EAST Oriens Award: Why I want a career in trauma and acute care surgery

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ABSTRACT: The opportunity to compose this essay for the Eastern Association for the Surgery Trauma’s Oriens Award has been the most terrific privilege of my training thus far. This award gave my passion a voice. It helped me better understand myself and my need to be a part of this world, this universe that selflessly dedicates every moment of themselves to the care of the critically ill and injured patient. I found every single past Oriens Essay and Keynote Address is a testament to the pure resilience, strength, and grit necessary to embody the calm and collected exterior of the internally screaming trauma surgeon. To me, this award, and all the previous essays, represents the genuine passion of this community and its continued support of each other. As I continue to process the honor of being selected for this prestigious award, I would like to thank my peers, mentors, and the entire trauma community for your perpetual inspiration and education. Your success and timeless dedication to the evolution of this field simply fascinates me. In preparing to join this society, it is my hope that some of these words may inspire, in an effort to reprise my mentors and truly thank you for selecting my essay for this year’s award. (J Trauma Acute Care Surg. 2021;91: 21–22. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.)

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Statistically, my journey through medicine and surgery was never supposed to overcome the odds, but I was raised by a single parent of five children who taught us we could get anywhere on our own two feet. Being the first physician in my family, I learned about surgery through Discovery Health. The moment I saw “Trauma: Life in the ER,” I was overcome with an immediate sense that “I had found my people.” The calm control of the trauma team working in synchrony captivated me. Even in loss, their ballad gave hope to the hopeless, strength to the weak, and inspiration to the dedicated but at times, defeated, team. And that was it; I was hooked. I was determined to dedicate my life to learning this art; this majestic honor to truly witness life, to witness truth. For we are all equally mortal and the only true representation of humanity is through the care we provide for each other. And I remain humbled every moment of everyday I have the privilege to partake in this field.

My first opportunity to see the world of medicine in real-time was as an emergency medical technician. It was in that capacity that I learned that nothing is black and white and that functioning in an emergency was definitely not as easy as it appeared on television. Experience eventually overcomes the learning curve of digesting an environment so deeply debilitated. You focus on obtaining the peripheral IV in the patient overdosed on his toddler’s bed, not how the blue of his lips matches the Thomas the Tank Engine sheets. By witnessing the strain of socioeconomic effects on an individual’s healthcare, I quickly learned of the systemically toxic effects of stress on not only an individual, but his family. Through my surgical training, it became more and more clear to me that our trauma patients represent America’s forgotten society; a symptom of an etiology that remains undiagnosed, much less cured.

Then came fellowship, where a deeply disturbing level of violence in our country was unveiled. A woman presented dead on arrival after being shot in the back, driving through traffic. A woman presented dead on arrival after being shot in the neck, driving through traffic. A 30-year-old man presented dead on arrival after being shot in the head by his cousin. A 55-year-old presented after being shot in the head helping a stranger push a stalled car to a gas station. A 12-year-old arrived dead on arrival after being shot in the chest over an unreturned fishing pole. A 17-year-old female arrived in her pajamas, shot multiple times in the arm and chest after someone randomly shot into the stalled car of a gas station. A 12-year-old arrived dead on arrival after being shot in the back, driving through traffic. A 55-year-old presented dead on arrival after being shot in the head.

When I think about all of the gunshot wound victims I have seen, I think about all of those gunshot wound victims...
I have not seen. Injuries that stole time, never giving them a chance. What have these families seen? How do we resist societal complacency with this violence? I believe our patients and their families need to understand that there is no explanation for deforming or mortal injury. In defining a senseless and unnecessary tragedy, these teachable moments may hopefully quell the anger that will inevitably surge inside them. It is the depth of this loss that is the narrative of perpetual violence. As trauma surgeons, we are at the forefront of change. Trauma care is the catalyst to reform disparities in health, violence and injury prevention. It is essential for humanity that we not only be this change, but inspire it.

It is those who see life evaporate every single day that should have the loudest voices. I believe it is the responsibility of trauma surgeons to use their careers as a platform to fight violence and that the education of our patients is our greatest tool. We need to support our communities in rising above the violence and awaken them to the ability to choose their actions, not be chosen by them. It is this fundamental human connection that drives me to the field of trauma and acute care surgery. It is the need for our patients to know that we are here and we want to help. It is the unified message that life is a gift, and it matters. I want a career in trauma and acute care surgery because being able to affect just one life for the better would be the greatest honor of my lifetime.

DISCLOSURE
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