MIND TO MIND
Creative writing that explores the abstract side of our profession and our lives

Carol Wiley Cassella, M.D., Editor

A Place to Stand

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Our job was to render her unconscious and insensate to the scraping within her body. Barely nineteen, Lisa had come to us to terminate a pregnancy. Now, she lay stiffly on the table, grasping her fingers so tightly that her nails left an imprint. I had placed a 16-gauge IV, our single point of access, and within minutes her fears, hopes and pains were entangled in tubes and wires. As I positioned the oxygen mask on her face, I was struck by the enormity of the responsibility we had.

I did not realize until then the extent to which anesthesiology could distill us to our vital functions. My hands made continual adjustments to the beating of her heart, the air in her lungs and the motions of her limbs. I began to see myself as her guardian, trying to anticipate and prepare for the worst.

On first impression, anesthesiology seemed at odds with what initially brought me to medicine. I had entered medical school focused on addressing healthcare disparities across ethnic and socioeconomic groups. For a child of an immigrant family from Sudan, struggling in New York City, healthcare was a luxury. On the rare occasion that we saw a doctor, we often went to free clinics that were understaffed and over-utilized and where the quality of care subsequently suffered. I later saw these same patterns of inequity on the wards of hospitals in Boston and in rural South African communities plagued with HIV. Through these experiences, I began to

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seek out ways to mitigate health disparities by optimizing the processes around healthcare delivery.

As a medical student, I had the opportunity to spend nearly a year in Rwanda helping to build surgical and anesthetic capacity at a rural district hospital. In my daily work with an anesthesiologist, I discovered a multifaceted practice that made it possible to integrate my clinical inclinations with my commitment to strengthening health systems. In the operating room, she showed us how to deliver general anesthetics with only a handful of options. In the clinic, we formulated pain regimens for patients for whom there were no longer any therapeutic options. In emergencies, her expertise enabled us to transform our operating room into a makeshift intensive care unit, where we took turns keeping vigil over our patients.

The anesthesiologist had a unique perspective, shaped by collaboration with providers at all levels, in every area of the hospital—a perspective that not only informed her clinical care but also allowed her to understand the system as a whole. I began to see myself in a similar role. I saw how anesthesiology offers an opportunity to address large-scale challenges while simultaneously being grounded in the aspects of clinical medicine that are most resonant for me.

As I brought Lisa back to consciousness, I felt this grounding first hand. When she emerged, she was bare and exposed in her humanity. "*Did it feel pain?*" She cried, eyes barely open, mouth dry. There were no barriers, no formalities of doctor and patient. I squeezed her hand and whispered, "*It's over now. It will be okay.*" In that moment of connection, even as we silently acknowledged what could not be resolved, these simple words eased some pain.

For me, anesthesiology feels like the practice of medicine in its purest form, focused almost entirely on the central questions of comfort and pain, life and death. At the same time, its versatility and breadth offer a unique perspective on and capacity to effect change in health systems in diverse contexts. In choosing anesthesia, I envision taking on the challenge of using the profession's versatility to shape a career in large-scale innovation, while remaining grounded in the role of the guardian through some of the most raw moments of human experience.