



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

2022 Oriens Resident Winning Essay
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During the summer of my sophomore year of college, my family learned that my dad was diagnosed with Amyotrophic Lateral Sclerosis. This was a horrifying terminal diagnosis for what appeared to be a perfectly healthy, 45-year old man. The trauma associated with this disease was progressive and constant. We first mourned the diagnosis, then we mourned each successive loss of movement my father developed. When he couldn't move his arms, I grieved the loss of his hugs. When he could no longer speak, I grieved the loss of being able to call him. My family could not afford home care and my mother worked full time, so I decided to take a year off after college to help take care of my dad. When it came time to start medical school a year later, I felt immense guilt being hours away and unable to help. We eventually transitioned my father to a local nursing home, because the burden of caring for him at home had brought my mom to a point of complete mental breakdown.

While my dad was in the nursing home for the following year, I would often make the long commute home to visit with him. I spent the entire school year isolated from my peers and spending my free time with my family. When it came time for my Step 1 licensing examination, I knew the ongoing stress of seeing him suffering would not allow me the sound mind I needed to study properly. I took a break from commuting home, and I promised my dad I would see him again after my exam. Sadly, I received a call from the nursing home, just one week before my exam, letting me know my dad had passed away, alone. My promise to see him after my exam was never fulfilled.

A week later, I managed to take my examination. I took no time off and went directly into clinical clerkships. As clerkships started, I would find myself thinking about the past agonizing five years enduring my dad's illness. My family had been changed forever, and my mom remained in a state of perpetual trauma. How could I join a profession that provided families with such hopeless diagnoses? When I stumbled upon my Trauma Surgery rotation later that winter, I witnessed families experiencing a very familiar grief. Though theirs was most often due to a sudden and unexpected event, compared to the slow and progressive grief my family experienced, the shock and sadness appeared the same. But what was different, was the ability of the Trauma Surgeon to intervene and change the course of the outcome. This was the key finding that I had been searching for throughout my clerkship rotations. I wanted to be able to make the life-saving differences, just like the Trauma Surgeon—the kind of difference that I couldn't provide for my own family.

I took my newly found interest in Trauma Surgery very seriously, and I stepped into my next role as a General Surgery resident with the hope that I, too, could make a difference. One particular patient encounter during my first day in the Surgical Intensive Care Unit completely solidified my decision to pursue Trauma Surgery. This previously healthy gentleman, similar in age to my dad, had fallen from a ladder and fractured numerous ribs. When I met him in the ED, he had severe pain but was breathing just fine. I introduced myself and told him I'd be taking care of him that evening. As the night progressed, the patient became more and more exhausted with increasing difficulty breathing. He looked at me with fearful eyes—a scared look that gave me vivid memories of my dad struggling to breathe. I assured the patient that I would do everything I could to take care of him. He declined quickly that evening, suffering from complete respiratory collapse, eventually requiring ECMO support. I had called in his brother to come see him, as we were unsure if he would make it through the night. While giving an update to the patient's brother, he cried and hugged me, thanking me for my compassionate care. I assured him we would do everything we could to take care of him and his brother.

I spent every day of the entire month-long rotation caring for this patient, and I would quietly speak to him each morning, despite his being intubated and sedated. On the last day of my rotation, I went to say goodbye. To my utter surprise, he vigorously held my hand and opened his eyes. He looked at me and mouthed a very clear, "Thank You". I followed the patient's progress from afar the rest of the year. He eventually made it home to live independently, as he had been prior to his accident. After witnessing the chaos throughout the first month of his hospital admission, his being discharged was a miracle.

Taking care of this memorable patient has forever changed my outlook on my career in medicine. It confirmed that not all devastating diagnoses have to end poorly, and that I *can* be the difference that all patients and their families deserve. Unlike the promise to my dad, I am capable of upholding the promise of strong, compassionate care. I upheld the promise to my patient in the SICU, and I will be able to do the same for my future patients. Even though my own experience with my father's terminal diagnosis was devastating, it provided me with genuine empathy for my patients and their families. The opportunity to care for critically ill trauma patients is an honor I do not take lightly, and I am sure that my dad would be proud of me.