

Indexing Title: JGGuerra's Medical Anecdotal Report (04-09)

Title: "Taking RISK"

Date of Medical Observation: September, 2005

Narration:

It's already morning. It has been raining for the past few hours. The clock continued to tick indicating that my ER duty would soon end. It had been an unremarkable night. I already signed my name on the charts of an avalanche of detainees and a number of patients who acquired few minor cuts and bumps. Nothing special. A no-brainer.

Something was different with this morning atmosphere. Then it struck me. I felt an eerie momentary of silence sweeping over the ER complex- it was as if a deep breath was being garnered before splashing into a dive. A wave of panic then came next. A cascade of patients arrived one by one, creating a vast ripple over the tranquil emergency room. In between the harsh noise and ungraceful movements of strangers, I was able to make out the cause of this incident. A vehicular accident occurred between a public utility jeepney and a private owned automobile merely a few meters from this hospital.

The PA system was awakened early that day. A call for a code blue was then heard throughout the hospital.

Of all the victims, one particular patient stood out-a woman on her 27th week of pregnancy. Witnesses revealed she was the only passenger who was unlucky to have been thrown off the jeepney. Her seemingly lifeless body was immediately placed on one of the empty beds of the trauma department. Initial Glasgow Coma Scale score was 10. Multiple abrasions and lacerations were seen over her exposed extremities. The OB resident on duty was quick to assess the status of the life inside her womb. It was fortunate that the fetus was not in distress...

...Apparently, she was to appear at her scheduled interview at the United States Embassy for a visa. Her husband was already abroad, waiting for her and their would-be child. It had been a long wait before she was informed of her interview. She was ecstatic. Finally, the future that her child deserves was now within reach- almost. Plans were already made. They would start their life as a family in a foreign land, a land which promises prosperity and contentment to those who seek it. Who would have predicted that on her quest for something better for her child, an accident would occur, compromising not just one life, but both of their lives?...

...Her GCS score of 10 quickly deteriorated to 3 in a span of few minutes. The relatives were so eager to subject the patient to craniotomy, whatever the costs, risks and chances might be. My service consultant then opted for the patient to undergo a craniotomy to relieve the pressure that was progressively increasing inside her skull. This was sincerely done with the greatest of littlest hope that 2 lives will be saved. By prolonging the life of the mother, the child will be given a fighting chance to survive. The survival of a mere 27 weeker neonate won't be optimistic. The relatives were made aware of this bleak situation, so consent for a life saving surgery was secured.

She endured the surgery that morning. So the soul of this woman lingered inside her mortal body for 1 more day... and then was no more... both mother and child.

Insights: (Discovery, Stimulus, Reinforcement) /(Physical, Psychosocial, Ethical)

Surgeons are also human. We feel emotions. Our passion to save can sometimes be fueled by these emotions. This woman had one particular goal in her life at present- to assure the future of her child. It can be assumed that she had been taking care of her child by nourishing her body

for the past 27 weeks to assure that her child is well. Part of her care of her child is her plan to leave the country for a greener pasture. What she had been doing was clear- she was taking care of her child, in the present and in the future tense.

Physical circumstances beyond her control shifted the caring of her and her child to others- to us, the surgeons.

Craniotomy was performed despite the overwhelming odds that she wouldn't survive. BUT there was 1 major reason why a necessary risk HAD to be taken. 2 lives were at stake. Securing the life of the mother would as well secure the life of the fetus. It was clear that separating a 27 weeker child from his/her mother wouldn't be sensible at all.

Daring to take a risk is a given in a surgeon. Battling the odds to save a patient with surgery is what makes this area of specialty A specialty. The chance of survival of this patient was low. I believe that doing it is better than none at all. What delineates the best from the mediocre is the courage to take on this meager percentage as a GO signal to carry on. For who is to predict that perhaps fate would have it that our patient would be included in that bleak chance who would survive? No one knows...that is why a risk has to be taken. There's nothing to lose, but a life/lives to be gained.

But one issue also had to be contemplated here. Suppose the mother did survive, but in a comatose state, would it still be right to prolong the bodily functions artificially until the fetus reaches a viable state? After delivery, should we continue with the external machine support- without which will result to her death?

No one can answer with finality what to do, which to decide... not until one is ushered to this exact dreary situation...