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Life, Liberty, and the Pursuit of Health

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Characters

William Ernest Henley (*Patient*), the nineteenth-century English poet who wrote *Invictus*, originally untitled, while in the hospital; and the American *Doctor*, who hears the chorus two centuries later on Independence Day.

PATIENT: *Out of the night that covers me / Black as the Pit from pole to pole / I thank whatever gods may be / For my unconquerable soul ...*

DOCTOR: It's a victory to see the patient smile, brought on by dreams of another great Fourth of July parade fading to sunset memory while a peaceful, taciturn optimist stumbles unseen through the back door, peeling sticky confetti from a white coat, minutes from the hospital's yearly re-enactment of "Bunker Hill" for the new recruits. Soon there are imaginary and real fireworks with seismic aftershocks, creating mountaineering challenges in the doctoring psyche as jitters escalate to

unease, panic, and headlong fear, while pressing shaky fingers against quivering eyes, inhaling slow deep breaths, and attempting to rein in the *apocalypse now* thoughts. The brief calm shatters amidst running for cover and wishing for the courage to stand alone against the invasion, while hiding in a back alley wiping stagefright tears, once more glancing from the void to imagine the warm company of friends relaxing in the backyard with cold beer. The heart starts to race once again with sympathetic fear, only a few weeks after celebrating at graduation and pledging in front of everyone to uphold the Hippocratic Oath. Pupils dilate with crash-and-burn prophecy—an adrenaline fight-or-flight response in full swing—as the most important year of training finally gets launched, now fueled by urgent necessity and unrelenting purpose. After all, the outcome of this night, for the most part, rests on the rhythm and tempo of failing hearts, the rise-and-fall tides of fluid-filled lungs, and the sound and fury of minds with no simple choices.

PATIENT: *In the fell clutch of circumstance / I have not winced nor cried aloud ...*

DOCTOR: Before starting as a medicine intern at an ultralarge, esteemed hospital, resembling the Great Pyramids rising out of the urban desert of eastside Cleveland, I, like so many, felt confident and prepared. In med school, I managed through two years of late night cramming in the secluded underground bunker of the library, awakening to the rather jar-

ring bugle call of seven a.m. Ivy League problem-based learning, followed by two more years in the unsheltered boot camp of wards under siege, going the extra mile by seeking out the advice of residents ahead in training. I stayed hypervigilant during first-week orientation with the aid of unhealthy legal stimulants, managed to fall asleep to the midnight lullaby of the ticking clock and the golden parable of satire in the rookie doctor's bible: *House of God*—relaxing on the weekend to a marathon of favorite classic TV shows including *St. Elsewhere*, *Scrubs*, and *ER*. But now this was turning into a cliffhanger behind enemy lines, like *Courage Under Fire* or *Black Hawk Down*, and despite all the measured foretelling and prognostication, I found nothing really came close to simulating the shock and awe of being on call the first night. The task seemed all the more impossible as I was just learning to navigate the electronic medical record while simultaneously creeping through the maze of a new and unfamiliar hospital. After losing my way countless times going between floors, patient rooms, CAT scan, X-ray, the ER, and nursing stations, I developed an altogether paralyzing tension headache straining to find items in the dark infinite universe known as the supply room.

PATIENT: *Under the bludgeonings of chance / My head is bloody, but unbowed ...*

DOCTOR: Adding to the confusion, within the first fifteen minutes, the pager transformed into a live grenade that buzzed, beeped, and blinked with

nonstop mind-numbing fury, falling out my fumbling hands, once within uncomfortable range of the urinal. Although a few pages involved minutiae that could be answered over the phone, many required additional history and bedside eval to generate a preliminary differential, workup, and appropriate treatment strategy. I was not new to dealing with complexity, but the pace of management decisions was overwhelming. In scattered rapid-fire shorthand, alarming pages began to accumulate faster than I could answer or remember about upset families, high blood pressures, low blood pressures, blown IVs, labs that couldn't be drawn, meds being refused, vomit and blood and pus, discharge instructions, pleas for analgesics, temp spikes, chest pain, shortness of breath, delirium, and endless questions from pharmacy about orders. As I scrambled in every direction, breathless and unable to keep up with the mountain of cross cover, the pager unforgivingly flashed: new admission. While looking through a stack of illegible handwritten records more cryptic than James Joyce on the new patient from an outside facility, the overhead intercom and my pager simultaneously signaled "code blue," sending me breathless in a new direction.

PATIENT: *Beyond this place of wrath and tears /
Looms but the horror of the shade ...*

DOCTOR: As the evening continued for my patients in the rhymes and stanzas of a two-centuries-old poem written by a romantic losing life and limb to

tuberculosis, and the sky was transformed by thundering fireworks into surreal shades reminiscent of Van Gogh's "Starry Night," I worked frantically to keep things from falling apart, slowly discovering new means both within and without. Out of forced necessity—this baptism by fire—my brain and hands began to work faster, while good old-fashioned triage and multitasking filled in the gaps. Help in the form of goodwill began to trickle in from some of the other on-call interns who seemed to be encountering the same obstacles on a mad dash through long corridors of the hospital. The night-float senior resident, who also shared overnight responsibilities on the floors, began to check in every hour to answer my accumulating list of questions and prioritize the essential tasks to be completed before sunrise. Many of the seasoned nurses, well aware of the calendar month and the start of the new training cycle, were quick to offer workable solutions and didn't hesitate to double check decisions with the more senior resident. When there was occasional downtime, I managed to flip through the various references lining my overflowing pockets to broaden the differential diagnosis and ensure an adequate workup to guide treatment plans for the new admissions. Fresh colleagues coming in at dawn were a sight for my weary bloodshot eyes. Downing two cups of hot coffee during morning sign-out and sneaking two more during bedside rounds, I felt the tension in my muscles begin to ease and my eyelids start to droop as the burden shifted onto more wakeful minds and less tired shoulders.

PATIENT: *And yet the menace of the years / Finds,
and shall find, me unafraid ...*

DOCTOR: Looking back, I can certainly see the unfortunate potential for errors arising from inexperience and exhaustion, like a lighted match near evaporating puddles of gasoline, but I still have a certain faith in the process—the kind that comes from clairvoyant hindsight in knowing certain safeguards exist, along with the continuing foresight of residency programs in making necessary improvements on behalf of new trainees and patient safety. Young doctors and their patients have been faithful partners in the practice of medicine at teaching hospitals for generations and have come through, for the most part, in fine fashion. In essence, the pressure cooker environment of call eliminates a young doctor's inefficiencies both minor and major and serves to focus the thought process while increasing endurance and sharpening clinical judgment. The camaraderie that naturally develops during the long hours spent on call also strengthen into collegial bonds that are later relied upon in this era of sub-specialized medicine.

PATIENT: *It matters not how strait the gate / How
charged with punishments the scroll ...*

DOCTOR: And so it was me, on the following morning, the dumbstruck intern once again stumbling out the closed iron trap doors of the hospital into the blinding sunshine, wondering where I parked and how I'd survive, alongside my patients, over

the next twelve months. A passing thought—that perhaps other fledgling interns in Julys past, present, and future have had and will continue to have the same stomach churning sensation and yet somehow live to tell the tale—provided some reassurance. In a post-call haze, I had tantalizing visions of the journey ahead, tracing the footsteps of poet heroes, and of someone older and wiser in the years to come, writing that things would eventually get easier as my familiarity and comfort with the hospital environment and the management of acute and chronic ailments would continue to increase. Instinctively, I understood that the best chance for success was to approach my work with a generous amount of dedication—especially on those crazy nights—and to trust in the blind merits of the process—especially on those difficult nights. The following July, it turned out to be me enjoying the celebration, albeit with a few gray hairs to mark the sleepless nights.

Both PATIENT and DOCTOR: *I am the master of my fate: / I am the captain of my soul.*

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