

Reflections

The Night is Darkest Just Before the Dawn**Hina Latif***King Edward Medical University***Introduction**

Why these winter night shifts always feel heavy on mind and often on heart too, being a senior team lead adds more to it, my inner voice added. With all these chaotic thoughts I started preparing for my duty. Landing in an emergency full of patients and attendees, with a chaos all around, beep of monitors making the picture more intense and scary; I headed to Medical Emergency ICU for my duty.

Being a senior team member, initial half an hour was about taking over of the patients admitted just an hour ago. Here I was standing amidst critical patients, some on oxygen, some on CPAP dying with air hunger, a young man altered and deeply comatose with suspected brain hemorrhage, unconscious... who couldn't see the face of his dear little son crying for his health, a middle age male tossing on bed with irritability and cardiac ischemia who was on his way to attend the funeral of his mother, a late middle aged man with pursed lips leaning on the edge of the bed asking every other doctor there for a quick relief to make him attend the happening marriage of his only daughter. Questioning eyes were all around with bubbling questions like "I might be able to recover? My father will be ok? Will I be able to be home soon to attend my daughter's wedding?"

It is difficult to step foot in an ICU without feeling the pain and suffering held within its walls. It is hard to suppress existential questions in such proximity to death. And yet it's easier to talk about ventilators than these very human responses. Escaping from the harsh realities of life and ignoring so many questioning eyes around, I moved to the next bed with a clogging mind.

Admission to an Intensive Care Unit (ICU) is recognized as a traumatic experience, both for patients and their families. Being a doctor one has to face an untoward grief and anger reaction of family members of sick patients.

During an ICU shift, time both compresses and elongates. The night passes by in a frenetic whirlwind, and the toll on the body is harsh, yet a 12-hour shift can feel like a 24hrs. "Long winter emergency nights especially feel heavy on heart, I don't know why" I repeated by inner thought. May be the underlying fear of receiving



unstable and critical patients, impending deaths that too early in the morning have always haunted me. In a normal ICU, most of the patients are very sick, so both my brain and hands were constantly focused every second on stabilizing and optimizing each patient. Every hour, or sometimes more frequently, the team in the ICU goes over a list of each patient's active treatment issues: Are the kidneys failing? Does this patient need CPAP? Being in Medicine we are challenged in a way that we could never have predicted or imagined. I will admit, there are times that I feel overwhelmed by the magnitude of this task. My dreams—and nightmares—are populated with patients' faces most of the times, and I can hear the constant beeps and alarms of the pumps, vital sign monitors and ventilators even as I'm falling asleep.

"Review cardiac protocol for this young man with massive myocardial infarction, get the cardiology team on board; make an urgent call to cardiac catheterization

lab, bed 3 patient with myasthenia crisis needs immediate ventilatory support, do pass central venous line to this unguarded dehydrated skinny old man” I instructed my team on a review round while moving to the documentation desk to have a look at the investigation box and treatment files of the patients. “What doctors say to patients’ families at the bedside mostly differs considerably from what they say to each other (sometimes, mere moments later) outside families’ earshot” my inner voice remonstrated.

In a try to overpower it, I focused my gaze on a bunch of papers in front of me when I just over heard some whimpering sound of a middle aged man hauling a stretcher with an old scrawny breathless woman lying on it. With my team members I approached that patient, during immediate resuscitation the only words my ears were able to hear among the beeps of monitors were “doctor please save my mother she is my only relation in this whole world”. Such lines for sure add to pressure and stress a doctor is feeling while being performing an ICU duty, with a burden on back to be the only Ray of Hope for your patients and their families at that very moment. Soon my competent team was over with initial survey and we were able to label her as a case of acute myocardial infarction and specific management was kicked off. As he was the only attendee, I appointed more nursing staff over that ONLY relation of that grey hair man, his Mother.

ICU staff was efficiently pacing with the vicious cycle of receiving critical patients, saving lives and healing the pain of patients amid unfortunate deaths when the clock struck 2pm. Out of my 14 patients in ICU, 3 were more critical and that old lady was one of them who was still drowsy but not so short of breathe at the moment, my brain reminded me of only positive point. Getting the consent signed for thrombolysis of that old lady from his son was another story ,who was just crying, with dinner loaf in his hands which he had brought for them both while returning home after day work but ended up in medical emergency. Life can change in the blink of an eye. Usually my team members get a consent signed, but there was something which was constantly pulling me towards her. I took the consent form from my internist, which turned to be so hefty at that very moment. Instead of signing or giving an informed consent, her son left ICU premises by repeating those lines “doctor please save my mother she is my only relation in this whole world” putting the huge burden of fears n what if’s on my scaled down shoulders. After few minutes I saw him standing by the side of her mother, with tearful eyes, holding her cold clammy hand with IV canula, a moment which can break anyone’s heart in a single glance.

To ease his anxiety and to complete the formal procee-

dings of informed consent, I offered him a seat over a cup of tea in the side room to let him speak his heart out which was killing him deep inside. He was the only son of that widowed old lady who spent her whole life as a single parent and was hardly able to make bread for both of them at the end of the day, every single day. Being still unmarried out of poverty and poor living conditions, they had none but each other only, the ONLY worldly relation. “Society doesn’t accept people like us doctor sahib, we are born just to suffer, I have nothing in my life except my mother please save her by any means. Please tell me she will be fine soon”. Being petrified with the prognosis and a big onus on my mind, I was dumbstruck and just responded with a nod while patting his shoulder.

An hour later while I was approaching to assess a new patient next to her who was brought with stroke, her monitor suddenly started beeping loudly with an arrhythmia alarm and displaying VENTRICULAR TACHYCARDIA. While calling for help I immediately started CRP, in a fraction of a second whole team was there resuscitating her again. While I was doing chest compressions I heard some cranky sound, oh rib fractured, my 1st one ever among a list of hundreds of CPR’s that too in this lady nooo please not here please, “but that can happen with it in rawboned patient just keep going “my brain commended. Another one by my other senior internist as the old age was adding up more to it. We were able to defeat that lethal ventricular tachycardia but here she was on Ambu bag to make up for breathing. The other terrifying moment was the Non-availability of the ventilator at that time. With a dejected heart, in despair I asked her son for ambu bagging to bridge the time till we get ventilator arranged for her. That night duty was turning up to be most hectic with new patients filling the beds the moment we were able to shift the patients out of ICU after stabilization. Within an hour I came to reassess her breathing but found the ambu bag by her side, that poor lady with poor respiratory effort, sadly ventilator was still out of scene because of full occupancy. All I can do is to request my team to do it for her as they were all over exhausted but still busy with their patients. Announcing a rest of 30min while ambu bagging that old lady was the only charm I can flaunt to my exhausted team, with this I started doing it n yes my team didn’t let me down as most of them did it out of humanity and made her breathe with the sturdiness of their hands. In those 3hrs, his son only showed up for a moment n left screaming at the peak of his voice “Mother!! Please don’t leave me alone, how I can live without you”.

An hour later she started recovering her breathing, all I can see a smile, radiant glowing faces of my team mates, a smile which turned the gloomy shady place of ICU

into a bright corner with a hope to live and survive. A moment which can wear off all your exhaustion in fraction of a second, a moment a doctor always longs for was here ringing the bell. Within an hour she was off ambu with low flow oxygen but still in the list of critical patients. VT here, code red it is, my staff screamed, somehow she escaped another smack of Ventricular tachycardia, this time medications helped us too with grace of Almighty. She was still drowsy n comatose, not showing any spontaneous moment at all while every single lab investigation of her was making the chances of survival a remote n poor possibility. All I wanted to make her son aware of the situation but he was nowhere on the scene. Shift was about to over, admitted patients were being shifted to indoor ward facility. With a detailed plan of management with a MARK OF CRITICAL patient, her file was ready to be transferred along her to indoor ICU with her son standing by her side again for last few minutes.

“Life is a bubble of water which can burst anytime” the practical manifestation of which we observe every other day being a doctor. Pondering and Washing my face to wear off the exhaustion of night, with a drained mind I rushed to the ward ICU to see my bed patients. Beds were full of critical patients. “Oh what about that poor lady? Where is she? She was supposed to be shifted to Indoor ICU”. “There is no female patient in ICU right now” staff nurse explained. Out of apprehension all I could mumble was “Did she expire”. “Might be, I will confirm you in a while doctor” staff replied n left for round. With a heavy heart n tearful eyes I started searching for that old lady with Pandora box of different thoughts clouding my mind, how can she die? That rib

fracture doctor... My guilty conscious murmured. Finding her nowhere in ICU I was getting fearful of the thought of her demise...her son???? Even a thought of it was so spine chilling. In a hurry I moved into female ward, searched for her on every bed but couldn't find any old lady on ambu bag or that son of her. While I was about to leave I saw my senior internist who was there with me last night, I abruptly asked about that old lady even before a greet. With a meaningful smile she pointed towards an old lady who was busy in sipping tea with a slice of cake, sitting upright as if she never ever had a single bout of cough even, so calm n peaceful the scene was. “No no she is not the one, I just saw her while searching for that very lady, they are of same age but she cannot be the one. How come?” Being in denial and with a flabbergasting mind I inquired again the lady who got her ribs fractured in CPR? “Yes doctor she is the one, n her only complaint now is of little uneasiness because of that rib fracture, go n see her, replied my internist”. Where is her son? I asked impatiently just to confirm her identity? “He is out to get her something”.

The earthly powers were not letting me move a single step, I pulled all my courage to see her n say sorry for the ribs part. N here she is all worried about little pain with no idea of what roller coaster ride of life n death she escaped last night. Her single smile wore out my all night exhaustion. No doubt these dark nights and dim lights they don't last longer. Triumphant and puffed up, I stepped out With a heart pounding and rhyming “however dark the night, however dim our hopes, the light will always follow darkness. The night is darkest just before the dawn.