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## I DON'T WANT TO DIE!

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# I DON'T WANT TO DIE!

## **Cover Page Footnote**

To My Dearest Mom, With Love, Thank you for always believing in me...

I ran up the winding staircase, the thin xray film flapping in my hand. I reached the second floor of the hospital at last. The corridor looked like an endless boulevard. Visitors swarmed everywhere. It was past 3pm. In my hurry, I accidentally knocked against an old lady. I did not stop for her curse. I was running for him. For all I knew, he could already be dead.

The wooden door of his ward finally came into focus. I jumped inside. People were inquisitively taking me in from head to toe. I didn't care about my unusually dishevelled clothes and my clotted hair. My heart pounding, I peered at the very end of the huge room, half expecting a commotion. All was calm. With a silent prayer in my heart, I approached his bed. His emaciated body lay napping peacefully. His chest heaved up and down with breaths. He was still there! A surge of relief swept over me. I gently poked him. He opened his sunken eyes and managed a half smile. He was in pain. My hands shook as I placed my pulse oximeter probe around his bony thumb. The beeb stabilised to ninety percent.

"Does it still hurt as before? Do you have trouble breathing?" I asked.

"No," he uttered feebly.

I knew that this hesitant No meant a 100% Yes.

I knew him long enough to understand his personality, his quirks and read his body language. This conversation brought me back to the night we first met.

One month ago in one of my night shifts, I got paged that the police were bringing in a young nineteen year old male victim of a road traffic accident. As the ambulance siren wailed outside, I was surprised to see a very thin young male cursing away in pain. He had his leg slashed open with a broken piece of his tibia sticking out. His compressive bandage dripped of blood. He looked very pale. I could tell that he lost a significant amount of blood.

"I should have died. Why live without her?" he grunted.

He was stabilized in the ER. His xrays showed his fractures were multisegmental, including both the tibia and the fibula. They looked spectacular and impressive to me then. We couldn't comprehend from where the surgeon would begin to solve this bony jigsaw puzzle in the OR or how long the surgery would last. Ironically his bone xray was not as scary to me as his chest xray would later become. He survived the six hour long complex surgery which required the intervention of the consultant and two additional orthopedic surgeons.

He woke up the next day completely confused, restless and aggressive. Two hours later his oxygen levels dropped and he became comatose. He was intubated immediately and shifted to the ICU on ventilatory support. His emergency brain scan was impeccable. Fat embolism they concluded clinically. It was somewhat rare, but did

occur following long bone fractures. The judicious use of proper oxygenation and ventilation, colloids, crystalloids, blood products, parenteral nutrition and steroids did the trick. He was on his feet 48 hours later. His mother told me it was a miracle from God. She had not seen his former happy self in years. That evening he developed fever post operatively which ruffled our feathers. He fluctuated from being severely agitated to comatose again by midnight. He was reintubated and ventilated. He had peaks of fever twice a day. A lumbar puncture revealed nothing singular except from raised white cells. Surprisingly, his blood work and viral studies revealed that he had acquired hepatitis C. He was treated for acute viral meningoencephalitis. The psychiatrist's background check dug up his heroin addiction. His agitation merely confirmed his acute withdrawal state.

"It had been five years. It started from peer pressure and bad influence. By the time I tried to save him, he was too far gone," reported his mother in sobs.

After a tedious course of antiviral therapy, he was much better. Once stable, he was shifted back to ward where he caught a nosocomial pneumonia in no time. Another round of antibiotics healed him. His chest xray back then showed an enlarged heart shadow with an opacity in the left lung. Fortuitously, during his cardiac consult, they found that the bacteria had crept all the way to his left sided heart valves to form multiple vegetations eating away the leaflets. According to the cardiologist, it was infective endocarditis with fluid collected around his heart. A second round of double antibiotic coverage was given this time. Two weeks later, the heart fluid, the lung opacity and the heart vegetations magically disappeared. He had five fever free days. That was when I met him again in ward that morning.

During rounds, he complained of chest pain on deep inspiration and expiration. His last xrays showed pristine lungs and a healthy heart. The physician was not worried. However on palpation that day his lower costal margin was tender. A new chest xray was ordered early morning. I checked in ward before going for my outpatient clinic. It was not yet done. During lunch time, the second time I checked in, the patient was sent to the scan department where he was in line before twenty others. I mentally recalled I scribbled an urgent note on the request. One hour later, he was back in ward. I went to look for the film. Unfortunately it was nowhere to be found in the department. It took me thirty minutes to rummage through the entire log books and manual filing system. It was absurdly dispatched to the gynaecological ward. When I finally laid hands on it, I really did not expect to find anything remarkable. This guy survived the worst. Last week xrays were fine. I raised the film to the flickering light of the ceiling's fluorescent tube and froze.

His heart looked much smaller and tubular. I felt like I had to horizontally flip the xray. Could they have wrongly labeled the left side? I placed it on the viewer this time. The left lung lost its bronchovascular markings in its lateral aspect. Adjacent to it, there was an oval shadow with a horizontal line striking through it. This couldn't be,

could it? A hemopneumothorax with an air- fluid level was pushing the trachea and the heart to the opposite side. 12.30 was scribbled on the xray. It was now 15 00. Was he still alive?

Back in wards he was not maintaining saturations on his own. His mother had come in for visiting time.

“There is air and blood inside your chest. They are crushing your lung and pressing hard against your heart and windpipe,” I explained.

“If we do not intervene now, your whole lung will collapse, you will suffocate, your heart will stop and things will get ugly,” I said as calmly as possible even though I was sure my heart reached flutter rate inside. My lungs were feeling like they were definitely collapsing.

It was then that I heard it...the miraculous “I don’t want to die!!”

Time froze. For him to plead for his life now after everything made my eyes moist. He had indeed come a long way. From a severe fat embolism to a brain infection through chest and heart infiltration, it was not a spontaneous pneumothorax that would take him down. Oddly, the Hippocratic Oath echoed through my brain- I swore to maintain the utmost respect for human life. I swore not to permit consideration of social standing to interfere between my duty and my patient.

But who dies at nineteen? He would not die on me. I made my decision. Not after everything he survived...

Snapping out of it, I managed to get consent for his chest tube insertion. I paged the surgeon. The patient was brought down to the OR immediately on oxygen support. All the way to the OR I held his hand tightly in mine.

“Will it hurt?” he asked me.

“Do you trust me?”

“Yes,” he said feebly.

“Then no it doesn’t hurt,” I reassured him, tearing up too.

“Will I die?”

“Of course not,” I fibbed.

I knew nothing of what would happen. So many things could go wrong. By the time we reached the OR, his oxygen levels were 80% and his heart raced to 120. I increased his oxygen supply.

As two green scrubs appeared and took him away, he stared me in the eye. I wondered whether he could feel my uncertainty. We treat. God alone heals. My shift was over but I was glued to the OR bench. The effects of skipping lunch again today were kicking in.

The whole day flashed through my mind as I sat waiting. I remember the strange dream I had at dawn. I was trapped in a sealed transparent cage. I was admiring the beautiful red branching pattern running on its inner wallpaper. Suddenly I felt a warm air cushion blowing in my face. Before I knew it, it lifted me off the floor and yanked me against the wall. The red branches peeled erratically from the wall. The room became smaller and smaller and suffocated me. A stranger outside the room kept trying to break through the cage but to no avail. It felt exactly like the inside of a pressure cooker. Before I could blink, darkness overwhelmed me and I fell into a limitless abyss. I woke up with a start. Opening my house windows, I watched the birds fly away majestically into the sky. They seemed to announce a good augur today.

'Yet another great day to save lives'- I learnt to go to work on Dr. Derek Shepherd's note. Not once did I know that this life I had in my hands would be saved in a heartbeat. I heard a loud wail from the OR. Either they were losing him or they inserted the chest drain without anesthesia. I knew I did my best. God would do the rest. He could not give up on me.

The surgeon exited the OR thirty minutes later.

"Great catch! And that too in the nick of time. I was on my way out when you paged," he exclaimed.

I smiled and jumped up in relief. I shook his hands.

"Thank you Doctor"

"Oh it was my pleasure!"

One wrong decision and I would have lost him. I think what made me go out of my way for him was the fact that he didn't want to die anymore. I was in no place to judge...

He came in with no wish to live and his hospital stay made him realize his life's worth.

I still visit him to this day. Another saga of vegetation was preying on his other heart valve. His umpteenth antibiotic course failed. The bacteria silently ate away the valves. They were not closing properly now.

The latest note in his folder said:

“Dear Cardiac surgeon,

Please give you expert opinion for this patient whose medical treatment of infective endocarditis is failing”.

They were contemplating cardiac surgery.

I went to see him some time later for his twentieth birthday. He gave me a weak high five with his bony palm. He looked thinner and paler than before. He managed a frail smile. I was already preoccupied with whether he would survive cardiac surgery but I didn't spoil his big day. I knew he hated surgery.

And he began to tell his favourite story to me again.

“Remember once upon a time when you saved my life?”

Every time he would narrate this, it would pluck my heartstrings and my eyes would tear up. Yet the fact that he was very much alive to tell it was more than enough for me.

“I told you that you are a tough kid,” I would always reply.

And he would wrap his emaciated finger around mine and doze off to sleep...

It made me realise what a difference our profession makes to the world and how we often take life for granted. I have been given the gift to serve humanity. Today I choose good over bad, health over disease, cure over harm and happiness over sorrow.

What will happen to him? Who survives will tell...

