We got broken first

On healing the healers

BY GREGORY A. POLAND, M.D.

We were full and, we thought, complete. Full of ourselves and of the naïve “heal the world” optimism that comes with acceptance into what we were told was a noble profession. What we didn’t know then, and never suspected, was who would need healing. And absent understanding this punishing reality, we would suffer. Some of us would die from the wounds inflicted by our calling. As the ancients knew and tried to warn us across the centuries, our organs would cry the tears that our eyes would not.

It was never OK to cry. Not in front of a patient, and absolutely never in front of the chief resident or attending. Unless you were weak. Then you could cry ... but at a price. A price we didn’t believe was worth paying. Because, if you did, you were labeled as “the weak one,” “probably not cut out for clinical medicine,” “lacking the necessary professionalism to be effective.” At least, that’s what we believed and what the culture of medicine insistently and callously whispered to us every day.

You see, we were going to be doctors—healers, armed with the shields of science and reason, our stethoscopes and our sincerity. Later, we would learn the truth—the kind of truth that only comes unsuspected and uninvited in the middle of the night in the form of nightmares, deep anguish and maybe, if you were lucky, insight.

We started, 76 of us, in the hot and heavy mugginess of the summer of 1977. Perhaps the oppressive atmosphere was an omen. By the end of the first year, one of us would leave school and one of us would be dead. The rest of us didn’t know it, but we would all be wounded. Only later, much later, did the toll of broken relationships, divorces, lonely lives, drug and alcohol abuse, and the unfulfilled dreams that come from living with an invisible kind of chronic pain, let us know we were wounded. Were we, who were trained to be observant, really that unobservant of ourselves and our colleagues? We didn’t know the risks, and no one told us. If the senior healers, our tribal elders, didn’t know, how should we have known or ever given a thought to the cost of healing and what lay before us?

Like soldiers in combat, we were exposed to an endless parade of brutality. Of damages to the human body that are not imaginable and cannot be described—an onslaught of blood, desperation, smells, fear, screaming and pain rushing at us, causing us to think what might have been if not for this. High-definition images that puncture the mind and never leave. Not ever. Not even 30 years later.

One of those images was of a young and, I imagined, pretty teenaged girl. I didn’t know for sure because I never saw her face, at least not in the way God had made it.

The neighboring state had a legal drinking age of 18 years. Naturally, younger kids would drive with older ones across the state line to buy beer and party. It never entered their minds what could happen. Certainly not to them. It never entered our minds either. At least not yet.

I imagine the fun they had. A warm, bright summer day fading into dusk. Carefree, laughing, free from parents’ rules and reminders and with unspoken dreams. They drank heavily, but soon it was time to return home. She was to leave with her family the next day to see Grandma and Grandpa. She liked them. Even though they were old, she thought they were pretty cool. Anyway, the car windows were open, the radio was blasting and everyone was laughing.

I know her mother told her to always wear a seatbelt. I know because I asked her mother—later. The boy driving slammed into the concrete median going 70 miles an hour. She was in the back until suddenly, violently, and in an impossibly fast instant, she shot out of the back seat. The force slammed her occipital bone into the unyielding front windshield. The velocity did more than stun her. It paralyzed her, causing a burst fracture of the fourth
and fifth cervical vertebrae. The normally convex occipital bone transformed into a grotesque concave shell as she proceeded through the windshield, the glass stripping her skull of any flesh. At the same time, a balloon full of red paint must have burst, covering the entire inside of the car and its occupants.

As the car stopped, she was instantly whipsawed back, shredding much of the bilateral large sternocleidomastoid and trapezius muscles that attach the skull to the rest of the skeleton, leaving only sinewy fragments of bare muscle. Within minutes, the police, fire rescue and paramedics were on the scene. Lights flashing, sirens screaming and the lonely now out-of-place sound of the car’s radio, oblivious to the carnage it unknowingly played to.

Three miles away, all we knew was that there had been a car accident. Two dead on the scene, plus a slim white female, approximately 15 to 18 years of age with massive head trauma and apparent quadriplegia, five minutes out. We were ready. We—with our technology and our bravado.

In a whirlwind, she was in the stab room on a blood-drenched gurney, and seconds later, was stripped of her clothing. Emergency pages overhead demanded immediate attention to the “code red” taking place in front of us. My job was to get an IV into her arm with a large-bore needle so we could replace the blood she had lost. She was barely breathing, in shock and quickly dying. As the senior resident lifted her head gently to insert an airway tube, it bounced downward and dangled off her spinal column like the head of a rag doll. The horrible thought that her head might literally fall off shot through my mind as I instinctively reached out to catch it. And then she was dead. Twisted, mangled, bloodied, nearly decapitated, dead. We all stepped back, almost in unison, ourselves in shock at the eerily still body that lay in front of us. I wondered what she looked like—her face might literally fall off shot through my mind as I instinctively reached out to catch it. And then she was dead. Twisted, mangled, bloodied, nearly decapitated, dead. We all stepped back, almost in unison, ourselves in shock at the eerily still body that lay in front of us. I wondered what she looked like—her face stripped from her skull, unrecognizable and her body covered in streaks of crimson. And bits of gray matter—her brain.

The senior resident explained that it would be a “learning experience” for me to go talk with the family. Numb, and madly searching to find something to say, I walked in to the waiting room covered with blood—her blood. The only family obvious to me was a woman I guessed to be in her mid- to late 30s. Short, brunette, attractive. She didn’t belong in this kind of ER. Not here. Not tonight. Her eyes immediately locked, not onto, but somehow into mine, with an intensity that caused me to hesitate. She hurried toward me. I wanted to run. It was all happening so fast none of us had time to think … or to reason.

I rack my brain trying to remember what I said. All I can recall is, “We did everything medical science could do. I’m so sorry.” She collapsed into me, screaming. I caught her and almost instantly she pushed herself off me and hit me square in the chest with her fists. I never saw it coming. It didn’t hurt, I don’t remember feeling anything other than the surprise and shock of what has happening in such fast motion that it almost gave me vertigo. Then she wailed. A deep, unending guttural howling. It was so loud, so intense, so visceral and otherworldly that it stunned me. I stood paralyzed not knowing what to do. By then, the nurse and an assistant were at my side. They held this pitiful, injured young mother, while another nurse offered Kleenex. In the final poignant moment, that’s what our miracles of medicine had to offer—a Kleenex and an outstretched hand.

Soon another set of sirens and another case demanded our attention. We need to focus on the living—not the dead. I left the mother with the nurse, and silently walked to the next case—hoping to forget. But here’s the truth: You never forget.

I have often wondered about that girl and her family. She would be in her 40s now. Maybe she’d look like her mother and have children of her own. The images from that night are burned into my being. Things no one in their mid-20s should ever see, feel and hear. I wake from dreams instantly, perspiring, with adrenaline pumping through my system, still responding to the mother’s screams and acutely aware of my own inadequacy in responding. There was nothing we could do.

We got broken first by death—by sights and sounds and smells—and then by a conspiracy of silence. We never speak about it. Not at class reunions, or during late-night bull sessions with other colleagues on call or in the exam room with a fellow healer. Except that every once in a while, when gently raising the question to one of my physician patients about their pain and their nightmares, tears will silently come as another healer tells me his story. He got broken too. Those who are lucky are reflective and feeling enough to learn that this was the necessary path toward becoming a healer. But it stings nevertheless. For most healers, pain overwhelms reflection and self-preservation steamrolls opportunity. We become wounded and suffer with our patients, the unknowing victims.

The opportunity to know what death is and how it intrudes and robs the innocent of peace and of contentment is lost—overwhelmed, really—by the awful reality. And so goes the cycle of healing. But we should tell the truth, it should be “see one, do one, teach one, heal one.”

We got broken first, young students and residents mangled inside the reality that is life and death. And no one ever told us. But now I know, and so do you. You can’t heal, really heal, until you have been wounded by the realities of another’s pain and trauma. You need to heed our ancient calling to “heal the sick and bind up the injured” by offering what is, in the final analysis, the best of what medicine has ever discovered in healing—an outstretched hand, a Kleenex and our unhurried, caring presence. On the day we do that, we move from broken to healer.

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