mom would want to know that we did everything we could for him.”

This opportunity to take care of those who serve our country lead me to volunteer for another deployment in Afghanistan not long after returning home. This decision was a great personal sacrifice as my wife and I were expecting our first child. We both decided, as difficult as it was to be separated, that our sacrifice paled in comparison to those made by the men and women who are out walking patrols through IED-infested terrain and truly risking their lives daily. And, though certainly an over-estimation of my own capabilities, I felt like I could make a difference for them. While deployed, I received an email from a friend who was with me during my first tour. He forwarded an article which noted that the Marine who we had gone through such futile efforts to get home to his mom had posthumously been awarded the Navy Cross for his efforts. I was asked if I still remembered him and what happened. Not only do I still remember him, but not a week goes by that I don’t still think about the events of that day and what I could have done differently. And it is this event, and unfortunately countless other similar experiences I had while deployed, that has galvanized my desire to pursue a career in trauma, a field where I still think I can make a difference.