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Gut Feelings

by Shawn Brown

Your heart was beating when you arrived on the cot from the ambulance. It had stopped when the paramedics were treating you, but it started again, surprisingly quickly. Your face was familiar. I thought at first that you worked in the department; you looked a bit like one of the social workers.

Every ER doctor has those moments. Those moments of fleeting panic when the call for a six-year-old drowning, a twenty-two-year-old overdose, or a sixty-five-year-old cardiac arrest comes over the radio, and we think to ourselves, where is my child/brother/mother tonight? Is it them? Our thoughts falter for a moment, though our feet do not. We continue our jobs without pause—walking, laughing, treating, caregiving—praying inside that when we look down in the resuscitation bay, it will not be the face of someone we love but cannot save looking back at us tonight. It is far easier to deal with death in anonymity. We hope never to be on the other side of the curtain, a member of the family and not the rescuer. When the ambulance rolls in and we see a face that does not belong to us, there is some deep, quivering part of us that has been caught up in fear that is suddenly released, even though we know now the grief belongs to someone else, and is no less terrible.

Your heart stopped again soon after you arrived. We did the things we always do, placed a breathing tube in your throat, did compressions. Your clothes—a pair of peach-colored satin pajamas like my grandmother would have worn— were cut open for access to put on the defibrillator pads. The nurses could not get an IV line started, so I ripped open the leg of those pajamas and drilled a line into the bone while my partner put a central line into your groin. While I slid another line to monitor your blood pressure into the artery on your wrist, I held your hand, its skin full, your arm just a little pudgy, the kind that would have given the best hugs. I suddenly realized why you looked familiar. I saw you as a patient yesterday.

The bounce-back is one of the most feared things for an ER doc: the patient who we discharge home, telling them all will be well now, and then they come back worse. What did I miss? Is this my fault? What else should I have done? What would another doctor have done differently, done better? Often, we review these charts with our colleagues and console each other: “There’s nothing. There’s no way you could have known. I would have done the same.”

Illness is sneaky and pervasive. It winds and hides and creeps until it gains purchase. Part of what sets my mind at ease is knowing—beyond doing my best for every patient with every encounter—that ultimately I am not in charge. There is a larger force at work, and this larger force will decide when a life ends, not me. ER doctors act as the goalies of the pearly gates, but no goalie ever blocks 100%. We slow it down, we deflect, every once in a while we make a grand save, but eventually, someone scores one over on us. It’s the team that wins or loses—the team of life experiences and choices, family, friends, care-takers, genetics, everything that sums up a life—but it’s the goalie who feels the punch of responsibility when the score goes through.

You had a blood clot in your lungs when I saw you last. You hadn’t been feeling well for a week: nausea, abdominal pain, chest heaviness, cough. I thought at first you had COVID, but the test was negative. The D-dimer, a screening test to help detect blood clots, came back positive, and I had sent you for a scan that showed a clot in the base of your lung. I thought you had a virus that predisposed you to the clot, something that could safely be treated at home with blood thinners.

The answer at this moment when you arrive back in the ER would be to say that your heart stopped today because you had a bigger clot, something that sailed free from wherever the first clot had come from in your leg or your pelvis, and got lodged in your pulmonary artery. It’s a classic board question, an expected complication. I asked for lytic medication, a “clot-buster” to help break up any blood clots in your body. The medicine has its dangers, bleeding being top amongst them, but if a clot was causing your heart to stop, there was really no other choice.

The pharmacist brought down the medication; it was unusual to order and dangerous to give, so they came in person, flustered by the walk with their white lab coat askew, to ensure there were no errors in the plan. As the nurse prepared to push it, I

stopped her, staring at you, at the monitor. There was no reason for stopping; it was logically the right step, but a tingling sense whispered that we needed to take you to the CT scanner first. When we got there, we looked at your brain and saw it: a subarachnoid hemorrhage, bright tendrils of blood coursing free inside your skull on the dull grey background of the computer images. You had an unknown aneurysm, living silently at the base of your brain, and it had burst.

Spidey-senses, intuition, gut feelings. Those are the difference between the science of medicine and its art. There are times when we veer off the beaten path, drop the algorithm and explore tangents that make the ultimate difference between discovering the truth and continued pain. Emergency Medicine is one of the most difficult areas to practice because you never know what a patient comes in with. The list of differential diagnoses goes on and on, and you have to choose, based on careful calculation and previous experience, the right path to head down. Sometimes that path surprises you. There's a saying in the ER world that we walk through minefields in clown shoes. Whole online forums are dedicated to discussing this, the phrase repeatedly making its appearance as we discuss—in a carefully anonymous fashion—surprising cases and events. Things are constantly popping up around us with potential horrendous consequences, and not every path leads us to the correct answer. It is by honing that sensation, that soft voice in the midst of yelling chaos, that we learn to develop our art.

Braindead. I had to say that word to your family. I hate to use it; it sounds cold and ugly. "Your mother is braindead." Your family was so lovely and kind. I could see the shock and frozen state on your daughter's face. She has young sons of her own, she must have known that she would have to be strong but in this moment she looked numb. The whole world was pulled out from under her. She was quiet, polite, understanding. She came back with her husband and children a little later to say goodbye before we removed you from life support. I wondered if her sons understood what was happening; they were so young. They cut locks of your hair to keep, the fluorescent lighting reflecting off the black strands in a way that made it seem almost blue, a hue that was reflected now in the tinge of your jaw, in the waxy skin that was devoid of the flush of blood and vitality.

Families react so differently to loss. People are detached, numb, disbelieving, enraged, distraught. I've always wondered if the way they react in that moment has more to do with who they lost, or who they are. Relationships are complex things to start with, but taking them to the level of extreme emotions surrounding death exposes a whole new side of humanity. I've had patients tell me I don't know anything (as if I would make up the idea that their loved one had died for fun), or throw a garbage can at me. After that, I learned to put security on standby when I went into the consultation room to deliver news like this. I've had old women, newly widowed, take my hand and thank me for doing all that I could, telling me they were sorry I had to go through that. The worst is the mothers, no matter if they are stoic or screaming or fainting. Telling a mother that her child is gone strikes deep in my heart. It feels contrary to the nature of things, where we are trained to know that one day our parents could be gone, but never our children. Could I survive the death of my own child? Of course I could. I see women survive it every day; survival is not a choice you make. The deep, soul-wrenching despair that would cause, though… even bearing witness to it a hundred times, it's still inconceivable. There are times when I don't mind thinking of the family later, visualizing their grief, sharing in that deeply human process. But not a mother's loss. I don't want to carry that energy with me. On some level, I think that energy sticks to you, and I don't want to envision my own children following that fate.

As they were walking out, I stopped your family and told them how kind you were. I remembered that from our visit two days ago. Relating that seemed to shake your daughter from her numb state, just for a moment. We had had a hard time finding IV access on you then, too, and you had been poked over and over again, bruises appearing garish on your thin, white skin. It was hours into what should have been a relatively quick stay, and minor things just kept going wrong. The labs were delayed, the CT scanner was backed up from traumas. You were calm and kind, understanding. You told me that I had my job to do, and you had yours, and right now yours was to sit and be patient. I appreciated that, your willingness to give grace, and wanted to pass it forward. I saw that same kindness in your daughter, your grandsons. They thanked me as they left, even though I couldn't save you, walking out of the ER doors into a world that will no longer have you in it. I hope you felt the love they had for you.

*In order to preserve confidentiality, stories involving patient encounters consist of an amalgam of different interactions compressed into an individual illustration. Minor details may be changed.

Shawn Brown is a physician, mother of three, and aspiring homesteader living on the shores of Lake Superior. She has recently returned to a love of writing as a way to explore the human experience. “Gut Feelings” is an excerpt from an ongoing project entitled “Letters to my Patients.”