

Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

2021 Oriens Honorable Mention Essay Jacob B. Schriner, MD

What sticks in my mind the most about that night is not the eight and a half minutes it took to get him from the ambulance bay doors to the operating room, red stain blooming across his white shirt like a violent algae. It is not simultaneously trying to treat his older brother in the next bay as he fought with us, begging us to leave him so we could focus on his younger brother, whose soul he heard leave his body after they were showered with stray bullets from the drive-by. It is not the memory of opening the boy's chest, exposing his heart to the world and massaging it with gloved hands as blood sacrificed from others' veins mixed with his own, pooling in his mangled pelvis. What aches in my mind most is the single sigh, surrounded on either side by a crushing silence, that escaped my attending's lips as he stood outside the room where that boy's mother waited. Inside was a woman holding her breath, head bowed in silent prayer that we were not about to give her the only news a mother should never hear: Your son is dead. We did everything we could, but it wasn't enough. The injuries were just too severe to overcome.

My attending's stubble shone against his skin; it looked somehow grayer than when we rounded earlier that morning. His shoulders slumped in his rumpled white coat; his rubber clogs still smelled of the alcohol he used to wipe off the blood that moments before had been coursing through her son's beating heart. But that was before. The dozens of people who had touched her son in the interim had moved on to treating other patients, assisting in other surgeries. It was just my attending now, and the terrible honor was his alone to bear. My memory becomes fuzzy then, hot and salty like the tears that stung my eyes. I don't remember much else until several hours later as I drove home, physically and mentally exhausted from my sleepless 24-hour shift, when I called my parents and wept in traffic.

When the tears dried and the fog of exhaustion had been beaten back by a few hours of sleep, I was surprised by how I felt. On the drive home from work I couldn't imagine doing it all again the next day, but when I awoke the first thing I wanted to do was thank my attending. We hadn't really spoken about the night in the aftermath. Later in the night, I brought him an apple juice and asked if he was okay. He gave a wane smile and said yes, but his eyes told a different story. His eyes - and his sigh - told me that he was hurting, like he had hurt hundreds of times before, and I wanted to thank him for showing me that.

Through his strength and his empathy he showed me that hardest and most important part of trauma surgery isn't any technical skill; it's being there for patients and family members when they are at their most vulnerable. Sure, the skillset it takes to think and act quickly in times of crisis is important. And working with a team individually composed of everyone from nurses to scrub techs to social workers that come together to accomplish something bigger than any one person could do on their own is inspiring. But none of that is unique to trauma, and that night taught me it's not the most important part of being a trauma surgeon. The sublime importance of trauma comes with the sacred privilege of being with someone who is suddenly more scared and vulnerable than they have ever been or will be in their life. It is the life-changing conversations you have with family members. It is holding someone's hand as your heart breaks for them, wondering how your own heart can break yet again.

My pain eased at this insight, and I realized I wanted to be able to be there for people at their most threatened. I'm not sure if he realizes it, but with that pause before talking to our patient's mother, my attending changed more than just her life that night. I will never forget that sigh, or that night, for the rest of my life.