



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

2017 Oriens Resident Winning Essay
Ashley B. Hink, MD, MPH

Dear Jane Doe,

You don't know this, but you changed the trajectory of my life the day you swerved into oncoming traffic – the day your life also changed, and the day your unborn child lost the chance to enter the world. You entered the trauma bay in PEA arrest, and I thought you were going to die. The rhythm of your heart became recognizable after your pneumothorax was decompressed and your pulse became palpable, but your abdomen swelled with blood. I was there in the operating room where your liver was packed and mesenteric injuries were repaired, and by your side when you came back to the ICU where your abdomen was open for the world to see. I fixed the laceration on your face and placed my first central line in your left subclavian vein. I was there when the obstetrics team confirmed the loss of your child, and I took your hand as if you could hear the news. Your abdomen was soon closed as you stabilized, surviving the insult that almost stole your life. I was lucky enough to walk by the day we weaned your sedation and you woke to the world, proving your lungs could fill with sustaining volumes. You waved me over, wide-eyed and unexpectedly lucid, pointing to your endotracheal tube. I said “soon” and that you were strong. A tear rolled down your cheek and after motioning for a pen, you wrote on a torn piece of paper, “Thank you.”

We never got to speak as I moved on to my next rotation a state away, but I was OK with that. I realized I did not need to *know* you to care about you. I cared about you nonetheless without hearing your voice or the intimate details of your life beyond the loving insight from your family, or having the traditional physician-patient relationship that I previously thought defined our job. Everything I thought I knew about what it meant to be a physician changed. Whatever doubt I had about my future was gone – I wanted to become a trauma surgeon, and you were a part of that. And what I learned from you and others is why four years later I still want to be one.

When I encounter patients in the trauma bay, they are like you once were, a blank slate, a person in need of care. I see their vitals on the monitor, I hear their voice, hear their breath sounds and feel their pulses – or I don't, and I act. They usually don't come with a referral or a stack of paperwork to piece together their stories. It's my job to figure it out. I don't care about their insurance status, employment, religion or political affiliations. In this moment it doesn't matter. It doesn't matter to me if they were injured in an act of deviance or illegal activity, or victims of such. For now I'm just their doctor and I'm here to take care of them.

Is there any other specialty that a physician gets to say that so purely? We get to be doctors, for you, for everyone. And once their acute surgical and medical needs are met, I will be their advocate for recovery and safety. I will get them the help they need for substance abuse or mental illness, or to leave abusive partners or a seemingly inescapable world of gang violence. They may accept the help, they may not. I will get them home or to a place they can recover, or perhaps I will protect their organs for that of another and help them die in the dignified way they desired. And I'll say I'm sorry I couldn't do more.

So, Jane, not only was I intrigued to be by your side through your resuscitation, operative interventions and critical care, you taught me that perhaps the most amazing part of being a trauma surgeon is that for moments in time, I just get to be a doctor to anyone who comes my way, and sometimes save them, heal them and maybe help them change their lives. Or, I will be there to help them die in peace, both of which are honors beyond description. I will tell each one, I'm going to take care of you. It is that simple.

Jane, *thank you*.