I’ve often envisioned wartime medical care as a variation on the opening scene of Saving Private Ryan, chaos incarnate with blood and death occurring every minute and the participants called on to constantly improvise. At times, my experience on the burn unit at Chicago’s Cook County Hospital seemed like that. But the closest description to battlefield conditions in a domestic setting I’ve read are the gripping, exhausting depictions in physician-journalist Sheri Fink’s Five Days at Memorial: Life and Death in a Storm-Ravaged Hospital about New Orleans Memorial Medical Center in the hours following Hurricane Katrina. Operating without electricity and basic sanitation, Memorial doctors and nurses faced seemingly insurmountable obstacles to caring for their patients even as wrenching ethical decisions about end of life were compressed into a few days.

At the end of August 2005, as Hurricane Katrina bore down on New Orleans and the warnings from meteorologists and community leaders became increasingly dire, the medical community reached deep into their disaster-preparation folder, hoping that this hurricane would be no different from all the others they had weathered. Indeed, the initial stages of the storm indicated it wouldn’t be much different than previous ones; the blown-out windows and loss of power were all manageable with backup generators and stockpiled supplies. But then the failure of the levees led to the inundation of the area around Memorial, and the hospital became a veritable island cut off from supplies and rescue. “The hospital’s preparedness plan for hurricanes did not anticipate flooding,” Fink wrote. “The flooding plan did not anticipate the need to evacuate. The evacuation plan did not anticipate a potential loss of power or communications. Most critically, the hurricane plan relied on the assumption that the hospital’s generators would keep working for a minimum of 72 hours, although they were never tested to run that long.”

The staff at Memorial went into triage mode and started to prioritize patients for an evacuation that became a logistical nightmare. The primary exit route from the hospital was by helicopter. But because of the flooding, an infrequently used helipad on the roof of a parking ramp was accessible only through a hole in the wall of a machine room. Once it was verified that the helipad would support helicopters, patients were carried down five flights of stairs to the machine room, passed through the hole along with their IVs and ventilators, and then carried up three flights of metal stairs to the helipad. After neonates were evacuated, choosing who would leave next got tough. Critical patients became more critical and the medical staff had to weigh their probable survival against the difficulty of getting them out of the hospital.

The relief efforts were complicated by confusion over who was in charge. Memorial, formerly Baptist Hospital, had acquired its name when it was bought by Tenet Healthcare Corporation, a multi-hospital giant based in Dallas. One floor was leased by LifeCare Corporation to house long-term critically ill patients who required intensive treatments such as ventilators. During the five days following Katrina, the Memorial staff struggled with sometimes contradictory orders from different “bosses.”

In the final hours before Memorial was completely evacuated, many of the LifeCare patients died. One doctor and two nurses were accused of euthanizing a number of patients although the charges against the nurses were dropped in exchange for their testimony. The lead-up to the grand jury trial, in which the doctor was exonerated, forms the second half of Fink’s book. Five Days at Memorial is not just a saga of “war” medicine practiced under wretched conditions. It is an analysis of the science and art of triage, the shortcomings of governmental disaster planning, and, most of all, the ethics of end-of-life care of patients in extremis. It does seem likely that the doctor at Memorial administered large doses of morphine and versed to moribund patients in the waning hours. Was she just keeping them “comfortable”? Was she disposing of them because they were inconvenient? Or was this an example of what happens commonly to terminal patients, where comfort measures truly hasten their end?

War, whether against opposing armies or hurricanes, challenges the limits of medical care and human caring.

Charles Meyer is editor in chief of Minnesota Medicine.

REVIEW BY CHARLES R. MEYER, M.D.

Life and death in a hurricane

A physician-journalist’s account of what happened at a New Orleans hospital during the days following Katrina is as riveting as a war story.

Five Days at Memorial

SHERI FINK


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