

# MIND TO MIND

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

*Stephen T. Harvey, M.D., Editor*

## **Down: Death through the Eyes of an Intern**

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I stood in the trauma bay of my hospital, watching snowflakes fall outside through the windows as we waited. A “red trauma”; gunshot wound to the head, per EMS radio. We always refer to the diagnosis, not the patient, at this stage when there is no person to know, and when the focus is just how to keep the diagnosis alive. Seeing as I did not have much to offer as a mere intern, I stood around twiddling my gloved thumbs, waiting for the gunshot to arrive. Since there were no diet orders to change or social workers to talk to, my minimal intern skills would prove useless in this trauma setting, so I would be able to take a step back and observe.

The gunshot came rolling through our trauma bay doors a few minutes later, paramedics ventilating him. The usual things happened: airway, IV, catheter, monitors. Maybe I should have been interested in learning how to resuscitate a patient, but I was more interested in the story the paramedics were telling: this man’s gunshot wound was self-inflicted. Apparently, this 70-something man’s wife recently died and a cemetery groundskeeper found him near her grave with a gun in his hand and a hole in his head.

As the physicians were shearing away the man’s coat, the down feathers inside burst forth and filled the air, billowing gently downwards, beautiful and grisly. I wondered if this was exactly how the snow was falling onto this man’s head as he stood at his wife’s grave and decided that he had nothing else in this world to live for. I wondered if his last thought was how beautiful the snow was. I wondered if he put the gun in his mouth first before deciding it might be better to put it against his temple. I wondered if the snow sizzled as it landed on the muzzle of the just-discharged gun. I wondered if he thought about his three adult children he left behind.

I just could not make sense of this. It was a mix of beauty, romance, disappointment, sadness, anger. A note was found in his pocket—not a suicide note, but one stating that he suffered from “heart problems and prostate cancer.” These were the least of his worries in his short life at our hospital. I felt relief when he finally did die, since that is all he wanted in the first place. Instead, he had to take a brief detour involving endotracheal

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tubes, bladder catheters, pressors, radiographic scans, and dozens of mouths whispering, “What a shame...”

I practice medicine in a time when, just as I start to forget about the last doctor that intentionally overdosed, I see a headline about the medical student who jumped from the window of a dorm, and I continue on my merry way through med school and residency because none of that is real to me. But this man was real. I shed some tears for this man because he deserved them. He was not a gunshot wound, but a forlorn man who lost the love of his life and promptly decided to end his. I sent out a text to my cointerns telling them that I appreciate all of them and suddenly felt extremely grateful for everything—for the diet orders that are never placed correctly, for the sleep deprivation, for my colleagues, for the privilege to experience stories like these, for life.