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

2023 Oriens Honorable Mention Essay
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I learned my first lesson in trauma surgery from a family physician – he also happened to by my father. When I was 14 years old, I watched my father perform an emergency tracheotomy on his own father, my grandfather. We were sitting around our dining room table eating steak when, as she always did, my grandmother told my grandfather to cut his meat into smaller pieces. He shrugged her off, as he always did. And then he choked. First, he clamored for his glass of water, then his body went limp as my father tried to Heimlich him, and then he crumbled to the floor, blue. My father straddled his chest and yelled for a knife, and then the knife was in his neck. He yelled for a straw. “We don’t have any straws!” yelled my mother, as she opened every cabinet in the kitchen. “A pen! I need a pen!” What had been a simple papermate on the desk became the vessel through which my father blew new life into my grandfather. One minute, he was alive and laughing. The next, he was dead and blue. And just as quickly, he was alive again, telling my father to get off his chest and bring him dessert. My grandfather was with us at our dining room table for eight more years. I’ve known for a long time that I wanted the chance to give other people those additional years with their loved ones, but I didn’t know how.

I learned my second lesson in trauma surgery from a chemist – she also happened to be my grandmother. Less than one month into my first year of medical school, my mother called to tell me that her mother was in the hospital after a heart attack. This was the same woman who, four years before at the age of 86, had broken her knee when she fell from a ladder while cleaning her windows, dragged herself to the phone to call 911, and then down the stairs and out to her front steps to wait for EMS. “Fiercely independent” doesn’t do her justice. My family assembled at the hospital as the cardiologist explained to her, again, that she needed to be transferred to another hospital so that they could place a stent and maximize her chance for recovery. She was at peace as she thanked them, again, and declined, again. She explained to her medical team and to us that this was her time to go. Her husband had passed away in that same hospital almost exactly 25 years before, and at that moment, she felt close to him. Her pain was controlled, she was surrounded by the people whom she loved and who loved her, and she was “ready to go.” I learned in that moment that “maximizing benefit” doesn’t look the same for everyone.

I learned my third lesson in trauma surgery from a trauma surgeon – we were not related. In the SICU as an intern, I admitted a man in his 80s with a subdural bleed after a fall. He could barely talk and his pain was becoming increasingly difficult to control. After the bleed stabilized, we spoke to his wife and daughter about the possibility of a procedure to relieve the pressure on his brain. After a long discussion, they asked that we manage him nonoperatively and we changed his code status to DNR/DNI. He passed away peacefully the next day as his wife and his daughter held his hands. I felt as though I had failed. My patient had died. I was not able to keep him alive. I could not shake that feeling of failure as I called the medical examiner. Shortly after I hung up the phone, I felt my attending’s hand on my shoulder. He explained that even when we feel that we have failed as clinicians, it is our responsibility to stand with and support our patients and their families. Two weeks later, I received a handwritten card from our patient’s wife thanking us for our patience and compassion and for how we helped her husband pass peacefully – the way he wanted to. This card sits on top of my desk so I will never forget this lesson.

I have had the privilege to watch trauma surgeons stand with their patients for eight years now, but I realize that I was drawn to the principles of trauma surgery long before I started medical school. I feel most useful when I am able to join patients and their families in their most difficult moments and help them to find peace and comfort where they can. Certain days, this means I literally get to stand next to my patients while they lie on the operating table and we do our best to fix their injuries. Others, I stand next to them figuratively as I support them in finding meaning in the time that they have left. I want to stand with my patients when they need it the most. As a trauma surgeon, I will do just that.