

2014 EAST Oriens Award – This is Why I Want a Career in Trauma
Fellow Winning Essay
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“Dad! I need help. I can’t get this bolt loose. Can you start it for me?” It was one of those hot, dry southern California days and my sister and I were tired, sweaty and wondering why in the world we got stuck with the parents who made their kids work all summer instead of hang out at the pool. It was nearing noon and we had already cleaned the shop, raked the yard and helped my dad set an engine. Now, we were up against our actual job for the day—removing a transmission from an old Chevy truck. Things had been going really well. We had already set up the jackstands, drained the oil, disconnected the driveshaft, loosened the transmission lines, removed the torque converter bolts, disconnected the starter and taken down the cross-bridge. We were feeling proud of ourselves and were even starting to secretly gloat that we were going to be done before my dad and little brother finished their job. And then at the height of our pride, the last bell housing bolt would not come loose despite our best efforts. Defeated, after several minutes of spraying WD-40, banging on the bolt with a hammer and about a dozen prayers, we decided we would ask Dad for help.

“I can’t help you right now” he said. “If the bolt won’t come out, then talk to it, maybe it will come out then. Call me when you are ready to drop the transmission” he added matter-of-factly. Annoyed, my sister and I once again began our war on this bolt. We tried all of our previous tricks, but this time we added an additional extension and used a “cheater pipe” and the bolt came loose! We earned some bragging rights that day, but more importantly we learned about perseverance, humility, teamwork and creative thinking. I have often remembered that day while standing at the foot of the bed of a badly injured trauma patient wondering whether our resuscitative efforts would prevail and save a life. “Remember how hard today was and how you thought you could not do this” my dad said, “because one day you might be asked to do the impossible with nothing”.

Trauma and acute care surgeons are often asked to do the impossible with nothing. They are the last general surgeons standing at academic medical centers. They are called to manage patients who arrive with two surgical “airways” following severe facial trauma after a crash. They are called to explore abdomens riddled with bullets and those riddled with fecal contamination. They are called to treat healthy 20 year olds with appendicitis and aging patients on chronic steroids with ischemic colons. They are called to think quickly and make split second decisions that carry the consequences of life or death. I find this simultaneously terrifying and exhilarating. I cannot resist listening in to patient presentations that begin with “a hypotensive patient, intubated in the field”.

Cynics might say this is a transient feeling in a budding surgeon chasing the adrenaline rush of a big, bloody case, but I think not. This attraction to trauma surgery comes from something within me. It comes from the courage and bravery that my mother demonstrated as a 13 year old girl leaving her family behind and moving to a new country. It comes from the faith and conviction that my father had in forcing us to learn to fix things ourselves because he knew that it would matter one day. As a medical student, I recall feeling consternation at the nagging feeling that drew me to surgery, even though I had been certain I would choose a different career path. At that time, I became convinced that my life experiences were silently preparing me for a career in surgery and now I know that more specifically, those experiences were preparing me for a career in trauma surgery.

I want to be a trauma surgeon because when I go home at night cursing the lack of an antidote for Pradaxa, crying about the injustice of a young triathlete losing her life from a stupid fall during a race or wondering whether young men in the city will ever stop killing each other, I still want to come back to work the next day because I know that despite all those perceived failures and sorrows, there are enough intermittent rewards to keep me hooked. There is nothing in the world like losing a patient in the morning

and being greeted in the afternoon by the toothless smile of an ornery octogenarian standing for the first time after weeks of respiratory failure. There is nothing in the world like being hugged and sincerely thanked by a family for caring for their loved one. There is nothing in the world like being a trauma surgeon.