

ART IN MEDICINE

A Lost Son

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Last night I lost a 14-year-old boy. He was at a rock concert. In a fight behind the primary school, he was stabbed in the abdomen with a kitchen knife. No one knew what the fight was about.

Bobby never moved. He just lay there on the gurney while a dozen people buzzed over him, cutting off his Raiders jacket, suctioning out vomit, and connecting him to tubes. The room was packed with help, mostly men: two local police officers in tamarind-colored uniforms helping with CPR, two emergency department techs, three doctors, three RNs, a PA, and an RT. Bloody clothes covered a transverse hole in his belly just above the navel. Omentum and a bit of intestine were poking out.

During resuscitation, rescuers often talk to the victim, offering words of encouragement. We went way beyond talking and begged him to live: "Hold on Bobby . . . come on back . . . don't go out on us. . . ." It started with the officer doing chest compressions. He rhythmically pumped and pleaded. "Come on Bobby, come on back. Wake up. You're going to be OK. . . ." I knew three of the men in the room were Vietnam era medics and wondered about the *dejà vu* they were experiencing.

Because of frequent motor vehicle accidents, trauma codes in our small town are a sickeningly familiar drill—CPR, airway, lines, tubes, an IV smorgasbord. Equipment appeared before we asked for it. All the lines were in: five IVs, an endotracheal tube, nasogastric tube, and a Foley catheter. Three units of blood and five of Ringer's lactate. The police drove out on Code 3 to the closest two hospitals to collect O-negative blood. Every once in a while we had a rhythm on the monitor. There never was a pulse, never a spontaneous breath, never a pupillary response. We had played our entire hand in what seemed like a heart-beat.

Bobby's abdomen was grotesquely expanding. After 10 minutes of complete engagement and focus, the code room started to empty. Clearly, Bobby was losing. He was cold past his elbows, pale, and sad-looking under all that thumping. Had we done all we could?

"What we're doing isn't working," I said. "We're pumping fluids into this kid and we haven't gotten a response. If we're going to change anything, we have to stop the bleeding. We have to open him up." I expected an argument, or at least a discussion. Instead, as I looked from face to face, there were little nods and mouths drawn tight.

Nobody wants to do a laparotomy in the ED, but we had no choice. Our OR had closed down 15 years ago. Nobody wants to watch a 14-year-old boy die. I was not alone in thinking, "This could be my son." We had one dim chance. Maybe there was something we could reach to tie off. We didn't know the direction of the stab wound. Maybe the spleen was perforated and we could tie off the pedicle. The decision was made.

Submitted, revised, January 22, 1996.

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It took only a few minutes to find gloves, gowns, and whatever surgical supplies we had on hand. None of this was ideal; there were many missing tools we didn't have time to get. After a quick scrub, I opened his abdomen from the xiphoid to the pubis.

Blood and guts popped out. There were quarts of red blood and lemon-sized clots. We sucked, irrigated, packed, prodded, and finally discovered the track of the knife. A terrible irony emerged. The "stick" was perfect and deadly, starting just above the navel and pointed cephalad right into the aorta. There was no way to get at it. We didn't have the tools or the expertise for a thoracotomy and repair of the aorta. The little hole just under the liver and diaphragm oozed thin red liquid with each chest compression. Little life, if any, was left to flow out.

Did the murderer know how to kill someone? How would a boy know this? See it on TV? Read it in a comic book? Or did he just get in a random shot? I'm not sure why this seems important, but I still wonder about it. We called the code and closed Bobby up. A 14-year-old boy went out to see a show and never came back.

In the hospital chapel, Bobby's family was waiting, sitting on low wooden benches. A woman from administration went with me to help explain all that had happened. She was a minister's wife and well known in the community. Even though her presence was usually calming and I knew she could help the family with the news, nothing could blunt what they

were about to hear.

Fifteen family members and friends crowded the quiet room. Mostly they were kids in black clothes, with a few aunts, uncles, and cousins, and lastly, Bobby's dad. When I knew one of the parents was present, I could begin telling him what he had already guessed. "We tried everything we could, but we could not save him." The family rose abruptly, knocking over the benches in a thunderous crash. Tears and sobs came from the women and girls, tears and rage from the men and boys.

After the explosion of grief, I continued, numb. I tried to sketch out what we knew from the police and EMTs on the scene and then described the resuscitation in general terms. I told them about the hole in his aorta. After answering a few questions, I had nothing left to say except, "I am sorry for your loss."

I went home and told my son Matt that I loved him, then I got into the shower with my clothes on. Washing away the blood took a long time. When I got out I threw my shoes away.

I cried with Bobby's dad last night and a couple of times today on my own. It has been impossible to concentrate. I don't know how to get over this. Last night I lost a son.

NOTE: This story was first written as a letter to Melville Rosen, MD, the author's close friend and former mentor. It is dedicated to his memory.