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Reflections

The Farmer's Race: What Emergency Medicine Teaches Us About Life, Death and Control

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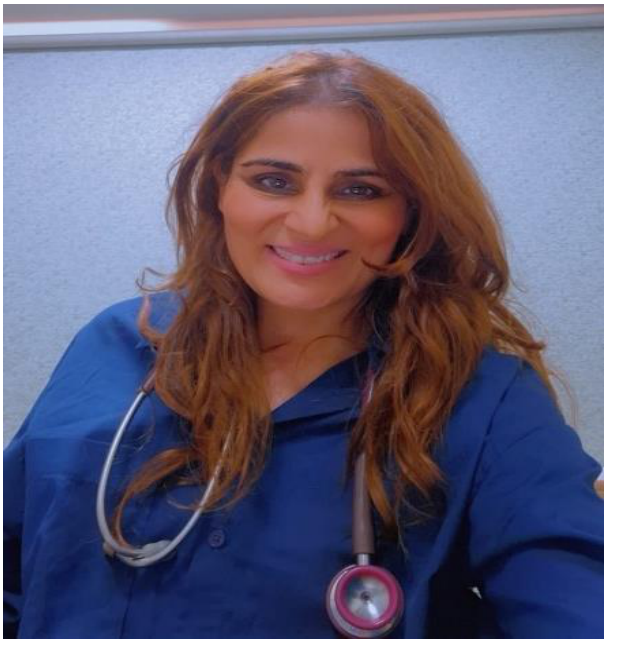
We often think that the harder we work, the more control we have over our lives. Working in Emergency and Trauma Medicine makes you question that assumption .

I remember coming across this story from a long ago about a farmer who was offered as much land as he could cover on foot as long as he returned to his starting point before sunset. Seeing this as a chance to become wealthy, he started running. He went further and further, wanting to claim more land. Each time he considered turning back, another fertile field would appear in the distance. Eventually, realising that the sun was setting, he started heading back. He rushed to reach the starting point. As soon as he reached the starting point he collapsed and died. From exhaustion. And in the end, all the land he really needed was the small piece of earth in which he was buried.

I often think back to this story because like it, working in Emergency and Trauma Medicine constantly reminds us of the fragility of life, the illusion of control and the futility of our endless pursuit of more. Every day in the Emergency Department, we come across people whose lives change in seconds. A young person involved in a road traffic accident. A seemingly healthy individual suffering a cardiac arrest. Someone who left home expecting it to be just another day, never imagining they might not return. These are people who, only hours earlier, had plans, responsibilities and expectations about their future. Just like the rest of us.

We live with the assumption that tomorrow is guaranteed. We plan our careers, pursue financial opportunities, postpone holidays and sacrifice time with loved ones, believing there will always be another chance. Yet the resuscitation room constantly reminds us how quickly everything can change. What seemed important yesterday can become rather irrelevant within minutes.

What is particularly humbling working in this field is



the distinction between what we can influence and what we can actually control. As clinicians, we are trained to recognise deterioration, make decisions under pressure and intervene to “prevent” death. Sometimes these interventions are successful. At other times, despite all the possible treatment and the collective efforts of an experienced team, the outcome is bleak. We also encounter patients who survive injuries that initially appeared unsurvivable. Thus, we can control our preparation, clinical decisions, teamwork and the quality of care we provide, but we cannot control the outcome. Doing everything right does not necessarily mean that everything will turn out right.

And this distinction extends well beyond medicine. We can make sensible decisions, work hard and take every reasonable precaution, but uncertainty and the lack of final 'kun' is beyond us. Recognising this does not make effort meaningless. Rather, it changes how we think about the relationship between our effort and expectations and the outcomes. The farmer's story

also makes me reflect on how we define success. Much of our lives is spent pursuing the next milestone, whether that is a qualification, promotion, financial goal or professional achievement. We often assume that reaching these goals will finally allow us to slow down and enjoy what we have accomplished. Yet, much like the farmer, there is almost always another field worth pursuing.

In the resuscitation room, however, many of these distinctions suddenly become less relevant. Wealth, professional status and personal achievements have little bearing on the immediate vulnerability of a critically ill patient. For patients and their families, priorities shift suddenly towards something much simpler: the possibility of having more time together. There is also something to be learned from the limits of medical intervention. Sometimes, despite everything that can be offered, further treatment will not meaningfully change the outcome. Recognising when to continue, when to reconsider and when an intervention may only prolong suffering is an important part of clinical judgement. Perhaps a similar principle applies to how we approach our own ambitions: knowing when to stop can be as important as knowing when to keep going.

What stays with me is that the farmer did not necessarily fail because he lacked determination. He failed to recognise the point at which pursuing more began to undermine the very purpose of his efforts. Working in Emergency Medicine has made me think differently about the relationship between ambition, uncertainty and the value of time. It is not that professional achievements or long-term goals are unimportant, but that their value needs to be considered alongside the health, relationships and experiences we may sacrifice in pursuing them.

Perhaps the most important question is not how much more we can achieve, but whether we are paying enough attention to what we already have. And perhaps the farmer's greatest mistake was not how far he ran, but that he never stopped to consider whether the next field was worth the time he had left