

Contributed by

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During the last week of my surgical internship, I was called to the emergency department at about 8:00 PM to assess a little girl who had been hit by an automobile on her way home from a Girl Scout meeting. She was alert, and although afraid, was not in much distress. With some encouragement, she began to relax and trustingly helped me in the assessment. It was quickly apparent that her abdomen was full of blood. Immediately I called for backup.

We were an excellent team and moved swiftly and calmly through the preparations for emergency surgery. I was assigned the role of staying with the patient to explain to her what was happening and to keep her calm. She never did seem to be in pain but expressed concern about missing school because of her accident. I told her about the teachers who came to the hospital to tutor the other children in the ward. By the time the surgical team was ready, she was looking forward to visits from all of her school friends while she was in the hospital! We talked and held hands as she was moved to the operating room and prepared for surgery. She was not afraid, and smiled shyly as she was anesthetized.

All of the best attending physicians were there, ready to work in

teams on her internal injuries and broken bones. It felt good to be part of the process. I was not prepared, however, for the peritoneum bulging with blood, or the severely lacerated liver and spleen, or the ruptured bowel. On her left side, we could not find landmarks. The diaphragm seemed to have disappeared, and we found a kidney high on the chest. I certainly was not prepared for her to die on the table in spite of our strenuous efforts. When it became obvious that we had lost, the chief asked me to go to the parents and prepare them for bad news. He gave me two specific instructions: to clean up (I was covered in blood), and to tell the child's parents that she was in very serious condition and that everything was being done to save her.

Her parents were nice, ordinary people, older than I had expected. She was their only child. They were grateful for our concern and hard work. They clung to my news that the best surgical team was working for their daughter.

Fortunately, the chief did not leave me alone with them too long. He did not have to say much. We somehow got through the next stage, and then I escaped to the physicians' lounge. I felt exhausted, and had unfocused anger and guilt that she had died in spite of all of our expertise and professionalism. I was not given the luxury of indulging my feelings, however, as there was a message from the emergency department that I had another patient.

In spite of my emotional turmoil, something about the atmosphere in the emergency department

focused my attention on this new patient. He was a moderately drunk young man with a laceration on his forehead. He looked like a happy drunk, not the type to turn belligerent or cause problems. The nurses usually humored this type, unless the patient became amorous, but around this young man, all of the staff were tense and tight-lipped. The two bulky policemen also seemed tense, as if ready to physically restrain the patient or to take more violent action. When they told me he was the driver who had hit my little patient, I was surprised to feel initially more pity than anger. I wished he could stay drunk to delay facing what he had done. I was probably just too exhausted to be angry, but I did physically recoil from tending to him. As I glanced down, I noticed blood on my shoes from the earlier surgery.

I was surprised when the chief nurse appeared at my side. She was a respected and feared figure to interns. It was highly unusual for her to assist with a minor laceration. Her presence dispersed the other staff and silenced the muttered hostilities. Initially, we worked in silence, but gradually slipped into talking to the patient to explain the procedure and to keep him calm. Finally, we checked him over carefully for any other injuries that could have been missed during the initial triage.

As we turned our patient over to the police, the chief nurse sighed and commented, "Always try to give extra care to the ones that disgust you. Even good physicians make mistakes when they get angry."

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