

# Residency II

Book 10 of *Good Medicine*

by Michael Loucks

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# Сам Себя Издат

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# I. And That's When All Hell Broke Loose

**February 20, 1990, McKinley, Ohio**

"...and that's when all hell broke loose."

"You didn't see the shooter?" Deputy Kenseth asked.

"Not until later As I said, I was in Trauma 1, treating the seventeen-year-old victim."

"Walk me through what happened next."

"Shelly, that is, Doctor Lindsay, had just left the room when I heard the first shot."

"You knew that immediately?"

"I've been around guns long enough to know a pistol report," I said. "And there is nothing in the ED that would make any similar sound. Deputy Sommers reacted instantly to the sound and ordered all of us to get down."

"Did you do that?"

"Not immediately, because we were treating the patient. When we heard a second gunshot, she ordered us to move behind the trauma table."

"What did you observe?"

"Deputy Sommers crouched, drew her service pistol, and carefully opened the door. Almost immediately, another shot rang out, striking her in the temple. Before I could move, I heard at least five rapid gunshots from at least two guns."

"How do you know it was multiple guns?"

"Different reports," I replied. "I suppose it could be location or echo or whatever, but there were at least two distinct reports."

"What did you do then?"

"I moved to Deputy Sommers while Doctor Nielson attended to the patient on the table."

"Did you see anything that happened in the corridor?"

"No. The door had closed when Deputy Sommers was shot."

"Is there anything else you can tell me about the incident?"

"Not really. I was in Trauma 1 the entire time during which shots were exchanged."

"OK. I think that's all I have for you at the moment. I'll be in touch if I have further questions."

"Thanks."

I got up, left the consultation room, and walked into the corridor. It was 2:12am, and the ED was still closed to trauma, as it was a crime scene. That meant VERY long transport times to Columbus for almost anyone in the area around McKinley.

"Mike, go home," Doctor Cutter said when he saw me. "Your next shift is canceled."

"I can get a few hours of sleep and come back," I said. "Normally, I'd just crash in the on-call room, but my wife is waiting up."

"No. Take the day. I'll call you and let you know when you can see Psych."

"Given my relationship with them, I'd prefer an outside counselor, if you don't mind."

"Did you have someone in mind?"

"Doctor Fran Mercer, in Milford. I've seen her off and on for the past nine years. She's a clinical psychologist."

"OK. Call her first thing in the morning."

"Do I need an assessment to come back to work?"

"You work at the Free Clinic on Wednesdays, right?"

"Yes."

"Do that. I'll speak with Gale Turner, but that's mostly routine physical exams, right? No procedures?"

"Correct. I'm morally opposed to elective abortion, so I don't participate in those procedures."

"OK. You're on the surgical service, so Owen can clear you to perform procedures. Make sure you speak to him tomorrow."

"I will. Thanks, Doctor Cutter."

"Go see your family."

I nodded and went upstairs to the surgical locker room, where I stripped off my scrubs, showered, and dressed in street clothes. Before I left, I touched Shelly's locker, said a silent prayer, and then headed home.



## **February 20, 1990, Circleville, Ohio**

"Hi," I said wearily when I walked into the house at 2:47am on Tuesday morning.

"How are you, Mike?"

"The adrenaline started wearing off in the car on the way home."

"Do you want to go right to bed?"

"As tired as I am, I don't think I could sleep right now. I'm going to make some chamomile tea."

"There's hot water in the kettle," Kris said. "I thought you might want some. Is there more news?"

I sighed, "Yes, but none of it good."

I put loose tea in a tea ball and set it in a mug, then poured in the hot water.

"Shelly is in critical condition in the ICU; Loretta was still in surgery at 2:10am; Deputy Sommers died from a gunshot wound to the head."

"Lord have mercy," Kris said quietly. "And the attacker?"

"Shot dead by Deputy Turner and Detective Kleist."

"Was anyone else hurt?"

"No."

"Do they know why it happened?"

"I can piece together some things from the original patients, and what was said, so this is by no means certain. The young woman with the three gunshot wounds was impregnated by an older next-door neighbor. The young woman's father took exception and confronted the neighbor. In the process, there was an exchange of gunfire between multiple people. The girl was shot, along with her brother; the neighbor who impregnated her was shot, and his wife was killed. The attacker at the hospital was the son of the woman who was killed."

"You Americans and your fetish for guns!" Kris said in exasperation.

"First of all, you're an American," I said with a wan smile. "Second, blaming the gun is like blaming a pencil for *Mein Kampf*. I'm not opposed to reasonable restrictions on gun ownership, such as prohibiting felons or the mentally ill from owning them. I also think permits are a good idea, but I would never support a ban on guns."

"Even after your two friends were shot?"

"I didn't think cars should be banned when Jocelyn was nearly killed in an accident or when Lee was murdered with one. But can we please set this aside for another time?"

"I'm sorry," Kris said. "I shouldn't have brought politics into it. Will Shelly and Loretta live?"

"I don't know," I sighed. "Shelly is in what the newspapers would call 'extremely critical' or 'grave' condition. She lost a lot of blood, and there was damage to her liver. If she survives the next twenty-four hours, she has a good chance of recovery. As for Loretta, the last I heard was she has a possible spinal cord injury. I wanted to scrub in but wasn't allowed."

"What happened to the patients?"

"Two of the three weren't in any real danger and were sent by ambulance to Columbus. The young woman coded before we could get her to surgery."

"You were in a treatment room the whole time?"

"Yes. I didn't go into the corridor for almost ten minutes after the shooting stopped because Becky and I were trying to save Deputy Sommers while Doctor Nielson was trying to keep the young woman alive. I didn't see either Loretta or Shelly because they were taken to surgery before I threw in the towel in trying to revive Deputy Sommers."

I removed the tea ball, put it in the sink, then sat down to sip my tea, with Kris sitting across from me at the dinette table in the kitchen.

"What happens now? The news said the hospital was closed."

"To trauma," I replied. "The ED is closed until they finish the investigation. When I left, the shooter was still on the floor, covered with a sheet, and evidence technicians were swarming the place. Doctor Cutter instructed me to take today off and to speak to a counselor. I'll speak to Doctor Mercer because the last thing I want to do is talk to anyone from Psych at the hospital."

"When will you go back to work?"

"Wednesday, at the Free Clinic. I'll speak to Owen Roth after I speak to Doctor Mercer. He has to clear me to perform procedures. That's normal for any psychological or physical trauma. I don't think it'll be a problem."

"How do you feel? I mean, besides tired?"

"OK, I think. But I'm probably not the best judge of that right now. My initial reaction was as a physician. I suspect the more time I have to think about it, the more it might affect me. Strangely, I was never afraid, just concerned for my patient and then Deputy Sommers."

"How long do you plan to sleep?" Kris asked.

"Until I wake up from the nightmare," I replied with a heavy sigh.

"My class today is at 1:00pm, so I have no reason to get up early, though Rachel will certainly be up at her usual time."

"Does she know?"

"No. I didn't turn on the news until after I put her to bed. She was unhappy that you weren't here, but I explained you were helping sick people and would be late. Thank you for calling right away."

"It was after I tried to revive Deputy Sommers," I said.

"I can't reasonably object to that," Kris replied. "You called as soon as it was practical. And you're safe. I think it's best to not watch the news in the morning, which I do sometimes after you leave for the hospital."

"Probably. We can't hide all the evil in the world from our children, but I think it's better she hears it from one of us than sees the news. At her age, who knows what's going through her little head. Back to sleeping, I think I'll sleep until around 7:00am and nap later. Is Rachel on her usual Tuesday schedule?"

"Yes. I'll take her to Abi's house on my way to the university and pick her up on the way home."

"Then I'll nap while you two are out."

"Are you sure you'll be OK?"

"I think so," I replied. "I'll call Doctor Mercer first thing."

I finished my tea, and Kris and I said evening prayers, then went upstairs. I completed my bedtime routine, then got into bed with my wife, set the alarm, and snuggled close to fall asleep spooned together.

I woke with the alarm at 7:00am and felt as if I'd been run over by a truck. I knew it was the aftereffects of the adrenaline rush, and there wasn't much to do about it except begin my day and wait for my body to recover. Kris and I got out of bed, took a shower together, and after we had dressed, I dialed Doctor Mercer's private number while Kris went to get Rachel.

"Fran Mercer," she said when she answered.



"It's Mike Loucks," I said.

"I heard what happened! Are you OK?"

"Physically, yes; Doctor Cutter instructed me to speak to a counselor."

"That's normal in these situations. Are you off work until you're cleared by someone?"

"Yes and no. Tomorrow is my day at the Free Clinic, and because I don't do any procedures there, I can do that. I have to speak to Owen Roth, the Chief Surgeon, to be cleared for procedures."

"I take it from this call you want to speak to me rather than someone in Psych at Moore?"

"You take it correctly and for what I think are obvious reasons."

"This kind of thing has to be done face-to-face because it's the only way to judge the answers. I know it's a long way to come here, but I could meet you in Rutherford at 4:30pm if that works for you. That way, I don't have to reschedule anyone."

"I could do that," I said. "My normal work schedule would have me on until 9:00pm, so it's not taking me away from any plans."

"Then I'll see you at 4:30pm in the same office in the medical building as we met before. How are the two doctors who were shot?"

"One is in the ICU in critical condition; the other was still in surgery when I left the hospital around 2:30am. I'm going to call and check as soon as we hang up, then I need to call my parents."

"They know you're safe, right?"

"Yes. Kris called them both last night after I called her."

"Good. See you later today."

We said 'goodbye', I hung up, then went downstairs and let Kris know the plans.

"Will you get enough sleep?" she asked.

"Yes. I'll take a two-hour nap, and I can sleep later tomorrow due to my usual Wednesday schedule. I need to call and check on Loretta."

"Of course."

I picked up the kitchen extension and dialed the number for Surgery.

"Surgical Nurses' Station," Kim Carter said.

"Hi, Kim," I said. "This is Doctor Mike. I'm calling for a status on Loretta Gibbs and Shelly Lindsay."

"Doctor Gibbs is in the CCU and is stable; Doctor Lindsay is in the ICU and is still listed as critical."

"Any word on Doctor Gibbs' injuries?"

"Neuro has to wait for the swelling to go down to make an assessment."

"Right. Thank you, Kim."

"Are you OK, Doctor Mike?"

"Better than they are," I replied. "If there are any significant changes, would you call me at home, please?"

"Of course, Doctor."

I thanked her, said 'goodbye', then hung up.

"No change on Shelly," I said to Kris. "Loretta is in the Critical Care Unit with stable vitals, but they can't assess her neurologically until the swelling goes down."

"What's the difference between that and intensive care?"

"For the most part, it's simply a matter of staff-to-patient ratio. It's much higher in the ICU, where a nurse usually only has two patients, or sometimes three; whereas in the CCU, it's four to six. In Loretta's case, it's because she could have further neurological effects, so putting her in a ward where the ratio is about eight or ten to one is too risky."

"But she's breathing on her own?"

"Yes. If she was on a vent, she'd be in the ICU for the first forty-eight hours. But that's not etched in stone. The other thing about the CCU is that they turn the lights down at night, whereas the ICU is always lit. Given that ICU patients are nearly always heavily sedated, that doesn't affect their sleep."

"You should probably call your parents," Kris said. "I'll make breakfast."

"Thanks."

I dialed my mom's house first, and Elaine answered. She asked how I was, then handed the phone to my mom.

"Hi, Mike. Thank God you're OK!"

"Hi, Mom," I said. "Sorry, I couldn't call last night. I didn't get home until nearly 3:00am."

"Kris called, which I'm sure she told you. How is everyone?"

"The two doctors are out of surgery and are what I would call 'guarded' if I had any mind to speak to the Press for any reason. We'll know more later."

"The news said it was a domestic dispute."

"Yes, though I know very little about what actually happened before the person walked into the ED with the gun. I didn't see anything that happened except Deputy Sommers being shot, but all I saw was her collapse."

"The news said the gunman was a former Army Ranger."

Which explained how he managed to shoot Deputy Sommers in the head with the door only open a few inches.

"Well, Deputy Turner and Detective Kleist took him down with five shots," I said. "All of them hit center mass, according to Deputy Kenseth."

"Have you spoken to your father?"

"He's next. I assume you told your parents and Liz?"

"Yes."

"Thanks. I'll call Grandfather in a bit. I'll be in Rutherford, and I'll probably stop in to see him."

"Rutherford? Why?"

"I'm meeting Doctor Mercer for a counseling session. It's required before I'm cleared to do procedures. It's all standard. The ED is closed until at least noon."

"What happens to people who need the ED?"

"EMS would transport them to the nearest hospital, which for McKinley is Columbus, but in the western part of the county, they'd take them to Rutherford. Other areas could go south or east. The rest of the hospital is open and operating normally, though I suspect there is a large law enforcement presence."

"I'm just glad you're OK, Mike."

"Thanks."

I said 'goodbye', then called my dad and had a similar conversation with him. I called my grandfather, and when he heard I was going to be in Rutherford, he asked me to come to dinner, and after checking with Kris, I agreed. My final call was to Internal Medicine.

"How are you doing, Petrovich?" Clarissa asked when she came on the line.

"Like I'm on the back end of an adrenaline rush."

"I tried to come see you before I left, but they wouldn't let anyone into the ED because it's a crime scene. They did tell me you weren't hurt."

"Did they say when they'd open to trauma again?"

"2:00pm. Are you coming in?"

"No. I was told to take the day off and to see a counselor. I'm going to see Doctor Mercer later today. I'm allowed to work at the Free Clinic tomorrow, but Owen Roth has to sign off on me doing procedures. Supposedly, that's standard procedure."

"I can see it," Clarissa said. "Mental, emotional, or physical trauma could easily impact your work. Did you hear the latest on Doctor Gibbs and Doctor Lindsay?"

"Yes. I called the Nurses' station this morning. I take it the place is still swarming with cops?"

"They're checking IDs of everyone who comes in at every entrance; there are at least a dozen squad cars and cruisers at various places. Do you know anything about what caused it?"

"No more than was on the news. Fortunately, I was in Trauma 1 during the whole thing. Shelly was there but left to triage the other two patients, which is when she was shot. Deputy Sommers was shot right in front of me, though."

"Jesus, Petrovich! But how?"

"She drew her service pistol, crouched down, and opened the door to respond. A round was fired, striking her in the right temple. We tried for ten minutes, including intubation, bagging, and CPR, but it was useless. She never had a pulse, and I'm fairly certain her pupils were fixed and dilated before Becky and I got to her a few seconds after she was shot."

"And you're really OK?"

"I am. I'm sure it'll hit me at some point, which is why I was ordered by Cutter to see someone. Fortunately, he let me slide on seeing someone in Psych."

"Smart move. Those headshrinkers would use it to exact revenge."

"Fortunately, all they could do would be make a recommendation. It's up to Owen Roth. But the last thing I want is something like that in my medical records at Moore."

"I hear you. I need to go, Petrovich. Call me if you need anything."

"Thanks, Lissa."

We said 'goodbye', and I replaced the handset on the hook, only to have the phone ring immediately.

"Korolyov-Loucks residence; Mike speaking."

"Oh, thank God!" Maryam Khouri gushed. "I was so worried when I saw in the newspaper two doctors had been shot in the ED in McKinley! Who?"

"Shelly Lindsay and Loretta Gibbs."

"Lord have mercy! How are they?"

"Shelly suffered a gunshot wound to the abdomen and lost a significant amount of blood. One lobe of her liver was removed. She's in critical condition in the ICU. Loretta was shot in the back, and there was involvement of her spine. She's in the CCU after surgery, but until the swelling goes down, they won't know about any impairment."

"I'll pray for them and for you, too."

"And for Deputy Sommers," I said. "She was killed protecting a patient, Perry Nielson, me, our med students, and nurses."

"Lord have mercy! You were shot at?"

"No. We were all in Trauma 1; she was with us checking on the patient, and when the shots rang out, she drew her service pistol and opened the door. A shot rang out, and she went down from a round through her right temple. The shooter was killed seconds later by Deputy Turner and Detective Kleist, but by that time, he'd shot both Shelly and Loretta."

"Is everyone else OK?"

"Yes."

"Good. I'll let you go; say 'hello' to Kris and everyone for me. Call soon, please."

"Thanks, I will."

We said 'goodbye', and I hung up, then helped Kris finish making breakfast. We had just sat down to eat when the phone rang, and I debated if I should answer it and decided I needed to.

"Korolyov-Loucks residence; Mike speaking."

"Is this Doctor Michael Loucks?"

"Yes. Who's calling?"

"Carl Peabody, *McKinley Times*. I'd like to ask you some questions."



"No comment," I said. "Please contact the Hospital Administrator's office for an official statement."

"I want to get another perspective."

"I'm not interested in answering any questions."

"Can I leave a number?"

"You can, but it won't change my answer."

He insisted, so I wrote down the number and then hung up.

"Why not talk to the Press?" Kris asked.

"Because I don't want to," I said. "The last thing I need to do is say something that creates a problem for the hospital or the Sheriff. And I'm absolutely not going to violate Loretta's or Shelly's privacy. Talking to doctors is OK, but not the Press. Not to mention, I'm positive I'll be asked more about Deputy Sommers."

"How could it be a problem for the Sheriff if the attacker is dead?"

"I don't know, and that's a good enough reason not to say anything. I honestly don't know if there was an accomplice or if there is more to the original crime."

"Do you think there was?"

"I doubt it, but who knows? The Sheriff will sort it out with help from the McKinley PD. It's outside the city limits, so the Sheriff is the lead, but there's some kind of joint response agreement between the City and the County."

We finished breakfast, cleaned up the kitchen, and said our morning prayers. Rachel, unsurprisingly, asked me to play my guitar and sing to her, so I did that for about an hour. I was interrupted twice by phone calls -- one from Doctor Blahnik and one from Father Nicholas, both of whom I assured I was OK.

When I finished playing for Rachel, Kris and I agreed it was nice enough that we could go out for a family walk. When we returned, I built a fire in the fireplace. We spent time playing with Rachel, and I fielded calls from Peter Baldwin at Emory, as well as my godparents, Geno, Tasha, and José, who promised to call the rest of the band. The final call of the morning was from Jocelyn, and I reassured her I was OK.

Kris, Rachel, and I had lunch around 11:30am. Once we finished lunch, I cleaned up while Kris got ready for class and prepared Rachel's bag. She and Rachel left, and I went to take my nap.



## **February 20, 1990, Rutherford, Ohio**

"How are you doing, Mike?" Fran Mercer asked when I sat down on the couch in her friend's office.

"I've mostly recovered from the aftereffects of the adrenaline surge. I slept about three hours, then took a two-hour nap before I left to come see you. Tomorrow is my day in the Free Clinic, so I can get enough sleep tonight."

"Who is it I'll need to call after this session?"

"Doctor Owen Roth, the Chief Surgeon. I called him right before I left, so he'll expect your call. Tomorrow would be OK, as I'll be at the Clinic."

"I'll call as soon as we finish. Are you nervous about going back to the hospital?"

"I don't think so," I said. "I suppose the real question is how I'll feel when I walk into the ED on Thursday."

"Does some rule prevent you from stopping in tomorrow?"

"No. I wasn't told to stay away, just to take today off, which isn't surprising given I'd already been at the hospital for nearly twenty-one hours and wouldn't have had the minimum eight hours off between shifts. That can be waived in an emergency, but given the ED was closed to trauma until 2:00pm today, it was easy for them to rearrange staffing."

"I suggest you go in, spend at least a few minutes there, and see how you feel, then call me. Could you do that at lunch tomorrow?"

"Yes."

"How are the doctors?"

"Confidentiality applies," I said.

"Yes, of course."

"No change for Doctor Lindsay, which is a good thing, given she had liver damage. If she makes it through to tomorrow morning without a setback, her prognosis will be good, though she won't be out of the woods. For Doctor Gibbs, the post-surgery swelling is going down, but it'll be Thursday morning before we know if there is any neurological damage."

"Paraplegia?"

"That's the concern. She's breathing without a vent, and her vitals are stable. All we can do is wait to see what happens."

"You didn't see either of them shot, right?"

"Correct. I did see Deputy Sommers shot and killed."

"Tell me about that."

"She heard the gunshots, ordered us to take what cover we could behind the trauma table, and then drew her pistol. She crouched and opened the door and was struck in the temple almost immediately. She collapsed, bleeding profusely, and perhaps two seconds later, a nurse and I moved to her while Doctor Nielson attended to the shooting victim whom we had been treating.

"I immediately called for an intubation kit, which my student brought me. The nurse performed CPR while I intubated, and then my student began bagging. I checked for a pulse and found none, and heard no heart sounds. We continued CPR for another five minutes with no success. I then checked the Deputy's pupils and found them fixed and dilated. Given the obvious brain injury, I determined further resuscitation attempts would be futile and called time of death.

"At that point, the nurse, my student, and I moved to help Doctor Nielsen as the seventeen-year-old gunshot victim had coded due to hypovolemia. We ran in several units of blood and tried multiple doses of epinephrine, but it was to no avail, as she'd bled out. We *might* have been able to save her without the attack, but it would have been dicey, given her wounds."

"A coolly clinical report, just as I would expect from you. What happened next?"

"Just as Doctor Nielson called time of death, Detective Kleist came into Trauma 1 and gave us the 'all clear' but asked us to stay in the room until they could escort

us out without disturbing the crime scene. That happened about twenty minutes later, which is when I found out Loretta and Shelly had been shot and the gunman killed by law enforcement. We were asked to sit in the lounge and wait to be interviewed, and I took that opportunity to call Kris and let her know I was safe."

"What were you thinking when the Deputy was shot?"

"Only about our patient and the Deputy," I said. "My mind was completely clear and focused on trying to save their lives. I felt the adrenaline effects where time dilates and thinking is rapid and clear. I was on autopilot until we pronounced both patients."

"When did the adrenaline begin to wear off?"

"When I was driving home," I said. "Fortunately, it's a relatively short drive because, by the time I arrived home, I was thoroughly exhausted but not tired. I was, in effect, still wired even though I felt the physical effects of the adrenaline wearing off."

"When you slept, did you dream?"

"No."

"Did you take anything to help you sleep?"

"Just chamomile tea before bed early this morning; nothing before my nap. I did skip coffee this morning."

"That was wise. Did you, at any point, think, 'I need a drink'?"

"No. The only thing I said I needed was sleep. Kris was waiting up for me, though Rachel was asleep. We didn't say anything to her this morning."

"Probably wise. At two-and-a-half, she'd have a very difficult time processing what happened. How is Kris?"

"She hadn't heard what had happened before I called, so she didn't have time to worry about me. She was obviously concerned after I told her, but the fact I was safe limited that. She called my parents to let them know, as well as her family."

"Do you feel ready to resume work?"

"Yes," I replied. "I'm sure I'll have somewhat closer supervision for the next few days, but that doesn't bother me. Do you have any concerns?"

"Always when someone is involved in an incident which could lead to post-traumatic stress disorder. And you know the symptoms can take some time to appear. But I think you can safely go back to work, so long as you commit to calling me with *any* symptoms -- sleeplessness, nightmares, inordinate fear, and so on. Who's going to hold you accountable?"

"Rachel!"

Doctor Mercer laughed, "Yes, of course; now, the serious answer?"

"Clarissa, of course. And Ghost -- Doctor Casper. Normally, it would be Shelly Lindsay, but she's in the CCU. And, of course, Kris will hold me to account at home."

"How is she doing?"

"Great! She's four months along, so she's showing, but she's not uncomfortable. Rachel is very interested in a baby sister but not so much a baby brother!"

"Are there any little boys with whom she gets along well?"

"My godson, Michael, but she also met a boy at the park, and Kris said she played nice with him. I really think it's just little Viktor and some other boys being so rambunctious. "

"I can't imagine that was you when you were little."

"As my mom once said, Jocelyn did a good job of keeping Dale and me in line, starting with me in kindergarten and Dale in second grade."

"How are things going otherwise?"

"Fine. There have been some positive changes in the trauma surgery program, and I'll have a PGY1 in June rather than two years from now. They accelerated the program so that when the new surgical wing opens, we'll have a full complement of trauma surgeons. Our draft class for the Match looks good, too."

"My schedule is tentatively set for 5:00am to 5:00pm on a general surgical team one week and covering the ED the next. The new PGY1, who should be Mary Anderson, a Fourth Year I've trained, will cover the ED when I'm in surgery and nights when I'm in the ED. It's a lousy schedule for her, but she'll get more training that way."

"Those swapped schedules stink, but at least they're only twelve hours."

"And it's better than ninety-plus hours per week. The only downside for me is I won't have an assignment at the Free Clinic. And neither will the new PGY1. I

felt that was valuable, but it's only for ED and Medicine Residents going forward.

"Let's skip our call in the morning and schedule one for a week from tomorrow. We can cover both topics then."

"OK."

I thanked her, left, and headed to my grandfather's house. I wasn't surprised to find my mom, Stefan, Elaine, and April there, along with Paul, Liz, and Michael.

"How are your doctor friends?" my grandfather asked.

"Alive and with a chance to recover," I said. "Unlike the Deputy. Perry Nielson, one of the Attendings, said it was crazier than anything he had seen at Cook County in Chicago, and that hospital ED is basically the craziest in the country. What do you think of what's happening in the Soviet Union?"

"I believe the phrase is guardedly optimistic," my grandfather replied. "We shall see if the Communists are telling the truth, or if this is mere «маскировка» (*maskirovka*)." ("deception")

"Changing to a subject closer to home," Mom said. "How is Kris feeling?"

"She's fine. No morning sickness or any other discomfort; Liz, how are you doing?"

"About the same. I'm due about three weeks after Kris."

"How's Emmy?"



"Itching to go back to work! She's back in about three weeks. She loves having Carrie, but she is def not a stay-at-home mom!"

"No kidding!"

"She'd love to see you if you have time to stop in. I could call her."

I thought about it and nodded, "Just fifteen minutes, but yes, I'd like that. I'm going to stop and see Dad, and I'll stop by Emmy's after that."

Liz made the call, and after dinner with my extended family, I stopped in to see my dad and answered the same questions I'd answered for everyone else. I spent about thirty minutes at my dad's house, then headed to Emmy's house.

"And here we are, unable to play doctor!" she teased after a hug.

"That was a long time ago, Deputy!" I said. "Not to mention we're both married to other people!"

"True! I spoke to Scott Turner. He put three in the asshole's X-ring."

"And Detective Kleist from McKinley PD added two for good measure. Sorry, I couldn't do anything for Tracy Sommers."

"Not your fault, Mike."

"Thanks. Can I see Carrie?"

"She's sleeping, so if you're quiet."

"Been there, done that," I chuckled.

Emmy laughed and nodded, and we walked down the hallway of the ranch house she and Al had bought just before Carrie had been born. Carrie was a cute little infant, and after about thirty seconds, we went back to the living room.

"Scott told me you disarmed a perp in the ER waiting room."

"A wrist lock that prevented him from pulling a gun from his jacket pocket. Deputy Turner was first through the door, and I called out to him. I didn't disarm the guy, but I certainly prevented him from being shot by the second-best shot in the state!"

Emmy laughed, "He'll never live down being beaten by a girl! Al won't shoot with me because I kick his ass every time!"

"You seem to be very happy."

"I'm doing something I love, and which I'm very good at, and I have a wonderful new daughter with Al! What else could I ask for?"

"I'm glad."

"And you?"

"Mostly happy at work and looking forward to baby number two; well, the first with Kris."

"Mostly happy?"

"There have been some ups and downs, but things are pretty good. A bit more drama than I would have preferred, but until yesterday, I would have said things were going as well as could be expected with a new program."

"You enjoy it, though, right?"

"Like you, I'm doing what I love and something I'm good at."

Emmy smirked, "True when I was sixteen and you were eighteen, too!"

"Fond memories! I do need to get going because my girls are waiting for me."

"Don't be a stranger, Mike! Let's get the families together."

She walked me to the door, we hugged, and I walked to my car. I waved, got in, and headed back to McKinley.



## **February 21, 1990, McKinley, Ohio**

"How are you doing, Mike?" Gale Turner asked when I arrived at the Free Clinic on Wednesday morning.

"I'm OK. I saw a counselor yesterday, and she called Owen Roth to clear me. I spoke to him this morning, and I'll be back doing procedures tomorrow."

"Good. You'll have only exams and birth control requests today. I'll handle anything else. That's per Doctor Cutter."

"Understood."

"OK. Get to it!"

I left his office and went to the break room, where Trina jumped up and hugged me.

"I'm so glad you weren't injured," she said. "When I heard two doctors were shot, I thought the worst. How are the doctors?"

"Shelly Lindsay is improving and will be moved to CCU from ICU today. Loretta Gibbs will have a neuro exam later today. She's still in the CCU."

"Hi, Doctor Mike!" Nurse Michelle said, coming into the break room. "I'm glad you're OK."

"Me, too!"

"We have our first patient," she said. "Employment physical for the PD."

"Sworn officer or civilian?"

"Sworn officer; a detective coming here from a small town in Eastern Kentucky. She actually started on Monday."

"OK. Bring her to the exam room, and we'll get started."

The exam was routine and was the first of seven appointments before lunch, six of which were either for new or renewed prescriptions for birth control. When it was time for lunch, I let Doctor Turner know I was heading to the hospital to do what Doctor Mercer had suggested, and about ten minutes later, I parked and went in the usual entrance, which was now staffed by a security guard. He didn't ask for ID, so I walked down the long corridor, past the main entrance, and into the ED, where a Sheriff's deputy checked my ID before admitting me.

"Mike?" Ghost said. "Is everything OK?"

"Yes," I replied. "My counselor suggested I come visit today to see how I felt walking into the ED."

"How *do* you feel?"

"Strange because I'm wearing a tie and my medical coat! How is Loretta?"

"Not good. They called for specialists from Cleveland Clinic and OSU to consult."

"Is she awake?"

"Yes, I'm sure she'd want to see you if you have time."

"I'll make time," I said. "Any update on Shelly Lindsay?"

"Bob Aniston said she's out of the woods but will have a long recovery."

"That's a relief. Did they move her to the CCU?"

"Yes."

"OK. I'm going up to see them, but I need to step into Trauma 1 first, if it's open."

"It is."

"Thanks."

I walked into Trauma 1 and still felt OK, so I left the ED and headed to the CCU to see Shelly and Loretta. I spoke with the charge nurse, and she gave me permission to enter the CCU ward. I saw Shelly Lindsay first and stopped at her bed.

"Hi, Shel," I said. "How are you doing?"

"Feeling no pain," she said, holding up the control that let her dose herself with pain medication.

"Ghost said you're in good shape, all things considered."

"The worst part is being stuck in bed here for several weeks."

"Nobody likes being in the hospital, and we doctors are the worst patients. I only have a few minutes before I have to leave to get back to the Free Clinic, so I'm going to see Loretta."

"They told you, right?"

"Yes. I'll come see you every day."

"Thanks."

I squeezed her hand, then walked over to the opposite end of the ward.

"Hi, Lor,"

"Hi, Mike."

"I'd ask how you were doing..."

"They told you, right?"

"Yes. What did Baker and Cohen say?"

"Not much beyond the damage is at L3."

Which meant basically no function below her navel if the damage was permanent.

"Is there anything I can do for you?"

"Put in a good word with the boss? And I don't mean Cutter."

"You're in my prayers every day, Loretta. Have you seen Bobby and Bobby Junior?"

"Bobby came up to see me after a run this morning. I can't see Bobby Junior until I'm out of the CCU."

"OK. I'll come see you tomorrow. I need to get back to the Free Clinic."

"Thanks for coming, Mike."

"You're welcome."





## II. Aftermath

### February 22, 1990, McKinley, Ohio

On Thursday morning, when I arrived at the hospital, Nurse Nicole let me know that Doctor Roth wanted to see me. I decided to go straight to his office, wearing my tie and medical coat, and change afterwards.

"You wanted to see me?" I said to Doctor Roth from the door to his office.

"Come in, please, and shut the door."

I did as he asked and sat down across the desk from him.

"How are you?"

"Fine," I said. "I slept OK last night, and I don't feel impaired in any way."

"Good. We have a bit of a staffing problem with losing Shelly for an extended period of time. I spoke with John Cutter and Brent Williams, who's the Acting Chief in the ED, to work out a solution. We've had to juggle, and Medicine is going to lend Emergency Medicine two Residents and bring in *locum tenentes* to cover. Two are necessary, as he needs to cover for Loretta and for you.

"I'm sure you know that it's nigh on impossible to fill an empty Resident slot in February, and Shelly is a PGY5. The best we could possibly do is someone who failed to Match last year, and that is not something I want to contemplate. That means you'll take on some of Shelly's role and be on-call for the ED. Basically, going back to the old way, or how it is when you aren't on shift."

"It sounds as if my hours are changing."

"As of today, unless you need time to make arrangements for childcare. You'll have Shelly's current 0500 to 1700 shift, the same as we plan for you to have in June."

That meant I could leave at 5:00pm, which was a good thing, and having my weekend free was a good thing. There was, though, one concern.

"What about the Free Clinic?" I asked.

"Doctor Saunders will take over that shift," Doctor Roth said. "We can't afford to lose a surgeon, even if you can't completely cover for Shelly."

I really didn't want to give up that shift, but there wasn't much I could do about it, as nobody outside surgery could perform the procedures I was authorized to do in the ED.

I nodded, "OK. Who from Medicine?"

"Doctor Gómez and Doctor Saunders. The rule used to be more senior Residents, but Doctor Saunders has completed her ED rotation and had very high marks. She works a shift schedule almost identical to yours, so she'll take on your students; you'll take Shelly's."

"The ED will be short an Attending," I observed.

"Fortunately, that's not my problem," Doctor Roth said. "Brent Williams was authorized to accelerate hiring an Attending who was to start in June. He can fill you in, if you want more information."

"OK. Who are Shelly's students?"

"Erin Jackson and Todd Blythe. You interviewed Erin, and she's on our Match list; Todd is Third Year and hasn't decided."

"OK. Does Brent know I won't be in the ED today unless I'm called?"

"Yes."

"Dress code?" I asked with a raised eyebrow.

Doctor Roth laughed, "John Cutter said to cut you some slack and say it would be OK for you to conduct rounds in your scrubs."

"And what do *you* think?"

Doctor Roth smiled, "That 'advice' from Cutter is similar to 'advice' from your Bishop!"

I laughed and nodded.

"And off the record?"

"I think the public perception is that patients are actually more comfortable with a doctor in scrubs in the hospital. In private practice, ties and medical coats are still appropriate."

"I appreciate it. Who is handling Shelly's surgeries?"

"Some of the more junior Residents will have a chance. I'll see what I can do for you, but with you covering the ED, we have to be smart about it."

"Am I cleared for all procedures?"

"I don't see why not. You seem to be on an even keel, and Doctor Mercer believes it's OK to throw you back into the fray. Go find your students and bring them up to speed on the new plan. You'll be supervising prepping Burke's patients today and tomorrow. Shelly was on his team."

"Any updates on Shelly or Loretta?"

"Shelly continues her recovery, and if it continues apace, she'll move from the CCU to Medicine on Monday. Her liver function is good, which was the obvious concern besides the hypovolemia. Loretta has an incomplete SCI at L3. Late yesterday, she regained some sensory function in her right leg, which is a hopeful sign but is not definitive one way or the other. Neither specialist is willing to make any kind of prognosis at this point."

"OK. I'll check in on both of them each day I'm here."

"Then get to it, Doctor!"

"Right away!"

I left his office and went to the locker room to change into my usual red scrubs, then went to the lounge where I saw a pair of students -- a short brown-haired girl and a lanky black-haired guy.

"Good morning, Erin; I presume you're Todd?"

"Yes," he said as they both stood up.

"Hi, Doctor Mike," Erin said. "Shall we present the pre-ops?"

"Yes, please. A quick note before you begin -- things will change because I have a different role from Doctor Lindsay. Todd, I'll want to see your procedure book after Erin presents."

"We have two procedures today," Erin said. "We verified all labs and vitals for each patient are in range..."

"Sorry to interrupt, but I'd like to hear the actual vital signs and any labs that are borderline, please."

"Sorry, Doctor."

"It's OK. I do things differently. Continue, please."

"Patient one is a sixty-seven-year-old male scheduled for a resection of a functional adenoma. BP is 150/82; pulse 75; PO<sub>2</sub> 98% on room air; EKG shows normal sinus rhythm with no variation; fasting glucose is 162; cleared for surgery by Doctor Burke.

"Patient two is a nineteen-year-old female scheduled for excision of an osteochondromas of the right knee. BP is 114/62; pulse 64; PO<sub>2</sub> 99% on room air; EKG shows normal sinus rhythm with no variation."

"Distance runner?" I asked.

"Marathons," Erin replied. "All labs were completed and verified for both patients and no anomalies other than the fasting glucose on patient one. Both have been NPO since midnight."

"What's next?" I asked.

"Patient one needs to be shaved and an IV inserted."

"OK. We have a few minutes before we need to do that. Todd, may I see your procedure book?"

Todd handed me his book, and I flipped through it. While I had interviewed Erin, I hadn't worked with her, as I hadn't been in the ED when Erin had served her Clerkship. Her Sub-I would be in April and May, but with my new assignment, I wouldn't see her in the ED.

Todd hadn't had an Emergency Medicine rotation -- it was scheduled for April and May as well. His book showed what I considered sufficient procedures for a Third Year who hadn't yet had his Emergency Medicine Clerkship.

"I'm assigned to cover the ED," I said. "That will be our main focus. The usual procedure is for the Fourth Year to stay on the ward and the Third Year to accompany me. If possible, I'll take you both to observe. Any questions?"

"Will we have a chance to scrub in?" Erin asked.

"I can't promise, given I'm a PGY1, and I've been assigned to the ED as part of the trauma surgery program. Let's go see our first patient. Todd is to present when we go into the room. Please introduce me as 'Doctor Mike'."

"Yes, Doctor," he said.

The prep was routine, with Erin inserting the IV and Todd shaving the area where the incision would be made. Doctor Burke came to check on the patient, and Erin presented. Shortly after he left, anesthesia arrived, and twenty minutes later, we moved the patient to OR 2.

"I'm going to go check on Doctor Gibbs and Doctor Lindsay," I said. "Use the time to study, please."

I left the surgical ward and headed for the CCU to see both Shelly and Loretta.

"Morning," I said to Shelly Lindsay. "I hear things are looking up."

"That's what they tell me. Give me a peek at my chart?"

I chuckled because patients weren't usually allowed to review their own charts, and there was no official exception for doctors. I took the chart from the hook at the end of the bed and handed it to her. She flipped through it, handed it back, and I hung it on the hook again.

"Hoping to get rid of the catheter?" I asked with a grin.

"Yeah, but the screws won't let me out of bed until I move to Medicine."

"I've been inside Southern Ohio Correctional Facility in Lucasville," I said. "This is *nothing* compared to that!"

"What were you doing there?"

"Prison ministry. I thought I told you about that, but perhaps not. Anything I can get you?"

"A pizza?" Shelly suggested.

"I wonder if anyone has ever tried to call for delivery from a hospital bed?"

Shelly laughed, "I should do that just to see Baker's reaction!"

"On a serious note -- anything I need to know about your Third Year?"

"He's competent and attentive, about all we can say about most Third Years. You know we put Erin on our Match list, though I don't know if we're her first choice."

"Where else did she interview?"

"Every hospital in Cincinnati. If you recall, she's from Milford, and I think she'd prefer to go back."

"I had the impression during the interview that she had a reason to be in this area."

"Boyfriend, but they broke up right before her Match list was due."

"Well, that was inconvenient. I take it he works here?"

"He's an engineer who works for the McKinley Water Department. They met at a chess tournament and then went to UC together."

"We played against Milford during my Junior year in a regional tournament, but I don't recall seeing her. And I haven't played much at all since I graduated. I bet she knows a friend of a friend who I met in Cincinnati. Anyway, I need to see Loretta and then get back to the ward. I'll come see you tomorrow; call me if you need anything I can provide."

"Thanks, Mike."

I squeezed her hand and then went to Doctor Gibbs' bed.

"Morning, Lor," I said. "Owen Roth said there was a significant improvement."



"Hi, Mike. I have feeling in my right leg except for a few spots on my inner thigh; no voluntary muscle movement, though."

"You had significant trauma, Lor. It's only been three days. Getting feeling back is a good sign. Did they tell you about the staffing changes?"

"No. What?"

"Clarissa Saunders and Antonio Gómez are assigned to the ED until the end of May; I'm covering for Shelly but handling ED consults during my shifts. Obviously, I can't do everything Shelly did, but they're short surgeons, so I'll be doing most of the daily scut. Burke is bringing in two *locum tenentes* to cover for Clarissa and Antonio. Clarissa will cover my Free Clinic shift as well. Owen Roth says that Brent Williams is going to try to accelerate hiring an Attending and has permission to hire right away if he's able."

"What a mess," Loretta said. "Any more information about what happened?"

"The Sheriff is not saying much because they're still investigating the original incident. He scheduled a press conference for 1:00pm tomorrow to give a status update. They did arrest two suspects in the original incident. You know what happened with the guy who attacked you and Shelly and killed Tracy Sommers. Her funeral is tomorrow."

"Scott Turner, right?"

"And Jill Kleist. Five rounds total, all hits."

"How are you doing?" Doctor Gibbs asked.

"I'm sleeping OK and have no nightmares. I went to the ED yesterday and didn't have a bad reaction."

"Keep talking to your counselor."

"You, too. I hate to cut this short, but I need to get back to the ward. I'll stop in on my way out today."

"Thanks, Mike."

I left the CCU and returned to the ward just in time to be called for a consult. I went to the lounge and asked Todd to join me, and we went down to the ED.

"Mike Loucks, surgery," I said, walking into Trauma 2. "What do we have?"

"Hi, Mike," Naveen Varma said. "Kelly Jordon; twenty-year-old female; high-speed MVA; stable vitals; unit of cross-matched whole blood; abdominal guarding and distension; no penetrating wounds. Ultrasound is ready for you."

"Thanks, Naveen."

I performed an exam and confirmed Naveen's observations, then performed an ultrasound.

"Free fluid in Morison's," I said. "Todd, call upstairs and let them know we have an ex-lap with possible splenic involvement. Report the vitals, please."

"Right away, Doctor Mike!" Todd replied, then made the call.

After a brief conversation with the nurse, he said Doctor Roth wanted to speak to me.

"Yes, Owen?"

"Looks like it's you and me," he said. "Bring your patient up, and both your students can scrub in. We'll decide on whether to do an open or laparoscopic procedure after evaluation."

"We'll be up shortly," I said.

I hung up and asked Naveen to have one of his students call for transport, which they did. Eight minutes later, we wheeled Ms. Jordan into OR3. Todd and I went to the scrub room where Erin was already scrubbing in under the watchful eye of Nurse Ellen. Once we all finished scrubbing in, we joined Doctor Roth, Doctor Birch, and an anesthesiologist I didn't recognize.

"Open procedure, Mike," Doctor Roth said. "You're third surgeon, so you handle the suction, and if there are no complications, I'll have you close."

"Understood," I said.

Fifteen minutes later, the spleen was exposed.

"That doesn't look like a lot of damage," Paul Birch observed.

"I agree," Doctor Roth replied. "Mike, what's the choice for the best prognosis?"

"Resection," I replied. "It's possible to repair minor splenic lacs, but in anyone over eighteen, splenectomy is the preferred choice, based on overall outcomes."

"Mike is correct," Doctor Roth said. "Paul, this should be an easy one. Are you ready to perform your first splenectomy?"

"I am," Doctor Birch replied.

"Then switch places with me, and I'll assist."

The procedure was textbook, with no complications, and I was allowed to close, something I'd done several times. That boded well for my training rotation, which would start in June, as I had demonstrated proper technique and knowledge to move to the next phase, which would include performing initial incisions.

When I completed the last suture, Doctor Roth asked Paul to take the patient to recovery, as I had to remain on call. I was extremely happy I hadn't been called out of the surgery, as that was a distinct possibility, given we were short-staffed.

I had just changed into fresh scrubs when Sarah, the Charge Nurse, let me know that I was needed in the ED for a central line. I called to Todd, and we took the stairs down to the first floor and hurried down the corridor into the ED. I stepped into Trauma 3 to find Ghost and Clarissa working on a patient who had been in a construction accident. I quickly inserted the central line, then, at Ghost's request, performed a pericardiocentesis and finally performed a surgical assessment.

"I'll take him," I said. "Todd, call up and let them know we have a patient coming right up."

He made the call while Ghost filled me in on the vitals and treatment. Clarissa, Max, Todd, and I transported the patient to OR3, which was being hurriedly prepared by the nurses.

"What do we have, Mike?" Doctor Roth asked when my students and I joined him in the scrub room.

"Traumatic amputation of the left arm at the elbow; central line and two litres of plasma; fluid in the pericardium aspirated by pericardiocentesis; BP 90/50; tachy

at 110; intubated; PO<sub>2</sub> 96%; five of morphine in the field; tourniquet applied just under forty minutes ago by a co-worker. No recovery of the severed limb."

"Any other injuries?"

"None appreciated. Main concern is hypovolemic shock, but the tourniquet was applied almost immediately and the paramedics got plasma into him right away, along with IV saline."

"OK. It's a cleanup job, then. How much of the arm is left?"

"The humerus appears intact to the trochlea. I'm not sure if there's enough muscle to cover the bone."

"Tendons?"

"None appreciated on visual inspection."

"Julie, get the fluoroscope set up, please," Doctor Roth said to the circulating nurse.

Five minutes later, we were in the OR, and Doctor Ross began examining the patient's arm.

"What have you got for me today, Owen?" Kenneth Cole from Orthopedics asked.

"Traumatic amputation of the left arm at the elbow. Humerus is intact, there does not appear to be enough muscle to cover the end of the bone, and there's significant ligament and muscle damage all the way to the deltoid."

Doctor Cole joined Doctor Roth, and they viewed the fluoroscope together, then Doctor Cole performed a visual examination of the injury.

"I suggest we revise the amputation to facilitate a prosthesis," Doctor Cole said.

"I concur," Doctor Roth said. "Todd, we're done with the fluoroscope," Doctor Roth said. "Please store it. Julie, bone saw tray, please. Mike, no need for you and your students to stay."

"OK," I agreed.

I was disappointed, but I knew I had responsibility for consults, and with Doctor Cole in the OR, there were four surgeons, as Doctor Cole's Resident had come with him. My students and I left the OR and went to the lounge.

"I hear you played on the Milford chess team," I said to Erin. "I know a guy who played with you -- Larry Higgins."

"Our best player! He's a Grand Master now. I take it you met him at a tournament?"

"Yes, and then again when Doctor Saunders and I went to interview at UC medical school."

"He didn't get in," Erin said. "So he decided to go to nursing school. He's working at The Christ Hospital in Cincinnati."

"Feel free to refuse to answer, but I strongly suspect you knew the guy who invented 'strip chess'."

Erin laughed, "Oh my God, talk about crazy! I'm sure you're referring to Steve Adams, but it was his girlfriend, Jennifer, who invented it."

"That's the guy," I said. "Was Milford as crazy as the rumors say it was?"

"And then some!" she said, shaking her head. "But it was a lot of fun!"

"I bet! Harding County High was not like that, despite the best efforts of my closest guy friend and me!"

Erin laughed, "I'm pretty sure our High School wouldn't have been nearly as crazy without Steve and his female friends. He's in Chicago now, and from what I hear, he runs a computer company."

"Todd, where are you from?"

"Detroit. I went to University of Detroit Jesuit High School and Academy, an all guys' school. That kind of limited the craziness!"

"Bummer!" Erin declared with a soft laugh.

"Yeah."

I checked my watch and excused myself to call down to the ED to see if Clarissa was free for lunch. She checked, and five minutes later, we met in the cafeteria.

"Having fun with your new assignment?" I asked.

"I did NOT sign up for this! Did you have anything to do with it?"

"No. I only found out this morning when I spoke with Owen. Given the surgical team is already understaffed, losing a senior Resident is a big problem, so they yanked me out of the ED three months early."

"Did you see Doctor Gibbs and Doctor Lindsay?"

"Yes. Loretta regained some sensory function in her right leg, which is a hopeful sign. Shelly's labs look good. She asked me to bring her a pizza."

Clarissa laughed, "And?"

"I suggested she order delivery, and she wondered what Baker would think about that."

"I don't think he'd be amused! Anything I need to know about your med students?"

"They're all basically average," I said.

"How are you holding up?"

"OK. The weird thing is I wasn't scared. I think I was too focused on trying to save Tracy Sommers and the seventeen-year-old victim. I'm very curious to see what Sheriff Tomkins has to say tomorrow. I can't piece together a sequence of events."

"I'm curious, too," Clarissa said. "What did you say to Rachel?"

"Just that Bobby Junior's mom was hurt. I'm not sure how you explain something like that to a two-and-a-half-year-old."

"I'm not sure how you explain it to a thirty-year-old!"

"What's your opinion of gun control?" I inquired.



"An impossible task and the end result will be that only the bad guys and cops have guns."

"Clark would say that means ONLY bad guys have guns!" I observed.

"But you don't agree, right? You've always had good relationships with the police and deputies."

"Except when Angie was missing," I countered.

"That was Dean «сука» (*suka*), not the cops!" ("bitch")

"I almost never use Russian these days."

"That's because you've done the one thing that NOBODY has done since Napoleon -- surrendered to the French!"

"And I very much enjoyed the surrender ceremony!" I said with a smirk. "So much so that I was happy to reenact it multiple times!"

"Doctor Pig makes his appearance!" Clarissa exclaimed with a laugh.

"I make no apologies for enjoying sex with a hot French girl!"

"You made no apologies for enjoying sex with ME, Petrovich! And I'm a lesbian!"

"You have the right parts in the right places, Lissa!"

"As I said, Doctor Pig!"

"Nah, Doctor Pig would have drinks with Jill Kleist or Louise Rehling at .38 Special or have taken Deputy Nelson up on her offer to play doctor!"

"Emmy still has the hots for you?"

"What can I say?" I asked with a grin.

"I know how you could make Clark laugh and then cry!" Clarissa smirked.

"How would YOU know?" I asked with an arched eyebrow.

"Just an educated guess based on statistics!" Clarissa smirked.

"And one confirmed by Emmy years ago," I chuckled.

Clarissa laughed so hard she attracted attention of others in the cafeteria. I simply continued eating my lunch nonchalantly.

"You're serious?" Clarissa asked a minute later when she'd finally regained control.

"Deadly', I smirked.

"Can anyone join this party?" Sophia asked, coming up to the table.

"Sure," I said.

"I have to ask -- what caused Clarissa to laugh so hard?"

"Mike has a reference who confirms that it's NOT true what they say about bwack men!" Clarissa said and giggled for the first time in years.

Sophia smirked, "I could have told you that from personal experience! Well, at least with regard to Mr. 'they said you was hung'!"

"This convo just got WAY out of control!" I declared.

"Come on!" Sophia smirked. "You have to say 'and they was right!'"

"And this is where Doctor Mike says he needs to return to surgery!" I said, shaking my head.

"I heard they shuffled people around," Sophia said.

"I'm assigned to Emergency Medicine until the end of May," Clarissa said. "Mike is upstairs but handling consults."

"Have you been to see Doctor Gibbs and Doctor Lindsay?" Sophia asked.

"Yes," I replied. "Doctor Lindsay is doing well, and her liver function tests are all in range. Doctor Gibbs has recovered some of her sensory function in one leg, which is a good sign. And I hate to eat and run, but I do need to get upstairs to supervise my students prepping the next patient."

I left the cafeteria and returned to the surgical ward. The afternoon was routine, with two consults -- a rule-out appy and ingested coins -- neither of which resulted in admissions. At 5:00pm, I called home to let Kris know I was on my way home, that nothing was wrong, and that I'd explain once I arrived.



## **February 22, 1990, Circleville, Ohio**

"Overall, that sounds like a positive thing," Kris observed once I'd laid out the plans for the following three months.

"With regard to the schedule, yes, but you know me - I like the adrenaline rush that comes with Emergency Medicine."

"You'll just have to get 'high' on something else!" Kris said.

"My *other* rush comes from an activity which is increasingly complicated for the next six months!"

Kris laughed softly, "And yet, Doctor Forsberg says it's OK through the eighth month!"

"With some accommodation for your belly, which makes our preferred lovemaking position difficult!"

"Poor baby! He can have the «minou», but just not the way he prefers!"

"Despite what I said, it wasn't a complaint; it was an observation!"

"Well, this liberated French woman does NOT tolerate the usual antics by French men in such circumstances!"

"Nor does this 'reactionary' American!"

"Do you get hit on?" Kris asked.

"Occasionally," I said. "Interestingly, it's mostly cops because Becky and Kellie have put the word out to nurses and nursing students to stay away, which I appreciate. And no medical student who has enough brains to become a physician would do that at this point, given the changes to the rules."

"Male police?" Kris asked with a goofy smile.

"No!" I chuckled. "Detectives Rehling and Kleist, both of whom are divorced. I did get hit on by a guy once, many years ago. I politely declined, saying I was straight."

"Not Robby, right?"

I chuckled, "Robby and Lee flirted incessantly with me, to the point where Sophia called it 'foreplay' when he joked around. No, it was one of Milena's friends, and he was positive I was gay after two of Milena's female friends danced with me in a way that Sophia described as the hottest thing she'd ever seen where everyone was clothed! One of the girls was behind me, and one in front, and it was extremely obvious what they wanted. I declined, and that's when the guy hit on me."

Kris laughed, "Because no straight male would turn down a threesome with two hot girls?"

"That was his thinking. Let's just say that wasn't the only pair of girls I frustrated."

"Just how many opportunities did you have for having multiple girls at the same time?"

"Plenty!" I chuckled. "I revealed I had done that on two occasions, but, and I'm being completely honest, that was not my thing. I far prefer my one-on-one encounters with you!"

Kris smiled, "But a sexless *ménage à trois* is OK?"

"Before her final meltdown, Angie suggested that would be the case with whomever I married. I could see how you and she could say that about Clarissa,

especially given that she and I will eventually have a baby together. Artificially, of course."

"You love her more than anyone," Kris observed. "And no, I'm not jealous in any way. It's my little sister who is green with envy!"

I chuckled, "And yet, she has her eye on at least one boy at the Cathedral, so the crush will pass."

"Yes, of course! In my experience, they always do. The key is not to do something foolish because of what you Americans call 'puppy love'."

"I'm going to remind you that YOU are an American, my Franco-Russian partner!"

"And yet, I do not subscribe to many of the foolish ideas here, especially about guns."

"I actually had a brief discussion with Clarissa about that and pointed out that Clark would say the theory of 'only the government can have guns' results in *only* the bad guys having guns."

"Given the racism here, I can understand his point, but can you see mine?"

"If guns, like nuclear weapons, could simply disappear, human beings would still find ways to kill each other, both in small numbers and in large. Before nuclear weapons, we had World War I. How many died at the Battle of the Somme?"

"France lost at least 50,000 killed or missing, and the British Commonwealth nearly twice that many, including close to 20,000 on a single day. I don't know

how many of «Les Boches» were killed, but the total casualties were over a million."

"So, ten times Hiroshima or Nagasaki. I recall the number of German soldiers killed was over 150,000, which was more than either atomic bombing. Let's go back before machine guns -- how many French died in Napoleon Bonaparte's wars of conquest?"

"Close to two million French soldiers and civilians," Kris admitted. "And as many as five million from other countries."

"Who had most, if not all, of the guns?"

"You are VERY difficult, Mike," Kris said playfully.

"Thank you!" I declared. "Shall we make dinner and spend time together as a family before I take you to bed?"

"Yes!" Kris readily agreed.



## **February 23, 1990, McKinley, Ohio**

On Friday, at 1:00pm, the surgical staff who were not in an OR gathered in the lounge to watch the televised coverage of Sheriff Tomkins' press conference.

Ladies and gentlemen, I have a joint statement on behalf of Chief Donner and myself, then we will take questions.

At approximately 5:30pm on Monday, February 19, uniformed McKinley police officers responded to a domestic disturbance call made to 9-1-1. Upon arrival, police found

four gunshot victims, one of whom was deceased. Three victims were transported to Moore Memorial Hospital by the Hayes County Fire Department.

Detectives investigating the original disturbance call filed their final report yesterday with the following conclusions:

An adulterous, romantic relationship between a seventeen-year-old girl and fifty-six-year-old Jack Collins led to the minor girl being impregnated. When her father, Leroy Hoffman, discovered this, he confronted Mr. Collins by brandishing a handgun. The argument grew heated, and Kelly Collins, wife of Jack, retrieved a shotgun and advanced on the arguing men. The shotgun had not been cocked, but when she pointed it at Mr. Hoffman, he fired a round, striking her in the chest, killing her instantly.

Mr. Collins grappled Mr. Hoffman, and they struggled for the gun. The gun discharged, wounding Mr. Hoffman and leaving Mr. Collins in possession of the firearm. At that point, the minor and her older brother, Mark Hoffman, came upon the scene. Mark Hoffman drew a concealed handgun, and he and Mr. Collins engaged in a gun battle in which the minor girl was shot three times and her brother once, while Mr. Collins escaped any injury.

Police secured the scene, but unknown to them, Jack Collins Junior, age thirty-six, had left the scene and had made his way to the hospital in search of Mr. Hoffman. When he arrived at the hospital, he entered the Emergency Department through unsecured ambulance bay doors and was confronted by a nurse, who he shoved out of the way. He brandished the pistol and began looking for Mr. Hoffman.



At that point, he was confronted by Doctor Michelle Lindsay, who had just come out of a trauma room. He shot her once, in the stomach, then fired again, striking Doctor Loretta Gibbs in the back. At that point, members of law enforcement who were in treatment rooms responded. Mr. Collins took cover behind the nurses' station, and when he saw Deputy Tracy Sommers, he fired a single round, striking her in the temple, instantly killing her.

As he began to move, he was confronted by Deputy Scott Turner and Detective Jill Kleist, who each fired at him. Mr. Collins was struck by five rounds and died instantly, bringing the incident to an end.

Deputy Sommers, Deputy Turner, and Detective Kleist acted in the best tradition of law enforcement and brought the incident to an end with minimal loss of life.

The first question was the one I would have asked -- why there was no law enforcement presence in the corridor.

"Our practice, in such cases, is to secure the scene and to protect the individual victims. Detective Kleist, Deputy Turner, and Deputy Sommers were each in a treatment room. I didn't say this in my statement, but the time from when Mr. Hoffman brandished his firearm until he was shot by law enforcement was just under fifteen seconds. Mr. Collins was a former Army Ranger and was able to accurately discharge his handgun in what was, for him, a combat situation.

"Both Chief Donner and I have agreed that in future incidents, we will station at least one armed officer at the unlocked entrance. In addition, Moore Memorial will be employing off-duty members of law enforcement as security

in the Emergency Department. As those will all be sworn officers, they will be armed."

"That can't be the right solution," Sarah, the Charge Nurse, said. "Guns in the hospital?"

"There was a very tense debate about that," Owen Roth said. "That's why it's off-duty cops and deputies. We couldn't allow armed private security. It's not perfect, but the County Board insisted due to liability concerns."

"That seems like a bad reason to bring guns into the hospital," I said. "I mean, I get responding officers and deputies, but armed security? I'm not anti-gun, but it just seems wrong."

"To me, too," Doctor Roth agreed. "The Board approved money for full security doors for the ambulance bay in the new ED. They'll require a swipe card, but there will also be an emergency mechanical release on the inside in case the system fails. We might be able to dispense with permanent security at that point, but I wouldn't count on it."

"Swell," I said.

The rest of the press conference didn't shed any additional light on what happened except to fill in some other background details and to note that Deputy Sommers would be posthumously awarded a medal for gallantry. When it concluded, I still had a question that had not been asked nor answered -- how could the seventeen-year-old girl have been shot three times during the events described?



## February 24, 1990, Southern Ohio Correctional Facility, Lucasville, Ohio

I stopped short when I walked into the common room at the prison, seeing someone I hadn't seen for nearly eight years -- Charlie Fox, the rapist who had, for a day, been my roommate. I wondered if he recognized me in the cassock and with a beard, as I'd been clean-shaven when we'd met. He was with an older gentleman in a suit, who I suspected was his dad but who also might have been a Protestant pastor.

I also knew that Len Nelson was in the prison, but I'd heard he was in segregation due to incidents between a group of what amounted to neo-Nazis and black prisoners. I had zero desire to see him, and he was locked up at least until 2015, given his 'twenty-five to life' sentence. His association with the neo-Nazi's would likely mean he wouldn't get out after only twenty-five years.

"Morning, Frank," I said when I sat down at the table with him.

"Morning. I expected you tomorrow, with the deacon who brings communion to Nick. Did your schedule change because of the shootings?"

"Yes. One of the doctors who was shot was a surgeon, so they moved me out of the ED to surgery to help cover, and moved other doctors around to cover the ED, as the Chief Attending was one of the ones who was shot."

"How close were you to the shooting?"

"The Sheriff's Deputy was shot right in front of me, but I never saw the gunman until about twenty minutes after the police killed him. We were in a trauma room, and Deputy Sommers was responding to the gunfire when she was shot after opening the door of the trauma room."

"I'm glad you weren't hurt."

"Me, too!"

We played our usual games of chess, then the group gathered for prayers, including a new addition. Once the prayers were completed, I took time to talk to each man, including the new guy.

"Alan Edwards," he said, extending his hand.

"Doctor Mike Loucks," I said. "And also a chaplain, which I suspect is obvious."

"The black robes kind of gave that away."

"What are you in for?"

"I thought you would recognize the name. You were taking guitar lessons from Anicka Blahnik when I was arrested."

"A plea bargain of eight years for rape, if I recall correctly."

"I was a complete idiot, and I have nobody to blame but myself. Do you play in public at all?"

"When I have time. I'm in a band -- Code Blue -- with four friends. We play four or five gigs a year."

"What do you play?"

"Mostly covers of rock and pop from the 50s through the current day, though I also play some traditional Russian music on the balalaika."

"I recall Anicka saying you had significant voice talent."

"She and Milena both tried to convince me to sing with Milena and try out for parts in musicals, but I was pre-med, so I simply didn't have the time. Is there anything you need?"

"A time machine to go back and not allow a horny thirteen-year-old to convince me to do something I knew was wrong."

"Fresh out of those," I said.

"What church do you represent?"

"The Orthodox Church in America, whose heritage is the Russian Orthodox Church."

"Some of the best choral music ever written," he said. "The Divine Liturgy by Tchaikovsky is a beautiful masterpiece. The one by Rachmaninoff is almost as good. Do you sing at church?"

"I have, in the past, but again, it was time that interfered. Medicine is all-consuming."

"So is music," Alan observed.

"I agree. Do you have a chance to play?"

"Believe it or not, we have a small group that plays chamber music. I also fiddle, which is far more popular here than Classical."

"I can imagine."

"How often are you here?"

"Once a month. If there's anything you need, let me know, and I'll do my best to procure it or arrange it, with the obvious limitations."

"Thanks."

We shook hands, I said goodbye to the men, then left the prison to head home to Kris and Rachel.

### III. Appendectomy

#### February 26, 1990, McKinley, Ohio

The formal funeral for Deputy Sommers was conducted on Monday morning, but I wasn't able to attend due to my shift at the hospital. She received full honors from the Sheriff's Department, the McKinley Police Department, the Harding County Fire Department, and the Ohio State Patrol. The flags at every fire and police station in the county had been flown at half-mast for her, and every member of law enforcement and fire protection had worn a black band around their badges.

At the time I knew the funeral mass was to begin, I was in the lounge. I quietly recited the prayers for the departed, using the standard form rather than the abbreviated form used for non-Orthodox. She had, as I saw it, given her life defending and protecting our patient and the medical staff, and as such, deserved the full prayers. When I finished the prayers, I went to visit Loretta in the CCU.

"How are you doing this morning?" I asked.

"Feeling in both legs, but it's still limited, and I can't move them."

"That's an improvement," I replied. "You and I both know that the kind of improvement you're seeing is a very good sign."

"But not determinative."

"True, but it's a strong indication you'll be able to walk again, though possibly with the need of assistive devices."

"There goes my medical career."

"You don't know that, and neither do I! What have Vanderberg and Cohen said?"

"Wait and see, but they're encouraged by the fact that I have increased sensory function."

"There you go! How long are you in the CCU?"

"Until Friday, most likely, then I'll go to a rehab facility in Columbus."

"I'm going to ask for permission to escort you," I said.

"I appreciate it. Come see me tomorrow?"

"Of course. I'm going to see Shelly now. Is there anything I can get you?"

"A working set of legs."

"In time, Doctor," I said. "You know how this works."

Loretta rolled her eyes, "Easy for you to say from that side of the bedrail!"

"We doctors make the worst patients," I commiserated. "And I was bad before I became a doctor."

"Like most men!"

"Whatever!" I chuckled. "See you tomorrow."



I kissed her cheek, then left the CCU to head to Medicine, where Shelly was in a semi-private room with a young woman suffering from kidney failure.

"Morning, Shelly," I said. "How are you doing?"

"Better now that they moved me here, but I still haven't managed the pizza!"

"I'd *kill* for a pizza!" Cathy, the young woman in the other bed, exclaimed.

"And I'd be dead if I tried to sneak one in here! Tim Baker would have my butt in a sling!"

"Doctors are just no fun!" Cathy grouched.

"Shelly and I are fun!" I countered. "It's the Chief of Internal Medicine who's the problem here!"

"Damn straight!" Shelly agreed.

"Just how much fun?" Cathy asked with an arched eyebrow.

I held up my right hand. "About as far as this ring allows!"

"Wrong hand!" Cathy exclaimed.

"Correct hand for an Orthodox Christian," I replied.

"Well, there goes my idea of trading for a pizza!" she teased, causing both Shelly and me to laugh.

"No offense intended," Shelly said mirthfully, "but fired AND divorced? Nobody is THAT good!"

"You left out 'dead'," I chuckled, "because, despite her protestations of being French, my wife is VERY Russian in certain aspects of her personality!"

"Are you sure about that?" Cathy asked with a smirk.

I laughed again, "Positive, and no, that's not an opening for you to ask for a chance to prove it! Mind if I ask about your condition?"

"Polycystic kidney disease; I'm having a transplant later this week from my cousin. It was delayed by what happened last week. Where you there, too?"

I nodded, "I was in the trauma room Shelly -- Doctor Lindsay -- had just left, and where the Deputy was shot."

"Holy smokes!" Cathy exclaimed.

"If things go a certain way, Mike might assist with your surgery," Shelly said.

"Well, that would be one way to get him inside me!" Cathy smirked, once again causing both Shelly and me to laugh.

"You, young lady, are dangerous!" I chuckled.

"I'm a college student!" she exclaimed. "We're *supposed* to be dangerous! Being a sober, responsible adult can wait until *after* I graduate!"

"What's your major?" I asked. "I mean besides guys...or girls, for that matter."

Cathy laughed, "It would increase my chances of a date on Friday nights! Finance with a minor in computers. I plan to get my MBA and become a CPA, same as my dad."

"What year?"

"Junior at OSU, but my family lives here, so that's why I'm here instead of there. I took the semester off, but I'll take classes during the summer to make up and should graduate on time."

"My wife is at OSU," I said. "She's a poli-sci major and is planning a Master's in public administration."

"What's her name?"

"Kris Korolyov. She's on what amounts to a five-year plan because we'll have our first child together in June and plan the second one about two years from now."

"First together? You have other kids? Or she does?"

"I have a daughter with my first wife, who died the day our daughter was born."

"Holy smokes!" Cathy gasped. "I don't even know what to say."

"Most people don't," Shelly said. "I can say this because I know Mike really well, but it was just one of those rare, random things which there was no way to detect or prevent. It was genetic, similar to your kidney condition."

"Is it OK to ask what happened?"

"In layman's terms, a blood vessel in her brain burst in an area where it caused her heart to stop."

"Whoa!" Cathy gasped. "Unreal."

"Surreal is more like it," I said. "I was a medical student, and all I could do was stand and watch helplessly as the medical team tried to resuscitate her. I'm sorry to cut this short, but I have to get back to work."

"Sorry if I upset you," Cathy said.

"You didn't. I need to get back to my students. Shelly, I'm glad to see your liver enzymes are completely normal. When are they kicking you loose?"

"Friday."

"And when can you come back to work?"

"I have to complete my psych evals, and Doctor Roth has to clear me medically. I'd be happy for you to do the exam."

"I BET!" Cathy teased. "He's hot!"

Shelly laughed, "And taken! I'm no homewrecker! But I trust him to give me the benefit of the doubt, unlike the headshrinkers."

"Any chance you can see someone outside the hospital?"

"No. Owen got quite a bit of guff for allowing you to do that, but he made it stick."

"I had no idea, but I guess I should have known, given my relationship with them."

"Washouts who couldn't even Scramble for dermatology!" Shelly exclaimed.

"On that note, I'm headed back to the lounge! I'll come see you tomorrow."

"And me?" Cathy asked.

"If you're here, then I will."

"Sadly, for two more days before the surgery, then a weeklong recovery."

"See you both tomorrow," I said.

I left the room and walked towards the surgical ward when my pager went off, signifying a consult in the ED. Rather than stop and use the phone, I simply picked up my walking pace and reported to the nurses' station.

"Doctor Casper needs you in Trauma 2 for a rule-out appy," Karli said.

"On my way."

I went to the lounge and let both Erin and Todd know they could accompany me to the ED.

"Morning, Ghost," I said when we talked in. "What do we have?"

"John Smythe, twenty-six, presents with typical signs of acute appendicitis. Ultrasound scan confirms."

"Let me take a quick look," I said. "You know the drill."

"A snot-nosed Resident has to confirm the diagnosis of an Attending!" Ghost teased.

"Pretty much!" I agreed, stepping over to the trauma table. "Good morning, Mr. Smythe. I'm Doctor Mike from surgery, and as Doctor Casper irreverently put it,

I need to confirm that you're a candidate for surgery. As we're a teaching hospital, I'd like my Sub-Intern, Erin, to perform the exam."

"She's gorgeous, Doc!" he said quietly, then louder, added. "Sure!"

"Erin, physical exam and ultrasound, please."

"Right away, Doctor Mike!" she exclaimed, sounding almost giddy.

She performed the basic exam, then, with guidance from me, the ultrasound.

"What do you see?" I asked.

"Enlargement, along with free fluid in the right iliac fossa. That, along with the other symptoms, is determinative. A surgical case."

"Indeed it is. Call upstairs and let them know we'll be bringing him up. Then call for an orderly."

She moved to the phone to place the call.

"Are you going to do the surgery?" John asked me.

"As Doctor Casper put it, I'm still a 'snot-nosed Resident,' so I'll assist, but a fully-trained surgeon will perform the surgery."

"How long have you been a doctor?"

"About nine months," I replied. "Surgeons train for about seven years, some longer, if they specialize. Let me explain the procedure to you, then we'll go over the consent forms."

I went over the steps of the procedure, along with the risks, then asked Todd to walk Mr. Smythe through the consent form, which he did. The orderly arrived just as that was completed, I signed the surgical admission form, clipped it onto the chart, then we headed upstairs. After handing Mr. Smythe over to the nurses, my students and I went to scrub.

"How much of this do you feel comfortable doing?" Doctor Aniston asked.

"I know the steps and assisted Doctor Blake as second surgeon on one last July. I've seen several since."

"Not the question I asked," Doctor Anniston said.

"I would be comfortable performing each step, so long as I was under close supervision and could ask for assistance."

"Then you take the lead."

"As a PGY1?" I asked.

"You can say 'no'..."

"Contrary to the opinions of numerous young women over the years, I'm not a complete idiot!"

Erin and the two nurses in the room all laughed, and Todd nodded his commiseration.

"A problem every guy has, no matter what!" Doctor Aniston agreed.

"My gay friends didn't," I said. "But otherwise, yeah."

"Being gay limits your opportunities for being an idiot," Nurse Linda declared.

"Doctor Aniston," I said. "When I assisted Doctor Blake, my medical student was allowed to close the dermis and epidermis. I'd like Miss Jackson to do that; she's signed off for unsupervised suturing."

"Seriously?!" Erin gasped.

"Seriously. Doctor Aniston?"

"Let's see how things go; if there are no complications, I'll allow it. Miss Jackson, you'll suction for us. Now, everyone scrub in!"

We did and went into the operating room together, with Doctor Aniston directing me to the primary surgeon's spot.

Doctor Bernard, the anesthesiologist, raised an eyebrow but didn't say anything.

"Hi, Mr. Smythe," I said. "Contrary to what I said before, I'll be the lead surgeon with Doctor Aniston here watching me like a hawk."

"You're in very good hands, Mr. Smythe," Doctor Aniston said. "We're a teaching hospital, and Doctor Mike is ready for this. He's assisted before and knows the procedure."

"Go for it, Doc!" Mr. Smythe said.

"Put him under, please," I said to Doctor Bernard.

He did, and two minutes later, announced that the patient was sedated and had stable vitals.



"Are you sure about this, Bob?" Doctor Bernard asked. "Mike's a PGY1."

"I'd let him perform the procedure on my son," Doctor Aniston said. "Good enough for you?"

"You're the boss."

"Mike, let's begin," Doctor Aniston said. "Tell me each step before you perform it. If anything out of the ordinary happens, I'll decide if I need to take over. This should be perfectly routine, as he appears in excellent health and is in good shape."

I nodded, took a deep breath, and looked to Nurse Linda, "10-blade, please."

"I'm going to begin with a transverse incision parallel to McBurney's point, incising the epidermis and dermis."

"Proceed," Doctor Aniston directed.

I made the incision as I'd seen Doctor Blake and others do, then handed the scalpel back to Linda.

"Retract, please, and I'll use the Bovie to dissect down to the external oblique aponeurosis, then I'll open the aponeurosis, exposing the internal oblique muscle."

"Continue."

"Bovie, Nurse," I requested.

I successfully dissected down to the muscle, then returned the Bovie and asked for a scalpel to open the aponeurosis.

"Retraction, please," I said to Doctor Aniston who placed a second retractor in the surgical site.

"Now I'll divide the muscles, then locate the appendix," I said.

"Continue," Doctor Anniston directed.

I divided the muscles, and Doctor Anniston shifted the retractors.

"Forceps, please, Nurse."

I grasped the peritoneum with the forceps, made an incision, and located the appendix.

"Suction, please, Erin," I instructed.

She cleared away the fluid.

"Babcocks, please, Nurse," I requested.

Linda handed me the forceps, and I grasped the taeniae coli and advanced until the appendix was externalized.

"Appendix is inflamed and enlarged," Doctor Aniston declared. "Proceed with excision, Mike."

"Next is dissecting the mesoappendix," I said.

"Continue."

I did that, then asked Linda for clamps, which I attached to the appendiceal vessels.

"Next, I'll divide the appendiceal and ligate them with sutures."

"Correct," Doctor Anniston said. "You're doing great, Mike."

I divided vessels, then asked Linda for the needle driver and silk sutures, and used them to ligate the blood vessels, then removed the clamps.

"Suction, please," I said to Erin.

She did that, and I examined the surgical field.

"No leaks," I said.

"I concur," Doctor Anniston agreed.

"Excision and then invert the stump into the cecum."

"Proceed."

I excised the inflamed appendix and dropped it into a metal basin. Next, using forceps, I inverted the stump into the cecum.

"Very good, Mike," Doctor Anniston said. "No rupture, no involvement of any surrounding tissue. Nice and clear. You may close; your call on closing the dermis and epidermis."

"Erin," I inquired, "tell me how you would close this incision."

"I would begin with an antiseptic lavage, then close each of the three muscle layers separately with running absorbable sutures. There was no rupture, so no drain is necessary. I'd close the dermis with 3-0 subcuticular absorbable sutures, then close the epidermis with basic mattress sutures."

"Very good," I said. "Doctor Anniston, if you would move aside, and Todd, if you would take the suction, Miss Jackson will assist me, then close the dermis and epidermis. Linda, surgical closure tray to me, please."

"A Fourth Year? Suturing?" Doctor Bernard asked.

"Owen instructed us to be more aggressive in our training," Doctor Anniston said. "Miss Jackson is one of our top draft choices for the Match. And we're short surgeons, too. Mike and I are both comfortable."

"It's your rodeo; I'm just along for the ride," Doctor Bernard said.

I closed the muscle layers, then turned the patient over to Erin.

"Erin, step by step," I said. "There are no prizes for speed. If you have questions, ask; if you are not confident, say so, and I'll close the final layers."

"I can do this with your supervision," she said confidently.

"Then proceed," I said.

She took her time, similar to the way I had done the exact same thing back in July, though I'd been an actual Resident at the time. I watched extremely closely, as did Doctor Anniston, to ensure she completed the procedure correctly, and he and I both offered advice as she worked to close the incision.

"Nicely done, Miss Jackson," Doctor Anniston said. "Neat, evenly spaced sutures with good tension."

"We're finished," I said. "Doctor Bernard, please terminate anesthesia. Erin and Todd, once Doctor Bernard disconnects Mr. Smythe, please escort Mr. Smythe to Recovery. I'll be along shortly."

Doctor Anniston and I moved to the scrub room while the others prepared Mr. Smythe for transport.

"There is going to be blowback," I said quietly.

"Well, Frank can complain to his Chief, but Owen cleared this with Cutter, so we're good. How do you feel?"

"Pumped!" I replied. "But not nearly as pumped as Erin! I just hope the Match gods are kind to us."

"Why?"

"She broke up with her boyfriend, who is here in McKinley, just before she had to submit her Match list. She's from Cincinnati, and Shelly is concerned she listed those hospitals ahead of us."

"She could technically resubmit her list," Doctor Anniston said. "Wednesday is the deadline for late submissions. She'd need to pay the fee for late registration, but she could submit a revised list."

"Where did we list her?" I asked.

"Third after Ryan Harrison and Mary Anderson."

"That's rough," I said. "Hospital preferences take precedence, and even if she lists us first, a hospital in Cincinnati might snatch her.. We know Mary will Match for Trauma Surgery because we put her first, and she put us first. Can we revise to put Erin second?"

"Let me speak to Owen. Do you know where else Ryan tried to Match?"

"He had five other interviews, all in Columbus or Dayton."

"OK. Erin can't hurt herself if she simply swaps us for another program, but you know the rules, right?"

"Yes. I can't expressly tell her we listed her, but I can encourage her to change her list, which will convey the message."

"Exactly. It's a dumb system, and we really ought to be allowed to tell the students."

"My proposal is that a hospital receive two or three draft choices for students at their affiliated medical school. That would save everyone time and effort because we know Mary Anderson knows she's going to Match for the only available slot for trauma surgery. It's really silly to pretend that position is actually competitive."

"That's actually a good idea, which is why it will never fly!" Doctor Anniston said with a grin.

"Trotsky was right!" I said with a grin of my own.

"Trotsky?"

"He said the bureaucracy would betray the revolution, and he wasn't wrong."

"Amen, Brother. Go change and check on your patient. Leave me your procedure book, and I'll fill it out."

"Thanks," I replied.

That was a nice thing to have, but I needed more practice, better training, and my Board certification before I could perform even that simple procedure on my own. That said, I was WAY ahead of any other Resident, including some PGY2s who were on the 'old' program.

I went to the locker room, changed into fresh scrubs, put on my baptismal cross and wedding ring, then headed to Recovery. I verified Mr. Smythe's vitals, then asked Todd to sit with him while Erin and I stepped into the corridor.

"Thank you, thank you, thank you!" she gushed. "I'd hug you, but the rules..."

"I appreciate the sentiment," I replied. "What you just experienced is Moore Memorial changing the way surgical training is done. You did something today most PGY2s haven't done -- full closure on a procedure. You won't see that at any other hospital, and we hope you Match here. I'm not sure if you're aware, but you can change your Match program rankings until 5:00pm on Wednesday. If you didn't list us first, we hope you'll consider paying the small fee and changing your rankings."

"I want to ask a question that I don't think I can ask," Erin said.

"And it's one I cannot answer if you do ask. You're an intelligent young woman who's in the top five in her class, so I think you can infer what you can't ask, and I can't say."

"I'm going to assume someone told you I came to the medical school because of my boyfriend, and that we broke up."

"That is the scuttlebutt. I also know you interviewed at several hospitals in Cincinnati because you're from Milford."

"You're very well-informed!"

"If you haven't noticed, the hospital grapevine is very effective!"

"Oh, I've noticed! If I wanted to change my ranking order, what would I need to do?"

"I believe you'll need to fax it to them by Wednesday at 5:00pm Eastern time. There's a phone number on the letter you received saying you were registered to check the process."

"Is there a way to guarantee I Match here?"

There was, but because she wasn't first on our list, the only way to ensure she could Match was to list *only* Moore Memorial, which was a risky proposition if, somehow, she didn't Match with us.

"Only a risky one," I replied. "I don't advise it."

Erin nodded, "Let me think about it."

"That's all I can ask. Go sit with Mr. Smythe and call me when he comes around. Todd can have his lunch."

"OK."



I headed to the nurses' station, arranged for a room for Mr. Smythe, then went to the lounge. About forty minutes later, Erin called to say Mr. Smythe had come out of his anesthesia. I checked him, signed the chart to release him, and then had Erin call for an orderly to take Mr. Smythe to his room. I sent her to lunch, then called to see if Clarissa was available. She wasn't, so I went to the cafeteria alone, and when I saw Ghost, I went to sit with him and Maria Vega from Internal Medicine.

After lunch, I let Doctor Aniston know about my conversation with Erin, and he promised to speak to Owen Roth once the lengthy surgery he was performing was complete. The afternoon was routine, with three consults, two of which resulted in admission for surgery, but not emergency surgery, and those cases would be dealt with on Tuesday or Wednesday. At 5:00pm, I left the hospital and headed home to Kris and Rachel.



## **February 27, 1990, McKinley, Ohio**

"How in the world did you get to do an appy and a Fourth Year close?" Shelly Lindsay asked incredulously when I walked into her semi-private room on Tuesday.

"I'm just that good," I replied haughtily but with a smirk. "Who blabbed?"

"Erin, when she stopped in to see me before she went home yesterday. She was so happy that if you weren't married and it wasn't against the rules..."

I laughed, "Yeah, yeah."

"Wait!" Cathy interrupted. "It's against the rules to fool around?"

"Doctors with medical students, yes; patients, too!"

"While they're under your care," Shelly said with a smirk, stirring the pot.

"Troublemaker! And to answer your question, despite my reputation, I didn't ask. Bob Anniston asked me. Well, about the appy I brought up. I asked if Erin could close the dermis and epidermis, and she did show her gratitude in a very satisfying way!"

"Smart ass!" Shelly declared. "I know it wasn't that because you're faithful to a fault!"

"I fail to see how fidelity can ever be a fault," I replied. "But, no, of course not. She paid the late fee and re-ordered her ranking list for the Match. Owen re-ordered our list to put her second. That gives us a good chance of getting her, though you know there are no guarantees. I wish we had my draft picks."

"You and every hospital associated with a medical school! I'm assuming you had a very careful conversation?"

"Yes. She drew the correct inferences."

"Can the outsider inquire what the heck you're talking about?" Cathy asked.

"When medical students are close to graduation," I replied, "they interview with hospitals for Residency programs. After those interviews, the student prepares a ranked list of programs where they would like to Match. The hospitals prepare lists of students they would like to hire. All of that is fed into a big computer which spits out a list of Matches such that it is impossible for anyone to have a better available Match. It's something you might be aware of with a minor in computers -- the stable marriage problem."

Cathy nodded, "OK, I know that one. From what you're saying, you can't share the information?"

"The student can tell the hospital that they listed them and in what ranked order, but the hospital is forbidden to tell the student that they are on the list, let alone their rank on it. That's meant to prevent gaming the system. If I, as a student, know for a fact that a hospital listed me in their first slot, I could submit a list of one hospital and be guaranteed one of those two spots."

"That only works if the hospital's list is given more weight. Otherwise, you could have multiple students put the program first, and some other factor would be needed to decide."

"Hospital preferences are paramount," I replied. "The one possible exception is a married couple, as they are matched together in the same hospital or the same city, which changes the calculations a bit, though a strong and weak partner cannot improve the weak partner's Match."

"So what happens if you don't like where you Match?"

"You're out of luck," Shelly said. "It's there or nowhere. If you decline, you can't Scramble or Match. It's possible to find a program after everything is done, but it'll be a lesser program in an undesirable location. You know, dermatology in International Falls, Minnesota, or something like that. It's not like a sports draft where you can hold out, either. In order to participate in the Match, you agree to accept the assignment at the salary offered. If you don't, you're basically out. Permanently."

"So what did you say, if I can ask?" Cathy inquired.

"I simply talked up our program and said we'd be pleased to have her and reminded her she had until 5:00pm Eastern tomorrow to change her list."

"And that doesn't break the rules?"

"No," Shelly said. "A hospital may express interest in the student beyond inviting them for an interview. What they cannot do is promise the student a listing, reveal that they are on the ranked list, or reveal the ranking order."

"Doctor Mike, was this your first choice?"

"Absolutely, and I was positive I was theirs. I mean, how could I not be when I designed the new program that was created!"

"Mike cheated!" Shelly exclaimed. "And we're ALL jealous about that!"

"I'm only jealous about his wife!" Cathy declared.

"You and half the nurses in the hospital!" Shelly exclaimed. "The other half simply don't care that he's married!"

"And on *that* note, I'm going back to the surgical ward! See you both tomorrow."

"Do you get to participate in my surgery tomorrow?" Cathy asked.

"No. I can't do scheduled procedures because I have to be on-call for the Emergency Department. I'll come see you on Thursday, OK?"

"OK."

I left the room and headed back to the surgical ward.



## February 28, 1990, McKinley, Ohio

Because of my revised schedule, I had rearranged my call with Doctor Mercer to be at lunch rather than in the morning.

"How has your week been?" Doctor Mercer asked.

"Fine."

"No nightmares or feelings of dread?"

"No. I know this might sound odd, but it feels like just another day in the ED."

"Which means either you have ice water in your veins or you're suppressing your emotions."

"Given my history, I'm going to go with the former. Nobody shot at me, Doctor Mercer."

"Fran, please. But you saw someone shot and killed in front of you."

"I did. And over the past five years, I've seen over a hundred people die before my eyes, sometimes after bloody accidents, sometimes after horrible burns, sometimes from brain bleeds."

"You did have an emotional reaction to that one."

"Yes, of course. You know the automatic defense mechanism of doctors who work in the ED -- we have to turn off our emotions. People who can't, don't make it."

"Yes, and many of them bottle it and resort to alcohol or illicit drugs to compensate."

"Prayer and church do that for me," I replied. "They always have; well, except when church was the stressor. But given my role, that's no longer the case and unlikely to recur."

"There's no chance of you being ordained again?"

"It's generally against the canons and would require extreme «ekonomia» by Bishop JOHN, and that would create a potential firestorm. But even if he were willing to do that, and he might be, Kris would refuse."

"Would that cause tension in your marriage?"

"The opposite, actually. It would save me from having to refuse my bishop!"

"So it's not something you want?"

"Not a chance. And I really prefer not having to say 'no' to my bishop, especially when he blames me for his enthronement!"

"How are you to blame?"

"I orchestrated it together with my grandfather! I knew he was a godly man as a celibate priest and was exactly what was needed after the nightmare with his predecessor. Bishop JOHN is looking to get even!"

"You're joking!"

"Of course I am! But it's a joke between him and me as well. I know, at some point, he's going to ask, and I can truthfully say that Kris is adamantly opposed to the idea."

"How are things at the hospital?"

"Very good. On Monday, I performed the first-ever appendectomy by a PGY1."

"Be careful you don't overreach, Mike."

"It was a textbook case, and one of our most senior surgeons was right there with me, and I had to declare each step before I started it. It was a perfectly routine procedure. Part of it is my special training program, part of it is that we're shorthanded because our best Resident is recovering from surgery after being shot, and part of it is that I'm just that good!"

Doctor Mercer laughed, "Well, you have the surgeon's ego, that's for sure!"

"And you know I said that to tweak you."

"You did, but you also believe it and have confidence in your own skills, or they'd never have let you do it."

"That's true. I gave my Fourth Year a chance to do something that most Fourth Years never do -- suture. There was a bit of blowback, but because the Medical Director and Chief Surgeon had approved, nothing came of it."

"Blowback?"

"The anesthesiologist objected to a PGY1 and a Fourth Year performing the entire procedure. He complained to his Chief, who lodged an objection with the Medical Director. Nothing came of that because of the approval, but also because my training program is special. I was already doing procedures that weren't the norm for PGY1s in the ED. And that's going to be the case for the new PGY1 in June or July, depending on when she chooses to start."

"Change is difficult for most people, and doctors tend to be very averse to changing training programs."

"Tell me about it! I'm in a completely new program, and I've heard the complaints. But I don't mind because the doctors who matter are behind the changes. There are other changes, too, which make a lot of sense, including having Residents in Internal Medicine complete an eight-week rotation in the ED during their first year, and are covered by someone from the ED. The same is true for pediatric Residents, but that was postponed to next year because of scheduling concerns in Pedes."

"Have you talked through the events of the day minute by minute?"

"Twice. Once with law enforcement, and then once with the internal review."

"How did you feel while doing that?" Doctor Mercer asked.

"The only word I can think of that applies is 'clinical'."

"I'd say that's par for the course for you. Is there anything you feel you need to talk about?"

"Not really, no."

"I have a question, which I probably should have asked before, but after you read me off last August, I'm somewhat surprised you got in touch."

"Put that PhD to work and figure it out," I challenged.

She was quiet for a full minute before she answered.



"Because for me, you're a known quantity, and you could be yourself without raising any red flags. And after you read me off and challenged my methods, you were positive that I wouldn't say anything I couldn't defend before the Medical Board. And if you were your typical self, I'd sign off because I could say that you were acting 'normal', for want of a better word."

"Exactly right. But there's one other important point, which you probably either won't get or, if you do, would be reluctant to say."

"That pretty much telegraphs it," Doctor Mercer said. "The one topic I always avoid, if at all possible. Your faith."

"And I'm going to remind you that healing, of whatever kind, has to be holistic -- body, mind, and soul, or spirit, if you prefer. I've forgiven you for Angie because you engaged in a public act of «metanoia», but that only goes so far. After the hearing, you told me that Doctor Paulus had taken you to task. So I come back to the question I asked you in Lou's last August -- what are you going to do about it?"

"Whatever else is true, I have to follow the standard of care, just as you do. I know you're a major rebel, and you push the edge of the envelope, but you also have limits and restrictions. You seem to think I don't, and that's simply not the case. I do agree that, at times, I had tunnel vision, but my outcomes were, in the main, positive.

"My difficulty was always with the outliers, and it still is. You and one other male patient defy basically any categorization, and trying to apply *any* norms to either of you failed miserably. What that tells me is that when a patient defies categorization, I can't apply any of the standard methods. I doubt that answer will satisfy you, but that is as far as I can go."

"Tell Steve Adams hello for me," I chuckled.

"How the..." Doctor Mercer began but then stopped mid-syllable. "Sorry, I can't say anything."

"It's OK, Fran," I said. "I dated Dona Bingham, and Angie's friend Anna was one of Steve's girlfriends. I met Larry Higgins in Cincinnati when I interviewed at UofC, and I've spoken to Doctor Al Barton. I met Steve's then future wife, Jessica, when she was a Second Year at Indiana University, and my current Fourth Year played on the Milford Chess team when he was there. I also met his Swedish girlfriend, Pia, when Elizaveta and I were in Europe."

"Oh for Heaven's sake!" Doctor Mercer laughed. "I'd accuse you of pulling my leg, but if you know those names... Have you met him?"

"No. I expect, someday, we'll cross paths, But given everything they've told me and your reaction when I asked about the rules to 'strip chess' when I was a Sophomore, I put it all together. Given the rumors I hear, he had to be the other patient."

"You know I can't discuss that!"

"Of course. Anyway, going back to my holistic point, you admitted your error, and as such, what's in the past is in the past. A clean slate, as it were."

"Forgive and forget?"

"In essence, yes, though 'forget' doesn't mean quite the same thing as 'not remember', but instead means 'not hold against'. To say otherwise would create an impossible contradiction."

"How so?"

"How could an omniscient God forget anything?"

"An interesting point," Doctor Mercer said. "But what about asking God to remember?"

"In that case, it means 'call to mind' or 'give conscious thought to'. Think about how we use it -- if we remember something, it's because it wasn't in our active memory but lying passive or dormant until called upon. We have many memories like that - they're stored and never come to mind unless triggered by some event or we set our mind on them. So, God knows all, but we're asking him to actively think about us. And that's true in both our faiths.

"What I'm saying is that human beings, besides being *Homo sapiens* are also *Homo religiosus*, not in the medieval or liberal Protestant understanding of that word, but that the taxonomic 'wise man' is also 'religious man', or perhaps better *Homo pneumatikós* or 'spiritual man', mixing Greek into the Latin for clarity of what I mean. You can't treat the «ψυχή» (*psyché*) without also treating the «σάρκα» (*sarka*) and the «πνεύμα» (*pnéuma*) -- psyche, flesh, and spirit. I'd go further and say you have to treat the «νοῦς» (*nous*) as well."

"That's the concept of the true mind, right?"

"Yes. The mind's eye, if you will, without which we cannot fully apprehend God's energies, or what Roman Catholics and Protestants incorrectly refer to as 'grace'. It is the part of us that, according to Buddhism, can achieve total awareness or enlightenment -- the «ātman» or essential self. But the theology lesson isn't important. What's important is treating a patient holistically.

"I know your arguments against my position, and in one sense, I agree, but in another, I strenuously disagree. Do you have to walk a fine ethical line? You bet! But could you treat me in ANY way without understanding my faith? I don't believe so, and I would wager you've had other patients with strongly held

religious views. Ignoring that does the patient a disservice and could even cause harm. I think we can dispense with the obvious examples, don't you?"

"There's no need to rehash the conversation from August. I hear you, Mike, but that's a minefield."

"And one you're called to traverse. Find a way, Fran. If I can do it, you can do it. But it's impossible for you to treat *Homo pnevmatikós* without taking his *pnévma* into account."

"All good points. And based on our conversation, I'm going to say we don't need to speak again on the topic of the shootings. I would like to talk from time to time; in fact, Doctor Paulus suggested it."

"And that caused you to think she's certifiable, right? At least for an instant?"

"Longer," Doctor Mercer said with a soft laugh. "But she said something important -- you challenge me, and I've always learned more when I'm challenged."

"I think that's true for most of us," I replied.

"Have you seen Angie?"

"At church a few weeks ago, and Kris, Rachel, and I are having dinner with her and her family on Saturday."

"Let me know how she's doing, please."

"I will. I'm sorry to end this call, but I need to grab a quick bite before my lunch break ends or I'm paged."

"Call me in a few weeks, please."

"Will do."

We said 'goodbye', I hung up, and went to the cafeteria to grab a sandwich and an apple.



## IV. Loretta, Shelly, and Angie

**February 28, 1990, McKinley, Ohio**

"Hi, Petrovich!" Clarissa exclaimed when she walked into the surgical lounge on Wednesday afternoon.

"Hey, Lissa! What's up?"

"I'm on a late lunch break, so I decided to slum!"

"The slums are up one floor, at the north end of the building."

That was where Psych had their ward.

Clarissa laughed, "No surprise you'd think that! Where are your toddlers?"

"Doing toddler stuff! Prepping for afternoon rounds."

"How did your call with Doctor Mercer go?"

"She admitted she made errors with regard to me and one other patient."

"Angie?"

"No, besides Angie. Dona's, Anna's, and Pia's ex."

Clarissa laughed, "The kid from Milford was seeing her?"

"Apparently, but keep that to yourself."

"Of course. What was the gist of the conversation?"

"That her approach to psychology is wrong, and she'll make mistakes with anyone who is spiritual because she's put that part of the person completely off limits, and she's not treating them holistically. In the end, it's the same argument I make about medical care in the hospital -- specialization is necessary, but it's the enemy of holistic treatment."

"I think you're going to beat that dead horse for the rest of your career."

"The horse isn't dead," I said. "And I don't think I'm tilting at windmills, either. I think we can bring about change, but it'll be slow. Believe it or not, I can be patient."

"That'll be the day!"

"I did say 'can'," I retorted.

"Yeah, yeah," Clarissa said, rolling her eyes.

"How are you liking the ED?" I asked.

"It's not what I signed up to do," Clarissa replied, "but I don't think Doctor Gibbs or Doctor Lindsay signed up to be shot."

"Life does not deal us the cards we want; we have to play the hand we're dealt."

"True. I hear Doctor Gibbs is going to rehab in Columbus on Friday."

"She is," I confirmed. "I wanted to take her, but Doctor Roth nixed that because we're already short a surgeon."



"Another helicopter ride?"

"Actually, if it were, then I'd go because the ED can't spare a flight surgeon for a non-critical case. But she's going by private ambulance service."

"I stopped in to see her yesterday; what's your take?"

"Having feeling in her legs is a very good sign. Nerve function below the injury is a strong indicator of at least partial recovery. It's likely she'll be able to walk, but she might need some kind of assistive device. Shelly is being released on Friday, and as soon as Psych clears her, she'll be back. She wanted me to do her physical."

"Who knew?" Clarissa smirked.

"Lissa..."

"Sorry. Why?"

"Because she believes I'll give her the benefit of the doubt, and that's precisely why it won't be me."

"True. I'm not saying you'd fib, but for anything that was a judgment call, you'd see it her way. Did you hear the rumor they hired a Chief of Emergency Medicine?"

"Yes, and allegedly from a suburban Chicago hospital. But until they announce it, who knows? It should have been Loretta, but she's out of commission for several months, most likely."

"That sucks," Clarissa observed. "On the plus side, you know who your Chief is, and the Medical Director is the one who approved the trauma surgery program when he was Chief Surgeon."

"That's why my only concern about who filled the slot was about Loretta. Sadly, I don't think they were willing to put a woman in charge of a major department."

"Or a minor one, except the Nursing Director!" Clarissa declared. "The OB chief is a guy, for Pete's sake!"

"At least Norm Zenker isn't a complete Neanderthal like the dinosaur who ran OB at Good Samaritan. And I bet when Zenker retires in a few years, one of the women Attendings is hired. If leadership, except nursing, remains all male, that'll attract EEOC attention."

"As it should!"

"So long as we don't reduce standards, I have no problems. You know my mentors have mostly been female."

"Anicka, Milena, Loretta, Shelly, me..." Clarissa said.

"Among others," I replied. "In any event, I'd say Shelly is on track for Chief Surgeon."

"Can you imagine the heads that will explode if that happens?"

"Mo Rafiq is gone," I said. "I don't think any of the rest would have their gonads shrivel reporting to Shelly, especially after she literally took one for the team!"

"I know you have ice water in your veins, Petrovich, but I can't believe how calm you are about it."

"I was born to be a trauma surgeon. I'm just glad it's not in 'Hawkeye Pierce' conditions."

"True. I need to get back."

We hugged and she left. A minute later, my students returned from prepping for afternoon rounds. The afternoon was largely uneventful, and at the end of rounds, Doctor Roth asked me to come to his office.

"How are you doing being out of the ED?"

"You know that's my natural habitat, but I knew this was part of the training. I miss it, but I need the skills you and the other surgeons will teach me over the next five years."

"I actually wanted to discuss with you how we'll go about training Mary Anderson."

"The biggest challenge is how she learns the procedures if she's stationed in the ED and handling consults."

"That's exactly what we identified. Bob Anniston suggested that for the first three months, you and Mary should be assigned the same shift so you can teach her procedures for central lines, chest tubes, pericardiocenteses, tracheostomies, and escharotomies. At that point, you'd switch to the alternating rotations."

"I think that makes sense; my concern is my surgical training."

"According to Bob, you were perfect on your first surgery."

"Because literally nothing went wrong!"

Doctor Roth nodded, "The length of the program is, at least in part, intended to ensure you see as many things go wrong as possible so you're able to deal with them when you're the senior surgeon in the OR. You're way ahead of the game, Mike. The next three months will, in effect, make up for the three you'll spend in the ED. Same shift as you have now, and one of the new Residents will cover nights. That is unless you have some objection."

"I think it makes sense, given only a surgeon can teach Mary the procedures."

"Thanks for being flexible."

"You're welcome. Have you heard anything about the new Chief of Emergency Medicine?"

"Probably just the same rumors you have. Cutter hasn't said anything to me, but I'd expect an announcement in the next week."

"It should be Loretta," I said. "Northrup did it as a desk job, and given the new ED, that's what it will be for the next year."

"She'll be undergoing intensive rehab for at least two months, and there is no guarantee she'll walk again. She won't be reinstated until she finishes rehab, assuming she's able to practice emergency medicine at that point. We can't do the rehab here, and even after all the upgrades over the next five years, there are no plans for a rehab clinic here."

"All logical, but it still feels wrong."

"I'd worry if you didn't think that. Your heart's in the right place, Mike. In the end, though, we have a hospital to run, and there are major changes coming down the pike."

"How long will Shelly be out?" I asked.

"She's able to come back April 1st, assuming she passes her physical and psych eval, which I expect she will."

Six weeks following severe trauma and major surgery wasn't out of line, given the strenuous nature of surgery and the need to stand for long periods of time.

"I hear you received some pushback from Psych about allowing an outside psychologist to clear me," I said.

"Cutter didn't trust Psych to give you a fair shake, given the animosity between you and them. Lawson would have used your 'cool as a cucumber' nature against you, insisting you were lying to them. Cutter, Getty, Strong, Ghost, Nielson, and I all know you to be unflappable. Shelly told me how you handled what happened with your wife.

"I've only ever known one other person who was as cool a customer as you, and that was an Attending in the ED at USC Medical Center during my Sub-I. He was a combat trauma surgeon in Vietnam. Word has it, the ramshackle building where he was performing surgery was hit by mortar shells -- he didn't even blink and continued operating."

"Nurse Kellie Martin," I said. "When we lost an engine on the helicopter returning from OSU, I think her heart rate *dropped* while mine went through the roof."

"I'd have had what the nurses call 'code brown' at that point!" Doctor Roth declared. "So you did better than I would have!"

"When Kellie asked me how I was doing after the emergency landing, I said I'd managed not to soil my underwear, so I saw that as a plus. OK to change subjects?"

"Yes."

"Pascha, that is, Orthodox Easter, is the week following Western Easter. I'd like to take Great and Holy Friday as a day off so I can attend services."

"Comparable to Good Friday in the Catholic Church?"

"Yes, though we don't abbreviate the services, and they basically run all day."

"As a seriously lapsed Catholic who only goes occasionally to keep my wife happy, I am glad for the abbreviated services! I spoke to Ghost about the Orthodox services. No wonder you can stand for hours and not even notice! Anyway, you're entitled to religious accommodation, and Shelly should be back then. Are you going to play golf with us this year?"

"During the weeks I'm on a surgical team, yes. The other weeks, I obviously have to cover the ED."

"Good. Anything else?"

"No. Do you have anything else for me?"

"No. Just keep doing outstanding work."

"I will."

We shook hands, and I returned to the lounge. I had two consults, neither of which required emergency surgery, and at 5:00pm, I headed home.



## March 1, 1990, McKinley, Ohio

On Thursday morning, after rounds and overseeing my students prep patients, I went to see Cathy and Shelly.

"How are you feeling?" I asked Cathy.

"Like one of those girls in slasher movies! You know, where the masked guy with a knife comes after the cute girl, usually either while she's having sex or just after?"

I chuckled, "I'll let Doctor Edmonds know you think he's Freddy or Jason!"

"Hey, it's true, right? A masked man with a knife did this to me!"

"Technically. Context is key!"

I checked her chart, then the Foley bag.

"Urine output looks good," I said.

"If I never see a dialysis machine again, it'll be too soon! My nephrologist said that transplanted healthy kidneys don't develop cysts. And the warden said I'll be able to go home on Monday!"

"I've been inside a prison; trust me, this is NOT anything like that!"

"As a doctor, right?"

"Primarily as a lay chaplain. Sorry, I can't hang out longer. I'll stop in and see you tomorrow."

"Anytime you want."

I smiled and stepped over to Shelly's bed.

"Roth said they decided to kick you out today," I observed. "Something about being a pain in the ass to the staff?"

Shelly laughed, "The stupid TV remote broke, and it took almost twenty-four hours for maintenance to bring a new one. I mean, seriously? What's up with that?"

"It ain't the Hilton, that's for sure! Let me guess, you pressed the call button every time you needed the channel changed?"

"Or the volume changed, or it had to be turned on or off!"

"They should have stuck one of the candy strippers in here with you."

"They're having trouble recruiting since Hayes County High dropped the community service requirement for graduation."

"A foolish change. Yes, I know they're focusing more on academics, but dropping some vocational courses and things like community service requirements was a really bad decision. While I don't object to standardized tests, tying funding to test scores, as some have suggested, is likely to lead to further disparagement of graduating well-rounded citizens."

"You know the argument -- higher education is the path to upward economic mobility."



"Pardon me while I laugh at the fact that a friend of mine became an apprentice electrician three years ago, was paid during his apprenticeship, and now, as a journeyman, makes more than I do and will for at least the next four years. Not to mention overtime, collective bargaining, and a job he can go home from each day without any concerns! And compare that to my friends who are teachers who make less than he does, and probably will forever. The disparagement of trades and of manual labor is a terrible opinion and a worse policy."

"Athletes and rock or pop stars are overpaid; teachers and doctors are underpaid," Shelly observed.

"I understand your point, but if Major League Baseball generates billions in revenues, the players should share in that. The problem is not the athletes or musicians, but that the public is willing to fund those sports at those levels. Of course, because so much of it is advertising revenue, the costs are spread out in a way that people don't notice, unlike their property tax bill or income tax return!"

"Raise their taxes!" Shelly declared.

"The problem is, as Willy Sutton remarked about banks, the middle class is where the money is. That said, we shouldn't subsidize sports stadiums for billionaire NFL owners!"

"Amen to that!"

"Changing back to a more important subject, when is your psych eval?"

"Tuesday. Once they clear me, then it's a physical, and I can come back as of April 1st."

"That's what Owen projected your return date to be. Any chance it could be sooner?"

"Hospital policy is six weeks after major surgery. Something about liability insurance."

"Every single day I hate insurance companies more and more. Ditto with Medicare and Medicaid refusing to pay for tests and treatment that doctors think is appropriate."

"You're preaching to the choir! How is Loretta?"

"Unhappy, but she has a bit more feeling in her legs. Yesterday, she had a positive Babinski rather than an indifferent one. I'm no expert, obviously, but she's showing improvement each day. You should stop in and see her once they kick you."

"That's my plan," Shelly confirmed. "You up for lunch once a week in March?"

"Of course."

"Cool. How about Thursdays?"

"Works for me," I agreed.

I squeezed her hand in lieu of a hug, then headed back to the surgical ward.



## March 2, 1990, McKinley, Ohio

"If you're OK with it, Kris, Rachel, and I will come visit you after Liturgy on Sundays," I said to Loretta on Friday morning.

"I'd like that."

"How are you feeling today?"

Loretta smirked, "OK to be gross?"

"I'm a doctor! How gross could it be?"

"Guess where I itch?" she smirked.

I laughed then said, "Sorry, I shouldn't laugh, but if you have feeling *there*, that's a VERY good sign."

"TELL me about it! Lift the sheet and uncover my feet."

I laughed hard, "OK to be a smart ass?"

"What did I just walk into?"

"In the Bible, Naomi tells Ruth to uncover Boaz's feet, then lie down next to him and do what he tells her. Seems innocent enough until you understand that urine was referred to 'the water of one's feet'. She was, euphemistically saying, 'expose his genitals and have sex with him'."

"That was NOT an invitation to sex, you goofball!"

"I know that! I said I was going to be a smart ass!"

"Just uncover my feet!"

I did as she asked and saw her wiggle her left big toe.

"Wow!" I exclaimed. "That's huge! You're going to walk, Lor!"

"You do know what rehab is like, right?"

"I've heard the horror stories, but seriously, if it's that or a wheelchair..."

"Oh, I agree; I just don't want to be tortured for months on end!"

"How long at the facility?" I asked.

"At least a month, then it's week to week. Shelly stopped in to see me yesterday after they kicked her."

"She was as annoyed as every other patient who is required to leave by wheelchair. They got her to the door, she stood up, turned, and came back into the hospital and walked up to see you."

"She told me, and you know it's about liability."

"Insurance companies are the bane of our existence, though I'm not sure the government running things is any better after seeing Medicare and Medicaid! Sorry for the rant!"

"Right there with you! Changing topics, Bobby asked me to remind you that you're expected at the firehouse for dinner at some point. He doesn't see you now that you're in the surgical ward."

"As soon as we have our trauma surgery PGY1, I'll be in the ED for three months to train her on procedures, then alternate weeks. That's the new thinking on the training. But as with everything having to do with my program, always subject to change. I'll give Bobby a call."

"Did you hear they charged the girl's father with murder?" Doctor Gibbs asked.

"Yes. And that seems right to me, given he started the confrontation and brandished his pistol. Charging her lover with murder for killing her seems right, too, given she was effectively an innocent bystander. Her brother was charged with attempted murder for firing on her lover, though he missed all eight shots."

"It had to be the guy with Special Forces training who was at the hospital," Doctor Gibbs said ruefully. "But at least he won't be a burden on the taxpayers."

"I detest violence, but in this case, I'm grateful that Kleist and Turner were both crack shots and ended things before it got worse. Did you hear that the County Board voted a full scholarship for Deputy Sommers' son to go to any State school?"

"Small consolation for losing your mom at age five."

"Agreed. Rachel didn't have to suffer through the loss of her mom, which made it easier for her. Well, besides having to put up with a clueless dad."

Doctor Gibbs laughed, "I have news for you - she's going to think you're clueless for about six years starting in about nine years!"

"I think I can wait!" I chuckled. "I need to get back. Call so I can come see you on Sunday."

"I will. And thanks, Mike, for everything."

I smiled, kissed her forehead, and left the CCU to head back to the surgical ward. When I had my next break, I went to say 'goodbye' to Cathy who was being released. She flirted lightly, as was her usual practice, and I played along, though always careful to make it clear I was teasing. When I left her room, I returned to the surgical ward.



## **March 3, 1990, McKinley, Ohio**

"Why?" Rachel protested when I tried to put on her earmuffs in the music room at Taft on Saturday morning.

"Because the band is loud when we practice! If you want to listen, you have to wear your earmuffs. Or you can sit in the hallway."

"NO!" Rachel protested.

"Having fun, Mike?" Kari asked with a smirk.

"Petulance and toddlers go hand-in-hand," I chuckled. "Rachel, you need to wear your earmuffs or sit in the hall."

"NO!"

"Yes," I said firmly. "I told you that before we left home when you asked to come with me."

"DON'T WANT TO!"

I picked her up, grabbed a small chair, and walked into the corridor, setting the chair so Rachel could see the band, and I could see her, and put her in the chair. She immediately scrambled out of it, and I grabbed her and put her back. It was the ultimate test of wills, and I couldn't let my daughter win, or she'd think she could defy me simply by being, well, defiant. It took three rounds before she glared at me and crossed her arms but didn't move from the chair.

"You are SO dead," Sierra said with a smile. "Want me to watch her?"

"I'd appreciate it. She can only come into the music room if she puts on her earmuffs. She refuses to wear them."

"She's being a toddler!"

"Yep! Rachel, you stay with Sierra, please."

She glared at me but didn't refuse, so I went back into the music room, picked up my guitar, and looked to Kim.

"Let's start with *I Melt For You*," she suggested.

Two hours later, we completed our practice.

"Every Saturday now, right?" Kim asked.

"With the exception of your Easter weekend and the following one."

"OK. That gives us nine more practices, I believe. I think that should be enough for the Proms. You could do an evening or two if necessary, right?"

"Yes. Wednesdays are out, but other nights are OK. Also, remember Kris is due around the third week in June."

"Even if she's late, that shouldn't interfere with the Fourth of July."

"It won't. If she hasn't delivered by the last day of June, they'll perform a C-section."

"Where is Kris?"

"She's putting the finishing touches on a paper that's due on Monday. She'll be here next week."

I grabbed my things, then bundled an unhappy Rachel in her spring coat, and she, Kari, and I left the building together.

"How are you doing?" I asked.

"Good," Kari replied. "I started dating an attorney in the Public Defender's office. He graduated law school last year."

"I'm glad to hear that. You should have him come to band practice so we can meet him."

"Yes, Dad!" Kari said with a soft laugh. "He was busy preparing a brief this weekend and needed the time. He's helping defend one of the shooters from the domestic violence incident that ended at the hospital. Are you going to have to testify?"

"I don't think so," I replied. "I didn't actually see anything."

"José said you were in the room where the deputy was killed."



"I was, but from where I was, I could only see her, not out into the corridor. All they could ask would be medical questions, and Doctor McKnight could answer those. My chart notes would suffice for any treatment, but honestly, Deputy Sommers was dead before she hit the floor with a round through her temple. And even so, none of that would matter for the others who were charged because all that happened on their adjacent properties, not at the hospital."

"Sorry, I changed from asking about testimony to being concerned about you but didn't indicate the context switch!"

I laughed, "Why does that sound like a computer term?"

"Because it is! You're doing OK, right?"

"Yes. I met with a psychologist who cleared me to return to work right away. I only missed one full day."

We reached our cars, and once I had Rachel buckled into her car seat, Kari and I exchanged a quick, chaste hug. She and I got into our respective cars, and Rachel and I headed to McKinley Music and Movies.

"Morning, Mike!" Johnny called out when we walked in.

"Morning! Anything new and interesting?"

"*Highwayman 2* and *Vigil in a Wilderness of Mirrors* by Fish."

"I'm not a huge fan of country, but it's hard to pass up an album by Johnny Cash, Waylon Jennings, Willie Nelson, and Kris Kristofferson! I actually don't have the first one, so if you'll get me both of those and the Fish album, I'm good."

"CDs, right?"

"Yes."

"Were you at the hospital when that stuff went down last week?" he asked as he retrieved the three discs for me.

"Yes, but thankfully, Deputy Turner and Detective Kleist ended it before I was in any real danger."

"And how is the little one?"

"Rachel, tell Johnny how you are, please."

"Not happy!" she declared.

"We had a bit of a standoff," I said to Johnny. "I wanted her to wear ear protection while the band practiced, and she exercised her right as a toddler to object."

Johnny laughed, "I have two boys, seven and four, so you don't have to tell me!"

He rang up the purchase, and I paid him.

"See you in a few weeks," I said. "Rachel, say 'bye', please."

"NO!"

"Be polite, young lady," I instructed.

"NO!"

"Good luck," Johnny said with a grin.

"Thanks. I think I'm going to need it!"



## March 3, 1990, Cincinnati, Ohio

"May I hold Rachel?" Angie asked when Kris, Rachel, and I arrived at the Stephens' house on Saturday evening.

"You can try," I said. "She's in a mood."

"Rachel, come to Angie?" she asked.

Rachel smiled, walked over, and reached her arms up to be picked up. Angie picked up Rachel and I thought I saw a smirk on Rachel's face.

"She's such an angel," Angie observed. "What mood?"

"She's had an attitude all day today," I chuckled. "And she's showing it by being nice to you when she was unhappy with me all day! I don't get it because she usually likes 'papa time'."

"She's two, right?" Mrs. Stephens asked.

"Yes. She'll be three at the end of August."

"It's the age where they discover a level of independence, and they let you know about it! Do you have a moment to speak privately?"

"Kris?" I asked my wife, indicating I wanted her permission.

"Yes, of course," Kris replied. "I'll stay with Angie and Rachel."

Mrs. Stephens and I stepped into the kitchen.

"Angie asked about seeing Doctor Mercer again. I'm not sure that's a good idea."

"Me, either. Did Angie give a reason?"

"She doesn't like the behavioral counselor she's been seeing, and the psychiatrist suggested we find one Angie likes and can relate to. She always liked Doctor Mercer and Doctor Mercer helped at the hearing."

"Have you spoken to Doctor Mercer?"

"No. I wanted your opinion first."

"Does Angie know that?"

"No. I said I wanted to confer with the attorney Laura Bragg hired to help us. What do you think?"

"I think I'd like to speak to Doctor Mercer. I spoke to her on Wednesday, and I need to ask her a very specific question."

"Would you mind sharing?"

"Just to confirm something we discussed -- holistic treatment."

"I'm sorry, I don't know that term."

"It means, to put it simply, treating body, mind, and soul. Medicine gives the soul short shrift, even in hospitals run by religious organizations. In my mind,

true healing only occurs when all aspects of a patient's being are taken into account."

"Wasn't that happening with Father Stephen?"

"The problem was, as I see it, that he and Doctor Mercer didn't discuss Angie's spiritual health. He, in obedience to Bishop JOHN, reported relevant details to Doctor Mercer, but they didn't discuss Angie in a way that I believe would have helped. For Angie, as for me, receiving the Eucharist is a necessary part of healing our bodies, minds, and souls."

"So what is it you need to ask?"

"If Doctor Mercer will treat Angie in the way I think will be most beneficial. If not, then we need to find another counselor. I think she will. She actually asked about Angie when we spoke on Wednesday, and I promised to let her know how Angie was doing. On that, Angie seems a bit more alert."

"She has good days and bad days. Doctor Hoffman has reduced the dosages to the minimum that keeps Angie on an even keel about ninety percent of the time. She's working again, but only half days. More than that, and she becomes erratic. Aikido helps, as does going to church."

"Any medical problems?"

"No. She had a complete set of lab tests, and her liver and kidney function is good, something that her doctor said they have to watch closely."

I nodded, "Long-term use of any drug can impair liver and kidney function. How's her diet?"

"Good. No processed foods, limited sugar, limited salt, and limited complex carbohydrates. Fruit, vegetables, chicken, fish, and shellfish, along with nuts as snacks."

"Not all that different from my diet," I replied. "Though I eat too many French fries."

"I think we ALL do!" Mrs. Stephens said with a smile.

"And her sleeping habits?"

"The mild sedative she takes keeps her calm and helps her sleep."

"Is Angie's friend Anna still in Chicago?"

"Yes. She's still working For Allstate at their headquarters in the Chicago suburbs. She married Gerryd, has a son who is eighteen months, and is about three months pregnant. Unfortunately, she hasn't come to visit in over a year. Angie spends quite a bit of time with the women from church, both her age and the older ladies."

"Good. I'll call Doctor Mercer on Monday and then call you."

"I know it might be asking a lot, but could you see Angie more often? She was so happy today."

"My schedule has changed and would probably allow that. Let me speak to Kris, but I think we can do that."

"Good."

"Code Blue is playing at the Goshen Prom on May 11th."

"Linda Kane let me know. Angie is looking forward to it."

"Great! Shall we go rescue Angie from my daughter?"

"That adorable little angel?" Mrs. Stephens asked mirthfully.

"That's how they trap you!" I chuckled. "Then they turn into toddlers! And later, into teenagers!"

We both laughed, then returned to the living room where Angie, Kris, Rachel, and Mr. Stephens were sitting.



## **March 3, 1990, McKinley, Ohio**

After dinner at Angie's house, Kris, Rachel, and I drove home, where I read to Rachel, and we said our evening prayers. Once Rachel was in bed, Kris and I relaxed in the great room with tea.

"Is it OK to ask what you and Mrs. Stephens spoke about?" Kris inquired.

"Of course! Even without our 'no secrets' rule, I'd tell you. Angie asked about seeing Fran Mercer and Mrs. Stephens asked for my thoughts on that."

"Please don't take this the wrong way, but is Angie aware that Doctor Mercer agreed with the treatment by the psychiatrist who had his license suspended?"

"No, I don't believe so, as there was no need to tell Angie. Part of it is that I'm not sure Angie could comprehend the nuances of being required to report what

Angie had told Father Stephen and where responsibility for the choice of treatment actually lay.

"Remember, too, that Fran's reaction was as much about me as it was about Angie. She felt I was ignoring the standard of care because I was too close to the matter, which is the exact reason ethical physicians do not treat loved ones or family members, except *in extremis*. It's far too easy for judgment to be clouded, even if you recognize the possibility."

"We didn't discuss it, but how do you reconcile that with the situation with Elizaveta's grandfather?"

"The problem nearly always lies in the opposite direction -- making an extraordinary effort or taking significant risks to achieve an unlikely outcome. In this case, it was obvious that Nikolay Vladimirovich was not going to survive, or if he did, he would be on a ventilator in a hospital bed until he had another significant coronary event. His request for me to call Father Nicholas was made because he knew he was dying.

"Once his heart stopped, I felt resuscitation efforts would be futile. I had spoken with him quite a bit over the time Elizaveta and I were courting or married and knew the last thing he wanted was 'heroic measures', as they're called. I considered that knowledge to be the equivalent of a living will, and Viktor and Doctor Gibbs concurred with that decision."

"That's your fear as well."

I nodded, "That's why we had Stefan draw up the living wills."

"What did you say to Mrs. Stephens about Doctor Mercer?"



"That I'd speak to Fran on Monday. I actually have an idea that I think will help, assuming Fran is willing."

"What's that?"

"In cases where cross-discipline expertise is needed, the hospital will convene a working group of physicians, nurses, and other professionals who meet regularly to discuss the patient's care. That's especially true for difficult or complicated cases, or cases where there is no known cure."

"Like with schizophrenia, right?"

"Yes. I think the best approach would be to have Father Stephen, Fran, Angie's GP, her gynecologist, and her Aikido instructor meet regularly, perhaps by conference call, to discuss her treatment. We know that Angie does better when she attends church and practices martial arts and that her diet directly affects her moods and her emotional stability. All of those people have to work together to get it right."

"You didn't mention her psychiatrist."

"Sorry, yes, obviously Doctor Hoffman would be involved and would probably be the one to lead the group. But I think it has to start with Fran because everything I've read says that behavioral psychology shows better results than any other possible treatment. Remember, I have but one goal here."

"To keep Angie from being sent to an inpatient facility."

"Exactly. She's living a productive life that is fulfilling, at least so far as it can be. That should be our goal for any patient we treat. That said, there is no possible way Angie can ever achieve the things she wanted most in life -- a husband and

children. Greenberg threw all of that out the window when he committed malpractice."

"May I ask how much money was provided?"

"Stefan negotiated an annuity that will provide \$36,000 per year for life for Angie, though it's set up so that the money goes to whoever is her primary caregiver. That's her mom, and it will be so long as her mom is capable of caring for her."

"What happens after that?"

"It gets tricky, but Stefan set things up such that Lara and I are 'next friends' and we'd have significant input into her care, with Lara directing the financial side. The State would have to decide who would have custody. If something happened soon, God forbid, her brother would have custody, and more than likely, Angie would live in a Roman Catholic group home, though there is a chance she might be able to live with one of the women from Saint George, Loveland."

"Angie's parents are in their fifties, right?"

"Her dad is fifty-two and her mom is forty-nine. I hope that means at least twenty years where Mrs. Stephens can reasonably care for Angie. We'll worry about what happens after that, after that. Mrs. Stephens did ask if we could see Angie more often, and I said I'd discuss it with you."

"Rachel certainly loves her!"

"Rachel was being a...toddler!"

Kris laughed, "I was so surprised to see YOU on the receiving end! She usually worships the ground on which you walk!"

"Hold that thought for when she's a teenager," I chuckled. "I saw how things were with Liz, Tasha, Emmy, Lara, Elizaveta, and others. Conflict is normal. That's true even for your sister, though to a lesser extent than most. The Tsarina is asserting her newly discovered independence. It's right about this age when they figure out that they can flat-out refuse to do something, and adults are, generally speaking, helpless to force them."

"I bet when 'Mama' has a new baby to care for, 'Papa' will walk on water once again!"

"We'll see!" I said. "Ready for bed?"

"With you? Always!"

I took our empty mugs to the kitchen, and then Kris and I went up to bed.



## **March 4, 1990, Columbus, Ohio**

"Hi, Loretta," I said when Kris, Rachel, and I entered her room at the rehab center on Sunday after church.

"Hi, Mike!"

Bobby and Bobby Junior were there as well, and I greeted them.

"How are you doing?" I asked Doctor Gibbs.

"They ran every test they could think of on Friday, and my physical torture begins tomorrow morning."

"Therapy, Doctor," I corrected. "What did the tests show?"

"I had a contrast CAT scan, and the neurologist said the results looked 'promising'. I can wiggle both big toes."

"That's excellent news."

"What happened?" Rachel asked.

"I was hurt at the hospital," Doctor Gibbs said. "My legs don't work right, and they're going to fix them."

"Papa can fix them!" Rachel declared.

*"Back to walking on water again,"* Kris said quietly.

"Papa isn't that kind of doctor," I countered. "Papa's job is to save lives. Other doctors fix this kind of problem."

"Why?" Rachel asked.

"Because a doctor needs special training to fix legs; my special training is to save people who are in accidents or who have a heart attack or things like that."

"Why?"

"Because there's just too much for any single person to know!"

"Papa knows everything!" Rachel declared.

"Do you know the difference between God and a surgeon?" Bobby asked me with a grin.

I chuckled, "I've heard that one once or twice! But I'm not the one making the claim! And I'm smart enough not to run into burning buildings!"

"Don't look at me!" Bobby declared. "I'm right with you on that one! You know paramedics rarely do that. And speaking of running into burning buildings, you haven't come to the house for dinner. We still owe you for the LT."

"LT?" Kris asked.

"Short for 'lieutenant'," Bobby said. "In this case, it's Jim Greer."

"Pick a night except Wednesday or Saturday," I said.

"A week from Tuesday," Bobby suggested. "We'll get the entire company to the house, plus the captain. It'll be crowded, but we can pull the engines out of the bay and set up tables. We've done it before. What time does your shift end?"

"5:00pm."

"Then let's call it 6:30pm in case you get shanghaied into a trauma."

"Sounds good."

We spent about thirty minutes visiting, then Kris, Rachel, and I headed home for a meal with Elias, Serafina, Subdeacon Mark, and Alyssa.



# V. Because I Love You

**March 5, 1990, McKinley, Ohio**

"I'm honestly surprised," Fran Mercer said on Monday evening after I explained why I had called her.

"If you're surprised, then I'm concerned," I replied.

"Why?"

"Because it tells me you still have a misconception about my views on what happened."

"Given how often you read me off, don't you think I have reason to be at least mildly surprised that you'd consider it?"

"I suppose that's reasonable, though you should also consider what drives my actions."

"Angie's wellbeing is primary over just about everything except your family."

"And because she asked, what was my only possible course of action?"

"Oh, stop!" Fran said, laughing. "You're using the rhetorical tricks your mom used on you!"

"Guilty as charged. I only have one question for you, Fran. Can you commit unequivocally to treating Angie holistically? That is body, mind, and soul? And spare me the reflexive 'ethical concerns'."

"You do acknowledge that they are real, right?"

"If you were trying to convert her or convince her to give up her faith, I'd have you before the licensing review board so fast your head would spin. But that is not what I'm talking about, and you know it! You and I talked about these issues years ago, and you seemed willing to discuss them with me."

"You weren't a patient, Mike. Even if we called a few of those sessions 'counseling', it was more akin to coaching than what the practitioners would call behavioral counseling. Everything I did with you could be done by a layman, except that first evaluation."

"Fair enough," I replied. "But given how integral Angie's faith is to her wellbeing, it can't be ignored or even minimized. I have a thought of how we might proceed."

"What's that?"

"In the same way the hospital uses cross-discipline teams to treat patients with complex or unknown maladies, we should do that with Angie. A monthly meeting, which could be by conference call for convenience, with you, Father Stephen, Angie's GP, her Aikido instructor, and, if appropriate, Leslie Hoffman. You all discuss Angie's case, share what you know, and agree on a unified treatment plan that minimizes the use of pharmaceuticals."

"I'm sure you're aware that Doctor Hoffman has an approach closer to yours," Fran said.

"Yes. It's one of the reasons Marjorie and Ken named her in the petition to move Angie away from the now-disgraced Doctor Greenberg. What do you think of the idea?"



"I think it's a good one, though I'm not sure how easy it will be to coordinate everyone."

"I'll speak to everyone and get them on board, then turn it over to you. I need to stay away from that group so I can be Angie's friend; I'm absolutely not her doctor."

"But are you going to second guess us at every turn?"

"No. That was the point of what I just said. The only person with whom I'll communicate about Angie regularly is Marjorie Stephens. Well, and Angie, of course. So long as Marjorie is happy, I'll be happy."

"Can you really stay hands-off?"

"Can you really treat Angie holistically?"

"One of those is more difficult than the other," Fran said.

"I know. You have the much harder challenge!"

Fran laughed, "You know that's not what I meant!"

"Yes, but I actually meant what I said. Given our disagreements in the past, it's a reasonable question and a legitimate concern. Remember, I am not proposing any specific course of treatment, only that the treatment deals with Angie as a complete person -- body, mind, and soul. It's only in that synergy that we are who we are -- our authentic selves."

"And you think all the others will buy in?"

"I do. Father Stephen and Angie's Aikido instructor will agree immediately. I can't imagine any GP worth his salt who wouldn't agree simply based on continuity of care. My interactions with Leslie Hoffman tell me she'll agree. That leaves you. Are you going to reject Angie's plea for help based on a flawed view of humanity?"

"More 'black or white' thinking?"

"No," I countered. "Infinite shades of grey. It's you who are engaging in 'black or white' thinking when it comes to dealing with matters of faith. You know what the literature says about regular church attendance and schizophrenia, even if it's anecdotal. Anecdotal, it may be, but it helps Angie. So, please tell me a better plan for *this* patient."

"You are, as you promised you would be, a forceful advocate for your patients or, in this case, your friend."

"Does that mean you accept?" I asked.

"On a trial basis, yes, assuming the others agree."

"I'll accept that, given we're attempting something different. I'll get in touch with Father Stephen and contact Angie's Aikido instructor. Once they're on board, I'll speak to her GP and Leslie Hoffman."

"Do your supervising physicians find you as difficult as I do?"

"More, I suspect," I chuckled. "You don't have to deal with me twelve to fifteen hours a day, five or six days a week!"

"You take perverse pleasure in being a pain in the butt, don't you?"

"I may take pleasure in the fact that Doctor Gibbs regularly calls me a pain in the ass and, in fact, upgraded me to 'royal pain in the ass' back in November."

"How are your reviews?"

"All good, though I have been spoken to about being confrontational."

"Shocking," Fran said lightly. "I'll let you go. Get in touch when you've spoken to the others."

"I will."

We said 'goodbye', I hung up, then returned to the great room to spend time with Kris and Rachel before bed. A short time later, we said our family prayers, and I put Rachel to bed.

"How did it go with Doctor Mercer?" Kris asked when I joined her on the couch after Rachel's bedtime routine.

"She's willing to give it a try, which is probably the most I can expect at this point. I have to be very careful not to try to treat Angie but simply manage the process. It's a fine line, but I think I can walk it."

"Is there any chance at all that Angie will recover?"

"There have been sporadic reports of what I would call long-term remission for women in their forties or fifties, but that's almost always those with late-onset. As far as I'm aware, there are no verifiable reports of women who exhibit symptoms as teenagers entering long-term remission. Of course, I'm not an expert, and I don't read the literature because I simply don't have the time. To be honest, I also don't have the training or experience to understand the literature. I'd be in the same boat with an oncology journal."

"I always had this conception of doctors as knowing more than they actually do."

"Me, too. I struggled with the concept, but now, five years after my first Preceptorship rotation, I understand what they were trying to tell me. But enough about medicine! What can I do for you?"

"Put on some soft music and cuddle before bed."

"That I can absolutely do!"



## **March 6, 1990, McKinley, Ohio**

"How did things go with your call with Doctor Mercer?" Clarissa asked at lunch on Tuesday.

"OK. It took some arm twisting, but I think things will work out. This morning, I called both Father Stephen and Jonas Blane, Angie's Aikido instructor, and both agreed to participate in what I'm calling Angie's treatment team meetings. Marjorie is contacting Angie's GP. Once he agrees, then I'll speak to Leslie Hoffman. I'll work through Marjorie Stephens to ensure they're making progress, and consult with Father Stephen if they seem to be veering off course."

"Creating the 'wall of separation' you need so it doesn't appear you're treating her."

"Exactly. I'm acting as her friend, doing my best to ensure her medical team works with her spiritual advisor and her physical trainer, though Aikido has a spiritual component, similar to Shōtōkan karate."

"You're doing a good thing, Petrovich. I know how much you love her and how upset you were at what happened."

"If I believed in specific answered prayer, the one prayer I would make would be for Angie to recover enough to live a normal life, even if she was never able to marry and have kids."

"I'm going to ask this as only Lissa could -- not for Elizaveta not to die?"

"I'm talking here and now, Lissa. I didn't ask for Angie to never have been afflicted with schizophrenia. I mean, at that point, the entire universe is upended. Maybe the multiverse does exist, and there are realities where Angie is healthy, and Elizaveta doesn't die, but if those things changed, what else would change? And would I *ever* ask for anything that took Rachel from me?"

"Never, despite her being in full toddler mode!"

I couldn't help but laugh, "Alternating between 'Love Papa!' and 'No!' from minute to minute!"

"The first said in French, of course, thanks to your sister-in-law!"

"Yeah, yeah," I chuckled. "She has a boyfriend now, so she's torturing HIM instead, I'm sure!"

"And yet, she's still teaching Rachel to speak French!"

"She has less time, so that's a good thing!" I grinned. "How is the ED?"

"Non-stop excitement! Exactly what I *didn't* sign up for! I don't know how you adrenaline junkies do it!"

"Always looking for the next hit to maintain the high!" I chuckled.

"I will be SO happy when June 1st rolls around! You can have it! I'll go back to actually spending time with patients and having more than a few seconds to think. You were made for emergency medicine; I wasn't."

"Just hang in there, Lissa. There's a light at the end of the tunnel."

"And I swear it's an oncoming train!"

We finished our lunch and Clarissa returned to the ED while I went upstairs to supervise my students prepping the afternoon surgical case. I had just completed that when I was paged by the duty nurse for an ER consult. As was the usual practice, I left Erin to escort the patient to the OR while Todd accompanied me to the ED. We took the stairs, and walked down the corridor and into Trauma 1.

"Hi, Ghost. What do you have?"

"MVA with major chest involvement; classic flail chest with multiple internal injuries. He needs a central line and a chest tube."

"Cutdown tray to me!" I ordered.

Kellie brought me the tray and assisted me while I put in the central line and chest tube.

"500cc in the Thora-Seal," I observed. "He's going to need surgery. Todd, call upstairs and let them know we need a chest cutter in about ten minutes."

Ghost ordered two units on the rapid infuser, and a minute later, the patient's blood pressure improved. Once he was stabilized, Naveen Varma, Todd, Ghost's student Janelle, and I escorted the patient up to OR 3.

"Scrub in, Mike!" Nelson Burke instructed. "Your students, too. How bad?"

"MVA; flail chest; 800ccs total in the Thora-Seal; BP is 90/60; tachy at 110; right tib-fib compression fracture; assorted lacerations and contusions."

"Stood on the brakes?"

"That would be my guess."

We all moved to the scrub room to prepare for surgery.

"You'll be the second surgeon," Doctor Burke said. "Blake will be about thirty minutes, and this guy can't wait. Can I count on you to ligate or Bovie?"

"I've only used the electrocautery device once, but I can use it under your direction. I haven't ligated during surgery, but I have practiced; again, I can do it under your direction."

"OK. For the Bovie, I'll point, you shoot. For ligation, I'll give express instructions. Your students will hold retractors, and Abby will suction."

We were, at best, a makeshift surgical team, but with Shelly missing and three other procedures underway, there wasn't much choice. Shelly would return in just over three weeks, and in two months, we'd have our new complement of Residents. That would help a bit, but it wouldn't be until we moved to the new surgical wing in three years that we'd be able to handle six simultaneous procedures. We were already delaying non-emergency surgeries, and the problem would get worse before it got better.

Fortunately, while the patient was badly injured, he wasn't bleeding out quickly, which allowed Nelson to provide specific directions and advice as I completed

the tasks as he directed. The surgery went well, the internal bleeding was stopped, and when it was done, my students and I escorted the patient to recovery. I checked his vitals, then left Erin to sit with him and went to the lounge to speak to Nelson.

"Appraisal?" I asked.

"You know your knots, but you need serious practice with the Bovie. It'll come, but if we'd needed to move fast, neither skill is up to snuff. That's not a criticism, mind you, simply an acknowledgment that you're a PGY1, and those are PGY3 skills. You're skilled with the scalpel to the point where Dennis Nagle noted that you were the most skilled he'd seen in his twelve years teaching anatomy and recommended you be a surgeon."

"I wasn't aware."

"You had your mind made up. I know Owen spoke to you and tried to bring you to the Dark Side. We're very happy you found a way to split the difference and pushed us to do something we probably would have delayed doing for several years. And then the events of a few weeks ago forced us to accelerate your training. It's working because you understand your limitations. That's important as you move forward, too. Each success will make you more confident, and that's what leads to overconfidence."

"Shelly and Loretta have made that point, as has Carl Strong. And, of course, Clarissa Saunders never misses a chance to knock me down a peg or two!"

"All of us have that friend who does their best to try to keep us grounded. That's especially important for surgeons."

"What?!" I faux-whined with a smirk. "We're not gods? They told me I'd be a god!"



Doctor Burke laughed, "That is our reputation. The important thing is not to let that convince you that you can do more than you're ready to do. I believe John spoke to you in detail about that following the crike."

I nodded, "He did."

"With Shelly and Loretta laid up, who are you talking to?"

"Doctor Saunders and Ghost, along with a clinical psychologist I've worked with for years. And my wife, of course."

"That's the outside psychologist Owen referred you to for your psych eval following the incident?"

"Yes. I first met her about eight years ago as a Freshman, and we've had a few ups and downs. Coming back to Shelly and Loretta, I actually spoke to them almost every day. I'm having lunch with Shelly on Thursdays this month, and I visit Loretta on Sundays at the rehab center in Columbus."

"OK. Keep doing that, and keep up the good work, Mike. Just remember you still have a lot to learn."

"Thank you, and I will remember."

I left his office and went to check on the patient in recovery, then went to the lounge to wait for my next consult.



## March 8, 1990, McKinley, Ohio

"What did Psych have to say?" I asked Shelly when we met on Thursday at a new diner which had opened across the street from the hospital.

"The usual BS. They cleared me but felt I was pretending to be OK."

"That was my concern if they were to have evaluated me, especially given my history with them. I'm actually not surprised, given you supported me against Lawson."

"They tried to ask about you, but I refused to comment at all and directed them to Doctor Cutter."

"That also doesn't surprise me," I said. "They have it in for surgery and the ED, and me specifically."

"You know Lawson is a wannabe surgeon who couldn't Match, but I found more -- his girlfriend at the time, who was lower ranked, Matched her first choice -- surgery at UCLA. He tried to Scramble to something in LA but ended up in Grand Rapids. And as you know, they wouldn't hire him as an Attending."

"And we did?"

"Another datapoint -- his uncle was good friends with the Psych Chief at the time and pulled strings to get him hired."

"Wonderful."

"Oh, it gets better. Her uncle is Mark Edwards."

"The former Chairman of the Board of Directors of the hospital," I observed.

And Erin Edwards' dad. He was no longer Chairman, having taken a similar role at a private-sector, for-profit hospital in Columbus.

"That explains a few things," I said. "Between you and me, and not to be repeated, his daughter was relentless in trying to entice me to cheat on Elizaveta."

"How did you meet her?"

"The first time was when she was in the ED after being struck in the head by a golf club. That was in the Fall of First Year. I ran into her again when I was on my OB/GYN Preceptorship. After that, she sought me out on several occasions."

"And you honored your vows, of course, not to mention valuing your life, given what I've heard about Elizaveta."

"She was a feisty one, that's for sure. I let her know what had happened because they were classmates."

"Ever been tempted?" Shelly asked.

"Not the way you mean, but I freely acknowledge that Kellie Martin would be at the top of my list if I were single."

Shelly pouted, "Not me?"

"I want to ask *you* a question -- is that how you want me to think about you in the locker room?"

"Touché. Has Ellie Green backed off?"

"Yes. She'll hint occasionally that she's still interested, but it's tame."

"And that High School Senior who all but begged you to screw in her hospital bed?" Shelly asked with a smirk.

"You were there and saw how I handled it! And she was careful to not push things too far."

"Right, because saying surgery was the only way she'd get you inside her wasn't pushing things too far in any way!"

I chuckled, "Tone of voice. Did she mean it? Sure. Was she being obnoxious? No. She understood I was OK with a bit of teasing, but I'm positive she also knew it wasn't going to happen. If it was, the *last* thing I would have done was explain wearing my wedding ring on my *right* hand."

"True."

"How are things with your guy?"

"Moving along," Shelly replied. "I figure a Fall wedding next year, but neither of us is in a hurry. It's not like the piece of paper is a permission slip or anything!"

I chuckled, "I know a few fathers who would strongly disagree and insist that it is the *only* permission slip!"

Shelly rolled her eyes, "My dad was like that. And you know my response!"

I chuckled, "The same one quite a few young women I know chose, including my mom!"

"Who told you? Your dad?"

"No, my mom. The really funny part is she was positive her dad didn't know, but it's clear from things he's said that he was aware she was, to put it in 1950s terms, 'running around'."

"I think my dad went for the 'plausible deniability' approach."

"That sounds like the dad of a girl I dated for a few years in college. There is no way he didn't know, but he never said anything. Well, that's not quite true -- his other daughter got pregnant at sixteen, and she accused her older sister of having sex with me to try to limit the fallout. Of course, at that point, the girl and I hadn't started fooling around, so we could deny it."

"I suspect your history in High School and college would be interesting to hear!"

I chuckled, "Not High School. I didn't become a 'loose man' until after graduation!"

Shelly laughed softly, "Nice way to turn that around from the usual stupid idea that guys are studs and girls are sluts."

"You, of all people here, should know I don't go for double standards for anything."

"May I say I'll enjoy watching you about ten years from now?" Shelly asked with a sly smile.

"Miss Rachel is already asserting herself and has her biological mom's fiery personality! Not that Kris isn't equally fiery."

"Of which there is ample evidence, given she's due in three months!"

"Whatever! How are you feeling?"

"Good. I'm back to my regular exercise routine, albeit using significantly less resistance and less weight on the machines. I'm working my way back, but it'll be a few months."

"So other than about four inches of small bowel and one lobe of your liver, no internal problems?"

"None. Thank God it missed my uterus. I only want one, but I do want one."

"Fortunately, John and Owen are both enlightened enough that they won't interfere with your career beyond missing eight to twelve weeks."

"Speaking of that, how much trouble have you gotten into while I've been out?"

"I performed an appendectomy."

"As a PGY1?!" Shelly asked. "I am seriously jealous!"

"I also assisted with a trauma surgery and used the Bovie and ligated. Fortunately, the patient was stable enough for Nelson Burke to talk me through things."

"All the PGY2s and PGY3s were tied up?"

"Yes. It's been busy, and missing a qualified surgeon doesn't help."

"Not yet," she replied. "Still a PGY5."

"And yet, you're permitted to perform procedures with minimal supervision. I'm certainly not and won't be for some time. Well, except the procedures in the ED, but even those are always supervised by an Attending."

"That's more about liability than anything," Shelly said. "You're obviously qualified to perform those procedures."

"Nelson did warn me about crossing lines, the same as Owen did after the criske."

"You've exercised good judgment, which is why you're allowed to do those things. I'm positive you won't intentionally get in over your head, but I also know you'll call for help the moment you need it."

"That worked so well with OB!" I said sarcastically.

"Hey, you have the distinction of delivering a healthy baby in the ED! That's a rarity!"

"And one I'd have very much preferred to NOT have done! That said, it all turned out well, and the fact that the teenage girl's parents were supportive was a nice plus. If I never have to do that again, I'll be happy!"

"So will legal! They do not need that kind of potential liability! If *anything* had gone wrong, even if it wasn't our fault, the hospital would have been in deep sneakers!"

"True. And the same was true for the criske, though given it was a fireman, the County was on the hook either way."

"I'd have tried that as a med student if there was no other way to save his life," Shelly said. "Thankfully, I didn't have to. That said, I was first on the scene of an MVA when I was Fourth Year and provided what was euphemistically called 'First Aid' to the victims. That violated the rules, but everyone looked the other way for obvious reasons."

"Did they all make it?"

"Yes. The paramedics showed up about five minutes after I started working on the patients with a pair of First Aid kits and the minimal things I had in my medical bag. I helped them until they transported the patients. And, like you with the cruke, I reported my own behavior."

"Confession is good for the soul *and* the medical license!"

"As they say, it's much easier to ask forgiveness than permission. That's how you handled the delivery."

I nodded, "Once it was clear OB was going to blow me off, I had no choice but to order my student to commandeer the necessary equipment. Fortunately, the Attendings fought that little war."

"Territorialism is a major problem. You saw it with the battle over to whom the trauma surgeons would report."

"I prefer the red scrubs!"

"Me, too!"

"Sorry to cut this short, but I need to get back to supervising my toddlers prepping a bowel resection."

"YOU were a toddler less than a year ago!"

"I grew up! Allegedly."

"Allegedly!" Shelly confirmed with a smile.



We hugged lightly, I paid for our lunches, and then I headed across the street to the hospital. Everything went smoothly, and at 3:00pm, I walked to the medical building next door for Kris' prenatal checkup. Doctor Forsberg pronounced everything was fine and provided an ultrasound image for us. When the exam was finished, Kris headed home, and I returned to the hospital to complete my shift.



## **March 10, 1990, McKinley, Ohio**

"Are you going to wear your earmuffs?" I asked Rachel as I unbuckled her from her car seat.

She screwed up her face and glared at me, looking for all the world like Elizaveta when she had been unhappy with me.

"I don't want to!" she declared.

"But will you do it?"

She glared at me, then grudgingly said, "Yes."

"Thank you," I said.

Rachel insisted on walking, so I slung my balalaika across my back and carried my guitar case in my left hand. I held Rachel's left hand with my right, and Kris carried our sheet music as we walked into the humanities building and made our way to the music room.

"Morning, Mike!" José called out when we walked in. "Hi, Kris! Hi, Rachel!"

We all greeted him, along with the other members of the band.

"Mike," Kari said, "this is Doug Cromwell from the Hayes County Public Defender's Office; Doug, Doctor Mike Loucks, a trauma surgeon."

We shook hands and greeted each other.

"Call me Mike, please," I said. "Or, if you *have* to use my title, Doctor Mike."

"Mike it is," he said.

Practice went well, though I was out of practice playing with the group, but I was positive I'd be fine by the time we had to play the first Prom gig.

"I figure we won't try any new songs until after the Proms," Kim said as we packed up our equipment. "I figure we can use June to learn a pair of new songs for the Fourth."

"What are you thinking?" I asked.

*"Every Rose Has Its Thorn, Once Bitten, Twice Shy, Welcome to the Jungle, or Make Me Lose Control. Any preferences? You're the one who sings lead."*

"If it's up to me, then I'd choose Poison and Guns N' Roses."

"OK. We'll do those. I'll solicit input from everyone after the Fourth to expand our repertoire. We won't have time before the club gig to learn them, though, but we could for the music festival."

"How many songs are on that setlist?" Sticks asked.

"Six. Basically a thirty-minute set. Six leaves us time for an encore."

"Is there any way to find out what other groups are singing?" José asked. "It would be better not to overlap."

"I'll call Johnny and ask," I offered. "I'll also make sure we can substitute after we turn in our list so we can avoid duplication."

"Great!" Kim declared. "See you guys next weekend!"

Kris, Rachel, and I left the music room and returned to my Mustang. Once everyone was buckled in, we headed to Kroger for our weekly shopping trip. Great Lent was in full swing, but we had a seriously relaxed fasting rule, given Kris was in her sixth month. That meant fish was always allowed, and chicken occasionally, along with dairy, though we were careful what we served when our Orthodox friends joined us for meals.

"Lara doesn't follow the fast strictly, right?" Kris asked as we shopped.

"Correct. She and Nathan simply abstain from red meat, so having chicken tomorrow won't be a concern. Clarissa, Tessa, Jocelyn, and Gene will eat anything we put before them."

"Papa?" Rachel inquired from the seat in the cart.

"Yes?"

"Sketti?"

"I think we can have spaghetti tonight if Mama is OK with that."

"Yes, of course!" Kris agreed. "We can make chicken Parmesan on a bed of spaghetti noodles."

"Let's get a French loaf so I can make garlic bread as well," I suggested.

"At the bakery, not here, right?" Kris asked.

"Yes."

We bought the necessary ingredients, along with the other things on our list, then stopped at the baker for fresh bread. At home, we had lunch, and when Rachel went down for her nap, Kris and I went to lie in bed so she could nap as well. That evening, after dinner, we went to Saint Michael for Vespers, then had a quiet evening at home.



## **March 11, 1990, Columbus, Ohio**

"How are you doing, Misha?" Vladyka JOHN asked as we sat in his office at the Cathedral on Sunday following the Divine Liturgy.

"I'm OK."

"I will repeat that I thank God each day for protecting you. How are your friends?"

"Doctor Lindsay will return to work in about three weeks. Doctor Gibbs is making slow progress. We'll stop in to see her after we leave here today, but when I spoke to her on the phone on Friday, she said she has feeling in both legs and can move all her toes. That indicates she should be able to walk, though she might need leg braces or a cane. Nobody can say for sure at the moment."

"Good. And your interior life?"

"I confess every two to three weeks, receive the Eucharist every Sunday, and pray consistently."

"Have you spoken to Father Roman?"

"I did call him the day after the incident, and I'll see him the weekend of April 6th. All three of us are going to the monastery."

"And you've continued to speak to your secular counselor?"

"Yes. On that, I'm working with her complete caregiving team to coordinate her care."

"Father Stephen called to let me know. You're doing a good thing, Misha. When is your next trip to the prison?"

"Two weeks from today. Protodeacon Ivan will be there to serve the Typika, which I'm sure you know."

"You'll act as his acolyte, yes?"

"Yes."

"You have my blessing to wear your purple *sticharion*, though obviously not your *orar* or any other indicia of clerical office."

"Thank you, Vladyka. I had planned to simply wear my cassock, but I will wear the *sticharion*."

"On that matter, do you have any idea what Kris might think about our discussion a few years ago?"

"I think she would object, at least with regard to the canons. She was ROCOR, as you know."

Bishop JOHN laughed, "They do tend to insist on «akriveia» in all things! On that, Metropolitan PHILIP of the Antiochian Archdiocese granted permission for a widowed priest, Father Joseph Allen, to marry without being laicized."

"I bet that went over well."

"There was, shall we say, a small rebellion amongst some of the clergy, especially the priests in the AOEM."

The AEOM was the new name for the Evangelical Orthodox Church, which had been brought into the Antiochian Archdiocese by Metropolitan PHILIP.

"I take it that did not lead to reversing the decision."

"It did not. The reports I've received say that the laity accepted it and most supported it."

"Interesting."

"We'll discuss it again in a year or two," Vladyka JOHN said. "I did suggest to Father Nicholas that you teach Sunday School once a month, and I believe your new schedule would permit that."

"It would. I do want to say that I'm not sure Kris will see things differently, even with what you just told me about the Antiochian priest."

"Let's worry about that in the future. Will you teach Sunday School once a month?"

"Yes, Vladyka," I replied.

"Good. How is Kris doing with her pregnancy?"

"Just fine. She had her checkup on Thursday, and Doctor Forsberg was happy."

"Did you ask the sex?"

"No, but I'm reasonably certain from looking at the ultrasound image. I didn't say anything to Kris, so I shouldn't say anything to you."

The image had suggested strongly that we'd have a baby girl, but ultrasound images could be deceiving. In reading them, being certain the baby was a boy was possible, but unless the baby was in exactly the right posture, at six months, you could not say unequivocally the baby was a girl.

"Wise, Misha!" Vladyka JOHN said with a twinkle in his eye. "Have you chosen names?"

"Charlotte Michelle and John Michael," I replied.

"Will you allow me the privilege of baptizing your son or daughter?"

"Of course, Vladyka! Kris will want to stick with the usual practice of forty days, though she won't stay away from church."

"Good. I strongly discourage that practice, though I know it's important for some of the faithful. It's similar to the old taboos of receiving the Eucharist at that time of the month, something else I discourage, but there are women who abstain during that time."

"Right up there with some of the older couples covering the icons in their bedrooms when they have sex. That said, that one I could actually defend theologically."

"Go on..." Bishop JOHN said with a smile.

"Well, given the icons manifest the true presence of the saint or of Christ, it would be, in their minds, the equivalent of having sex in front of spectators. That said, that manifestation is a mystery, and in my mind, it doesn't make the icon work like a *Nineteen Eighty-Four* viewscreen. That would be the potential error in their thinking, but I don't want to go down the path of trying to explain the mysteries. That's like the edges of ancient maps having the warning, 'Here be there dragons!'"

"Quite so! The error of the Scholastics was trying to conceive that which is ineffable, inconceivable, and incomprehensible."

We prayed together, then I left his office. I found Kris and Rachel with her family, and after a brief conversation, Kris, Rachel, and I left so we could visit Loretta at the rehabilitation clinic.

"Have I mentioned how much I hate my physical therapist?" she grouched after greeting us.

"You were quite clear when I spoke to you the other day! And you know what? Tough it out! We need you at the hospital, and Bobby and Bobby Junior both need you. It may suck now, but it'll be worth it."

"You sound like a damned doctor!" Loretta complained.

"I *am* a doctor," I chuckled. "But I'm also your friend, and I said that as a friend. I'll leave treating you to far braver men and women!"



"I bet you'd make a terrible patient," Loretta said.

"I think you'd win that bet! Still have those numb areas?"

"Yes, both buttocks and the arch of my left foot."

"And the motor coordination?"

"So-so. I'm only allowed to use the rails, and I have braces on both legs, but I can mostly make my knees work the way they're supposed to."

"That's good progress."

We spent about twenty-five minutes with her, including Rachel climbing into bed with Loretta to hug her. Bobby and Bobby Junior arrived just as we were ready to leave. I shook hands with him, he reminded us about the Tuesday dinner at the firehouse, and we left.

Rachel fell asleep in her car seat on the way home, which gave me a chance to let Kris know about my discussion with Bishop JOHN.

"Vladyka broached the subject of ordination," I said. "He mentioned a widowed Antiochian priest who was permitted to remarry and retain his clerical office."

"Outrageous!" Kris exclaimed.

"Which is exactly what I would expect you to say. Vladyka said there was a bit of a clergy rebellion, though it died out quickly. The laity accepted it and, according to His Grace, largely supported it."

"Are you saying you've changed your mind on that topic?" Kris asked.

"Not at all! We agreed no secrets so I simply reported the conversation. He did ask me to teach Sunday School once a month and suggested we discuss ordination in the future. I made the point that you would likely object, and that didn't deter him."

"You're going to make me the 'bad guy', as you Americans call it."

"Again, «ma chérie», YOU are an American! You even have the papers to prove it! And it is not going to make you the 'bad guy'. It simply helps preserve my close relationship with His Grace. If you *insist*, I'll tell him 'no', but I'd prefer to wait and have him ask you. There will be no hard feelings and no animosity, and I'd very much appreciate if you would consider doing it my way."

"Because I love you," Kris said.

"I love you, too!"

"Enough to tell me what you saw on the ultrasound?" Kris asked lightly.

I chuckled, "I'm not an expert!"

"No, but I suspect you know."

"Actually, to be honest, I can't say positively, which is why I said nothing. At six months, unless you see a penis, you can't say unequivocally one way or the other. Our baby was resting in a position where it *appears* there is no penis, but it can be tricky to say for certain. The strong odds are that you have Charlotte Michelle in your womb."

"Are you happy?"

"Absolutely! And you can be sure the Tsarina will approve right up until Charlotte wants Papa's attention!"

"It's going to be what is called in America, 'an adventure'."

"That it is!" I agreed. "That it is."



## VI. Match and Scrambles!

**March 12, 1990, McKinley, Ohio**

"Got a moment, Mike?" Doctor Ross said when he saw me late on Monday morning.

"Sure. What's up?"

"Privately, please."

I nodded, followed him to his office, and shut the door behind us.

"I received our Match list," he said. "You obviously cannot share what I'm about to say with anyone."

"Understood."

"It won't surprise you, but Mary Anderson matched here, as did Ryan Harrison; it might surprise you that Erin Jackson matched here as well."

"Interesting. For that to have happened, she had to have taken a fairly extreme risk. I'm happy about that, obviously. Before I ask you about the other three, do you know if Leticia Jefferson matched with the ED?"

"She did. Brent Williams called to let me know, as he was positive you would ask."

"Excellent. Who else did we get?"

"The married couple and Felicity Howard. We didn't get our third-ranked choice or our sixth. Obviously, Mary had already Matched for the trauma surgery slot. Thoughts?"

"I'm glad we got the Kennedys, and I'm positive Felicity will bust her butt. I'd have ranked her higher, but I understand why you were reluctant to do so."

"Huge red flags, even with her improvement. To be honest, without your strong support, I wouldn't have listed her."

"I believe in redemption," I replied. "Everyone screws up at one time or another. Fortunately, my major screwups have occurred in areas other than medicine."

"And I know you'll do your best to ensure it stays that way."

"I will. Did Brent share any other names?"

"No. Just that one; he said she's the cousin of a friend?"

"My roommate at Taft for the first two years. I was his first white friend, and he was my first black friend. You could have used our interactions as material for one of those goofy sitcoms."

"First black friend? In college?"

"Yes. I mostly hung out with two friends from second grade onward, and there were no black guys on the chess team and none at my dōjō. He grew up in Over-the-Rhine in Cincinnati, and the only white people he interacted with regularly were cops, and you can imagine how that went."

"Badly. Racism is a scourge."

"I agree. That is one of my concerns about Leticia Jefferson, but I know the ED docs and nurses well enough she won't get grief from them. There are others..."

"We all know who they are, and if it were up to me, they'd be out. And I don't just mean out of the hospital; I mean no medical license. Bigotry has no place in medicine, and even if not expressed, it affects how patients are treated. Study after study shows that minorities receive substandard care, even when presenting at the exact same hospital."

"That is unconscionable," I replied. "But if you look at the details, you'll see it's actually a question of insured versus uninsured versus Medicaid. Guess which have the worst outcomes, irrespective of race?"

"Medicaid."

"Exactly. You're better off being uninsured than having Medicaid because there is no gatekeeper of any kind. Yes, the hospital has to eat the cost, but we make those decisions purely on medical need. *Our* judgment of medical need, not the government's."

"Sad but true," Doctor Roth agreed.

"Anything else?"

"Not at the moment. Go have your lunch. And I'm sure you'll stop in to see Brent."

"I will!"

I left his office, let my students know I was going to lunch, then left the floor. I walked to the ED, but Brent Williams was in a trauma, so I headed down the

long corridor to the cafeteria. I got my food, saw Sophia and her friends, and went to sit with them.

"The anticipation is killing me!" Sophia declared once I'd quietly prayed.

"You'll Match, I'm sure."

"But I don't find out where until Friday!"

"Been there," I said. "But for me, it was Tuesday morning that ended all the stress. I mean, sure, I was convinced I'd Match here, but knowing I'd Matched meant I was going to be a doctor. And that was the key."

"You couldn't have seriously been worried," Kelly Atkins said. "You were first in your class, and I heard you were the best!"

The way she said 'best' was clearly meant as innuendo, but I ignored it.

"While the odds of not Matching were slim, they weren't zero."

"Only because Mike has a hate-hate relationship with computers and was sure it could find some edge case to screw him!" Sophia declared mirthfully.

"There might be some truth to that," I chuckled. "Though I have switched to tolerance of the infernal devices!"

"Not just edge cases!" Kelly smirked.

"Kelly, stop it!" Sophia ordered. "I mean it. Stop it. Now."

"Who died and made YOU queen bitch?" Kelly asked.



"Nobody. Mike is happily married and faithful. Deal with it and drop it."

Kelly muttered something under her breath, and I decided I was glad I didn't hear it. She was quiet for the rest of the lunch while Sophia, Jenny, Nancy, and I talked about their clinical rotations. Jenny had tried to Match with Moore for Internal Medicine, but I had no idea if she had, and I doubted Tim Baker would share the list with Clarissa in advance. When I finished my lunch, I excused myself and walked back to the ED to see if Brent Williams was available.

"Hi, Brent," I said when I saw him. "Got a sec?"

"Sure. My office?"

"Yes."

I followed him to the office and shut the door behind us.

"Owen let me know Leticia had matched here. I'm extremely happy. OK to ask who else?"

"You know the secrecy rules, right?"

"Yes. Owen reminded me."

"He has to, as I do. Karl Schmidt, Julie Plemons, Mai Liu, and Mike Jorgensen. The last spot didn't fill. Are you available to interview Scramblers by phone?"

"Yes. How often does that occur here?"

"The last two years were fine, but before that, we nearly always had one that didn't fill. Remember, we were a smaller regional medical center at that point."

"When we hit Level I, I suspect that problem will go away."

"Me, too. I'll start receiving inquiries after 10:00am tomorrow. I'll coordinate with Owen for your time."

"Thanks. Any word on the new Emergency Medicine Chief?"

"An announcement is due tomorrow. I'm fairly certain it's Dutch Wernher from Rush-Pres in Chicago."

"Is that his given name or a nickname?"

"Nickname; his given name is Rupert."

"I think I'd go by 'Dutch'," I observed.

"Yeah, me, too."

"CV?"

"Mid-fifties. He switched from Internal Medicine to Emergency Medicine around 1972 and has a good reputation in the field. Graduated from UC Berkeley, attended Emory Medical School, Residency at Bethesda Naval Hospital, and two years at Cam Ranh Bay before leaving the service and being hired at Rush-Pres. Married with three daughters."

"Sounds like a good guy, but Loretta should have that role."

"We still don't know if she'll be able to come back," Brent said, "and that role has to be a practicing physician. That was one of Cutter's criteria -- no more pure administrators."

"That I can't argue with, though I'm convinced Loretta will come back."

"Me, too, but you and I both know it's a potentially long road."

"Unfortunately. Anyway, I'll keep all of that under my hat. Let me know about the Scramblers."

"Will do, and thanks."

I left his office and returned to the surgical ward, and given things were quiet, let my students take their lunch before prepping the afternoon patient. The rest of the day was routine, with three ED consults, two of which were surgical cases, though neither were emergencies. We didn't admit them, but we scheduled surgery for them later in the week.



## **March 13, 1990, McKinley, Ohio**

Tuesday was Match Day, and as had been the case for my friends and me, all the Fourth Years were on pins and needles until the first batch of Match letters were handed out. All of the students who had had their clinical rotations with me had Matched, though other than the names I'd been given by Owen Roth and Brent Williams, I had no idea where they might have Matched.

I took the opportunity at lunch to call Doctor Mertens and inquire how many were Scrambling.

"Six. It's a good year. I see one of the emergency medicine slots didn't fill."

"I'm expecting names from Brent Williams at some point today to begin phone interviews. Are any of the six worth talking to?"

"That's a heck of a question for the Dean of Clinical Instruction!"

"No reflection on you, Doc! There are some people who simply should not be physicians."

"Nicole Caton; middle of the pack, with average reviews. I think she might have overshot for her first choices and was unlucky with her backups."

"What programs?"

"Internal Medicine."

"Have her call Brent Williams," I said. "Well, assuming she's interested in Emergency Medicine as an alternative."

"She'll actually be in my office in about ten minutes to review the Scramble list."

"Are there any other open slots here?"

"One in psych and one in OB/GYN. That's not uncommon; surprisingly, the dermatology slot filled."

"I take it that's a tough sell here?"

"They only have one opening once every three years, and it's been in the Scramble for as long as I've been at the medical school."

"Sorry about not being able to make the guest lectures."

"I understand. How is Doctor Gibbs doing?"

"Not enjoying her physical therapy, but improving every week. She has some numbness in her lower extremities, but she's walking between parallel bars with the aid of braces. I'm positive she'll recover enough to return to the ED, though she might need leg braces permanently."

"I heard Doctor Lindsay will be back on April 1st."

"She's really champing at the bit at the enforced vacation."

"How is your wife? She's in her sixth month, or thereabouts."

"She's doing fine, and Rachel is impatiently awaiting a sister; I believe she'll try to trade in a brother! Too bad for her it doesn't work that way!"

"I was ready to sell my little brother to our neighbors for a dollar when I was five. My dad objected."

I chuckled. "Just one buck? Really?"

"That was more money back then," Doctor Mertens said mirthfully, "but he was, as the saying goes with car dealers, 'priced to move!'"

I laughed hard, "Nice, Doc. Very Nice!"

"You should call me Nora. Do you think you'll be able to lecture before the Fall?"

"Probably not, given things are still crazy around here. I will talk to Owen Roth about the Fall."

"Thanks, Mike."

I thanked her, said 'goodbye', then went to the Cafeteria to have lunch with Clarissa.

"I'm going to guess you know who Matched for the ED and surgery."

I nodded, "Yes, though I'm sworn to absolute secrecy. The last thing we want to happen is to get in trouble with the NRMP. I take it Baker didn't talk to you?"

"He barely knows I exist because I'm in the ED until the end of May."

"And yet you'll receive glowing reviews for the good work you're doing, so no big deal! You'll have two years before it's time for an Attending slot, and you'll have the extra ED experience, including your paramedic ride-alongs! Now you just need flight surgeon status!"

Clarissa laughed, "And you got it just in time for it to mostly be phased out because we're on our way to being a Level I trauma center!"

"Fortunately, there are no continuing training requirements for that which aren't satisfied by my day job!"

"I take it you heard about the new Chief of Emergency Medicine?"

"Yes. UC Berkeley, Emory, US Navy, Rush-Presbyterian in Chicago. Switched to emergency medicine from internal medicine at Rush. Married, with three daughters."

"But you're unhappy because of Doctor Gibbs."

"Yes, but as Brent Williams pointed out, she has a long way to go, and Cutter added a 'no paper pushers' requirement to the job description. You know my

problem with Northrup, though I do make a small allowance for the amount of time he had to spend on the new ED."

"Just over a year," Clarissa observed. "From what I hear, the big challenge is all the new telemetry equipment."

"That's what I hear as well. Buildings are pretty easy, from everything I witnessed with my dad growing up, but the computer stuff is complicated."

"Listen to you! 'Computer stuff'! You're too funny, Petrovich!"

"Tell me that the telemetry isn't a computer."

"Technically."

"In my book, being technically correct is the best kind of correct!"

"Of course it is! You can be a real dope at times, Petrovich!"

"Which, of course, is why you love me!"

"You just go right on with that fantasy!"

"You know MY fantasy, Lissa!" I smirked.

"There is just no way it was THAT good!"

"It's not the 'what' it's the 'who,'" I countered.

"And you could never consummate your relationship with the girl who would have been sublime."

"It didn't hurt she had red hair, green eyes, and a sexy body!"

"My only possible response to THAT is -- «ТЫ НЕКУЛЬТУРНАЯ СВИНЬЯ» (*ty nekulturnaya svinya*)!" ("You uncultured swine!")

I laughed, "One of Tasha's favorite epithets. And I need to get back before my toddlers kill a patient with a safety razor!"

"Oh, give me a break! Erin is an excellent medical student."

"Of course she is, but my membership card in the Residents' Union would be revoked if I didn't disparage them in jest to other Residents!"

"You might have a point...at the top of your head!"

"Love you, too, Lissa."

We hugged, Clarissa headed back to the ED, and I took the stairs up to the surgical wing. When my shift ended, I showered, dressed, and headed to the parking lot where Kris and Rachel were waiting. I got into Kris' Tempo, and we headed to the fire station for dinner with Bobby's company.

"Do you always eat this well?" Kris asked after a fantastic meal of barbecued chicken sandwiches, home fries, and homemade coleslaw.

"Firemen tend to be great cooks," Bobby said. "Though you get a lot of chili, barbecue, and spaghetti. Fortunately, we weren't rudely interrupted by the..."

"DO NOT SAY THAT!" Lieutenant Greer declared. "You know what will..."

And it happened before he could even complete his sentence. The tones sounded then a disembodied voice came over the PA...



*"Station 2; motor vehicle accident with trapped victims; US 23 at Ohio 159."*

Half the company scrambled away from the table, but Bobby and Jim Greer were not on shift, so they remained.

"You're a dead man, Murphy!" Chet, one of the firefighters, growled as he hurried away.

"Smooth," I chuckled. "is the County ever going to fix that intersection?"

"There's money in next year's county budget to change it from a two-way stop to an overpass with ramps. Hopefully, they'll actually do it, but it depends on money from the Feds."

"It's so silly," Kris observed, "that the US government can't simply maintain the roads."

"They can," Lieutenant Greer countered. "It's the state highway that's the problem. The county and state have to put in an overpass and build the ramps, but the federal government will chip in money. The county can't afford to do it without state and federal help."

"It just seems overly complicated. But I'll drop it because I see my husband's eyes rolling!"

"Come by the house on May 1st and see the red banner flown by my unreconstructed socialist wife!"

"Before this gets out of hand," Bobby said, "Captain Brinker has a medal and a plaque for you."

I wanted to protest that it wasn't necessary, but I knew that would fall on deaf ears.

"I'll keep it short," Captain Brinker said, "because I know the men hear me talk more than they want to!"

"Fuckin' eh, Cappy!" Bobby's partner Sam exclaimed.

"You're on report, Bolton!" Captain Brinker said with a grin. "Doctor Mike, please stand."

I stood up.

"For extraordinary service to an injured firefighter and his unwavering support of the paramedic program, I hereby award the Hayes Country Fire Department Citizen Valor award to Doctor Michael Loucks."

He handed me a plaque, then pinned the medal on my shirt.

"Thank you," I said. "No speech."

"Thank God!" Sam grinned.

Everyone laughed.

"I also want to thank you for providing support and encouragement to Loretta," Lieutenant Greer said. "That's actually more important, but we can't give you an award for that."

"Thanks, LT," Bobby said.

"Where's the ice cream?" Sam asked. "They told me there would be ice cream!"

Everyone laughed.

"Is he always like this?" Kris asked.

"Only when he's not on shift," Bobby said. "Then he's all business. But off the clock? He's a bigger clown than your husband!"

"I find that very hard to believe," Kris said with a silly smile.



## **March 15, 1990, McKinley, Ohio**

"How did we do in the Match?" Shelly Lindsay asked when we sat down to have lunch on Thursday.

"Very well," I replied. "I'm sworn to complete secrecy, but you won't be disappointed. The ED didn't fill one slot, and I have a phone interview today with a Scrambler from Michigan State and a face-to-face with Nicole Caton from McKinley Medical School, who failed to Match."

"Scraping the bottom of the barrel?"

"According to Nora Mertens, Nicole is an average medical student with average evaluations who shot a bit too high with her Match list and had bad luck with her backups. She was trying for Internal Medicine."

"And the other candidate?"

"Similarly situated student from UC, but who tried for Emergency Medicine only at major hospitals. Again, a bit of bad luck because if you construct your list

properly, you should Match somewhere. A single interview at a second or third-tier hospital is a fairly safe bet."

"OK, but if they built bad lists, doesn't that show something, too?" Shelly asked.

"All it takes is being fifth or sixth choice for hospitals who don't have overlapping lists. As Nora said, a bit of bad luck. And honestly, I could see that if you felt your interviews went better than they did. We all have a difficult time seeing ourselves as others see us. Paul Lincoln told me he thought he completely blew his interview here, and yet he Matched, so he obviously didn't."

"Mary Wilson actually did blow her interview, but she had great grades and excellent recommendations, so we took a chance. It was nerves, and I'm sure you've seen she's OK with patients."

"Actually, I haven't seen much of her given I'm not on a surgical team, and they have me hopping covering for your lazy butt as well as handling ED consults!"

"Lazy butt?!" Shelly growled in outrage. "They won't LET me come back for two more weeks! I'm ready. It's the damned rules that are the problem, and they don't have any leeway. Six weeks post-op for major surgery before you can come back. And the clock only starts ticking when you're stable."

"And you know why that is! Surgeons are, in general, an arrogant bunch who would lie, cheat, or steal to get into an OR! Present company excepted, of course."

"Of course," Shelly agreed with a soft laugh. "Which is, of course, why Psych objected to you going to your outside psychologist. They figured it was a scam because that is what surgeons stereotypically do."

"And if you had your way, you'd have been in an OR two minutes after you were released. And please have the decency and respect not to deny that to me!"

"Loretta is right! You're a royal pain in the ass, Loucks!"

"Thank you," I replied with a grin. "My psychologist suggested I wear such comments as a badge of honor, and she's not wrong."

"No kidding," Shelly said dryly.

We finished our lunch, exchanged a quick hug, and she left the hospital while I went back upstairs. About an hour later, I called Casey Van Houten from Michigan State to conduct a Scramble interview. He was, as I had expected he would be, an average candidate who would not have made our top ten, but by the end of the interview, I felt he was a qualified candidate. He asked when he would hear, and I couldn't make any promises. I thanked him and said that Doctor Williams would be in touch.

About twenty minutes later, I met Nicole Caton in a small conference room to conduct her interview. My concern with her was she'd listed Internal Medicine at Moore and hadn't been selected. Per my instructions from Brent, I wasn't allowed to ask for their evaluation, which didn't make sense to me. But, because Nora Mertens had said Nicole was deserving, I set aside her failed Match.

"Hi, Doctor Mike," Nicole said. "Thanks for seeing me."

"You're welcome. Have a seat, and we'll do this as a standard Match interview, though with only one physician, instead of a team."

After the usual preliminary questions and her biographical spiel, I asked my first unscripted question.

"Why did you not choose an emergency medicine Sub-I?"

"I had the required Clerkship, and because I wanted to match for Internal Medicine, I didn't think it was important. I had a Pedes Sub-I instead."

Which made sense, though not having an emergency medicine Sub-I had absolutely hurt her in the Match and would potentially work against her in the Scramble for an emergency medicine spot, at least at any urban hospital. She, like Melissa Bush, might need to look further afield.

"I'm not suggesting you'll receive a negative answer from us, but you should ask Doctor Mertens for a list of open Residencies in rural Kentucky, Tennessee, West Virginia, Georgia, and Alabama. They'll be less concerned with a missing emergency medicine Sub-I, and they almost always have open positions."

"I really do not want to work in an area like that."

"And if that's your only choice?" I asked.

"Then I suppose I would. Why didn't anyone tell me I made a suboptimal choice?"

"I have no idea," I replied. "The only thing I can say is something I was told during my time in medical school and something I stated clearly in the alumnus speech I gave at last year's White Coat Ceremony -- every morning when you get up and look in the mirror, you see the person primarily responsible for your medical education. It's not the deans, it's not the professors, it's not the doctors on your clinical rotations. It's you. Period. No exceptions and no excuses."

"I never heard that," Nicole replied. "From anyone."

"Now you have. It's not too late. We might hire you, but if not, you need options. And you're the only one who can arrange those. So, as soon as we finish, go see Doctor Mertens and ask for the list of rural programs which have trouble attracting candidates. I know someone who Scrambled to a spot in Kentucky after failing to Match in *two* Matches. Your other options are research or an insurance company."

"Ugh."

"So, how badly do you want to be a doctor?"

Nicole nodded, "I see your point."

"Good. Now, convince me why we should select you for the open emergency medicine spot."

For the next twenty minutes, she made her case, and when she finished, I thanked her, then went to the ED to report to Brent Williams.

"One name, please," he said. "You, Ghost, and Perry each had two candidates. I'll call or speak to three of them."

I considered which I'd choose and made a tentative decision.

"May I ask why I wasn't allowed to check with Internal Medicine on Nicole Caton?"

"Because we can't check outside candidates. I can't even ask if she was on their list, let alone her position."

"That makes no sense, but OK. Of the two, I'd recommend you speak to Nicole Caton."

"OK. I'll call her and have her come speak to me. I'll call the other two candidates once I finish with Nicole, then decide."

"Just you?"

"We don't have an ED Chief until May 1st, so yep, just me."

"OK. I'm heading back to the surgical ward."

"Thanks, Mike. I appreciate it."



## **March 15, 1990, Circleville, Ohio**

Later that same day, Antonne and the rest of the mentoring group came to the house to have dinner with Kris, Rachel, and me.

"Rachel is such a big girl!" Conchita exclaimed as Rachel climbed into her lap.

"You had your chance," Jordan teased. "Mike was single when you met him!"

"Nothing personal against Doctor Mike, but there was no way I was ready to be a mom as a Freshman! Talk to me in about ten years!"

"You realize his wife is actually younger than you are, right?" Danika observed.

"That's HER problem, not mine!" Conchita declared. "I love Rachel, but I'm very happy to return her after an hour!"



"There are times I'd like to do that after five minutes," I chuckled. "Especially when she has 'no' on repeat!"

"What happened?" Julius asked.

"Rachel accompanied me to band practice but refused to wear her ear protection. Toddlers are not known for their susceptibility to reason, so we had an impasse. She had to sit in the hall and was cross with me for the rest of the day."

"Just wait until she's a teenager!" Jordan exclaimed.

"YOU are still a teenager!" Conchita teased.

"OK, technically, yes, but we don't usually include kids who are eighteen or nineteen in the 'teenager' group!"

"I know a former dean who thought they were not just teenagers but children," I said, shaking my head.

"I've heard about that Dean," Antonne said. "She sounds like a real piece of work."

"That's an understatement. You six are very lucky to have Dean Anderson. She's awesome."

"Not awesome enough," Paul smirked. "I haven't been able to convince her to allow co-ed dorm rooms!"

Everyone laughed.

"Good luck with THAT," Kris said. "You Americans are so prudish!"

"And, once again, «ma chérie»,” I said with a grin, "I am forced to remind you that YOU are an American, and I have the paperwork to prove it!"

"Is he always like this?" Jordan asked.

"He's actually behaving!" Kris teased.

"Antonne," I said with a grin, "how are classes going?"

"We're all doing very well," he replied. "I had a call from Doctor Nora Mertens encouraging all six of us to apply to McKinley Medical School when the time comes."

"They're all considering it," Danika said. "But you know I'm going to Stanford."

Which was, in the end, why we hadn't continued down the path towards marriage. Danika, like Katy, felt her best interests were served by going to Stanford, and I not only couldn't argue with that, but I'd insisted she be true to herself and not make that sacrifice on my account.

"Which, as we discussed, is the right choice for you. How is your dad?"

"He's doing well. He did ask that you call him some time to check in. I think he has designs on stealing you for Cleveland Clinic!"

"And Doctor Al Barton in Chicago sent me a Christmas card reminding me he'd like to talk to me when I complete my Residency."

"That's a far different culture from Ohio, and you could live in a rural area and easily drive to Cleveland Clinic. Good luck doing that in Chicago!"

"May I remind you -- and even though they aren't here, your dad and Al Barton -- that I haven't even finished my PGY1 year, and my Residency is at least seven years!"

"Right," Danika said with a smile, "because my dad didn't start working on me to stay in the family business when I was a toddler!"

"Point taken," I chuckled. "He is pretty intense."

"That's one way to put it," Danika said.

"Any trouble with anything for which any of you need my help?"

They all shook their heads, which I was happy to see. We had a wonderful rest of the evening and made our plans for our April meeting before they left.

"So, just how close of a thing was it for you and Danika?" Kris asked.

"In one sense, very; in another, not close at all. She'd have had to give up on going to Stanford and on a Residency anywhere except Moore Memorial or in Columbus. Nothing else would have worked. There was no way I was going to try to move to California with Rachel. If moving had been an option, Danika would never have even been a thought because I'd have moved to Tennessee with Annette Turner-Cooper."

"She was at the wedding, right? With her parents?"

"Yes. Doctor Cooper was my Attending for my OB/GYN rotation. I was living at their house when Rachel was born."

"And Annette offered to comfort you afterwards?"

"An offer I declined," I replied. "Whatever else was true, I was still a deacon at that point, so accepting any offers of that kind of comfort was out of the question. We did date a bit, much later, and if she hadn't had a scholarship to Vanderbilt, things might have been different. But again, as with Danika, our paths didn't align the way yours and mine did."

"Which is what led you to Danijela, and then to me, when Danijela refused to wait until your agreed time to ask her."

"Yes."

"Well, I am not complaining in any way, shape, or form!" Kris declared. "Their loss was my gain!"

"And mine," I replied. "When it comes right down to it, you were the far better choice."

"Not to hear my sister tell it!"

I laughed, "True, but since she started seeing Brett, she hasn't been teasing me nearly as much. I figure she's chosen to torture him instead!"

"I think you may be right! Shall we read to Rachel, say our family prayers, and put her to bed?"

"Sounds like a plan."

"You know, I don't think Charlotte Michelle will mind Papa making love to Mama, so long as he's gentle."

"That sounds like an even better plan!"



## March 16, 1990, McKinley, Ohio

I saw Mary Anderson hurrying down the corridor with a huge smile on her face. She nearly bowled me over, giving me a tight hug.

"Thank you!" she gushed.

"You're welcome! Congratulations."

"Do you know the worst part?" she asked.

"There's a 'worst part' of Matching here?"

"That I can't start training until June 1st! I have ten weeks of scut before then!"

"And a year of scut after," I teased.

"I know you better than that, Doctor Mike!"

"Once again, congratulations."

"Thanks."

She left, and about a minute later, Erin Jackson came up to me.

"I Matched here!"

"Congrats. You had to have taken a fairly severe risk to make that happen."

"Actually, I just called UC and told them they were my second choice, not my first. I was positive they'd move me down the list, and they obviously did. Is there any chance we'll be on the same surgical team?"

"At least some of the time, yes, because they rotate a few times a year. And you'll absolutely be on shift when I'm here because you'll basically never be off shift!"

Erin laughed, "They cut it from ninety-six to eighty hours, so it's not as bad as it used to be! I take it Mary Anderson Matched for trauma surgery."

"The bear hug gave that away, did it?" I chuckled.

"Medical students are supposed to observe everything around them! I'd give you a hug, but I'm very careful with married guys. Wives tend to have a limited tolerance for that."

"True, and it's wise to be cautious. Hugs won't bother my wife so long as they're platonic."

Erin gave me a quick hug.

"Who else Matched for surgery?"

"Bob & Sue Kennedy, a married couple; Felicity Howard; and Ryan Harrison."

"How will that work? The married couple, I mean?"

"They'll be on separate teams, and very little consideration is given for synchronizing their shifts during their PGY1 because it's just not possible. When they get to PGY3, they'll have a better chance of having similar shifts, but the rules prohibit them from being in the same surgery except *in extremis*."

"OK. Well, back to the salt mines!"

I chuckled, "It's not quite *that* bad!"

She left, and a few seconds later, I was paged to the ED. I walked to the lounge to get Todd, and we went downstairs to rule out an appy, which, for once, I did. But that didn't mean the patient didn't need surgery, as he had a bowel obstruction that needed immediate attention. I had Todd arrange to take him upstairs while I went to see Brent Williams.

"What was your decision?" I asked.

"I offered the position to Nicole, and she accepted," he said. "Mainly because she's here and can start June 1st. The other two were from out of state. Neither of them was better enough to not pick the local student."

"Clarissa Saunders will be grateful. What's the word on an Attending?"

"Cutter has it narrowed down to two. He's flying them both in for interviews next week. One from Texas, one from Arizona."

"Did somebody tell them it gets cold here?" I asked.

Brent laughed, "It snows in both Arizona and Texas. One of them went to OSU for undergrad, so that one knows for sure."

"What happens when Loretta is ready to come back?"

"That's up to Cutter, and he hasn't shared that with me. That said, you know we'll have more Residents and Attendings next year because of the new ED. I'm sure there's a spot for her if she can get around reasonably well."

"Thanks. I'm off to assist with a bowel obstruction."

"I know PGY3s who would kill for the opportunities you're getting!"

"Me, too. I wear a Kevlar jacket under my scrubs!"

Brent laughed, "Nice. Get out of here!"

"You're in Lor's chair, so you get Lor's treatment."

"Wonderful," he deadpanned.

I left his office and went back to Trauma 1, where an orderly was helping move the patient to a transport gurney. Todd, the orderly, and Joe, a Third Year, escorted the patient up to the OR where Erin, Todd, and I had an opportunity to scrub in, though I only observed, rather than assisted, as I had not resected a bowel, nor seen that procedure more than a few times.

At lunch, I met Sophia in the cafeteria.

"Well?" I asked.

"I got it!"

"University of California, San Francisco, right?"

"Yes! Obviously, that was just step one, but it was the toughest step. You know nobody is going to beat out a Greek girl for something she wants!"

"Except for a Russian girl," I chuckled.



"Not even close!" Sophia declared. "I heard Mary Anderson Matched for trauma surgery."

"That was as much of a lock as me Matching here. What's your schedule?"

"I start July 1st, and Robby's job starts August 1st. He's going to fly out in May and look for a place for us. He'll narrow it down, and I'll fly out right after graduation to see the two he likes best."

"He's at Stanford, and you're in San Francisco. How close are they?"

"Not close enough, so we'll find a spot somewhere in between."

"I'll miss you guys, but I'm very happy you Matched your first choice."

"Me, too!"

When we finished lunch, I headed back to the surgical ward to supervise Erin and Todd, prepping a patient for a lumpectomy.

"Mrs. Carson," I asked once the prep was complete, "On which breast will be performing the procedure?"

"If you don't know, I'm in real trouble!" she exclaimed.

"I do, but I need to verify that you and the chart agree. I'll actually write my initials on the correct shoulder, at the collarbone. So will your surgeon and anesthesiologist. We certainly don't want to make any mistakes."

"Left," she said. "My left."

Which confirmed what was on the chart and the X-rays. Erin handed me a new Sharpie, which I used to write 'MPL' on Mrs. Carson's left shoulder, then handed it back to Erin.

"That goes in the medical waste bin once Doctor Edmonds and Doctor Clausen sign."

"You throw away a new pen?" Mrs. Carson asked.

I nodded, "Yes. We'll use the pen for the same patient, then dispose of it. The concern is spreading germs from one patient to the next. Nobody has completed a proper study, so we act out of an abundance of caution. I know it seems wasteful, but unless we can quantify the risk, it's necessary. Erin, would you walk Mrs. Carson through the procedure and the consent forms, please?"

"Yes, Doctor," Erin replied.

*[Author's Note: A formal study in 2008 showed there was little risk of disease transmission from re-use of Sharpie markers]*

## VII. An Interview

### March 16, 1990, Circleville and McKinley, Ohio

"Did you get the students you wanted for Residency?" Kris asked when I arrived home on Friday evening.

"We did. We actually did fairly well, landing our top picks, including the one we suggested change her Match selection order. I think everyone is happy."

"Good! Are we still meeting the gang for Chinese food?"

"Yes, and the consensus, according to Fran, is that we'll see *The Hunt for Red October*. I read the book, and I enjoyed it, even though I prefer science fiction to Tom Clancy's political thrillers."

"I've heard good reviews, and I'm OK with seeing it. We'll take Rachel to my parents' house. Oksana decided to stay home tonight."

"I'm not surprised, given she's towards the end of her eighth month. I can't imagine she'd be comfortable sitting in the theatre for two hours and fifteen minutes!"

"Not to mention at least two trips to the ladies'!"

"May I say I'm happy with the initial division of labor with regard to having children?"

"Only if you want to sleep on the couch!"

"An idle threat, and you know it! Let me get the Tsarina ready. Is the plan to pick her up tonight or tomorrow morning?"

"Tomorrow, on the way to band practice."

"And you're still planning to sing at both Proms?"

"*Russian woman! Strong like ox!*" Kris said gruffly, barely concealing a smirk.

I laughed, "If I had said that, I'd be in serious trouble!"

"Yes, you would!"

"Papa!" Rachel exclaimed. "Go to grandma's?"

"In a few minutes. Please put the toys you want in your backpack."

"OK!" she agreed.

About fifteen minutes later, Rachel was safely with her maternal grandparents, and Kris and I were on our way to the Chinese restaurant to meet our friends for dinner. When we arrived, Fran and Jason were just getting out of their car.

"Did Sophia Match with UC San Fran?" Fran asked.

"She did!" I replied. "She's ecstatic."

"I bet!" Fran declared as we walked towards the entrance to the restaurant.

"That's an elite program, and they're doing truly groundbreaking work. How are you holding up?"

"I miss being in the ED, but I'm drinking from the firehose as a surgeon. I'm doing PGY3 work as a PGY1."

"Well, one good thing came out of that nightmare, then," Jason said. "How are your doctor friends doing?"

"Shelly Lindsay is going stir-crazy during her enforced break. She's back in two weeks. Loretta is making progress, but it's slow. Fran, you should go see her."

"You're right, of course. I'll arrange to go on Wednesday. Has her prognosis changed?"

"No. It's still 'wait and see'. My inexpert opinion is she'll walk with braces and a cane or one of those lower-arm crutches. I think she'll be able to handle working in the ED, but it's not up to me. It'll be up to Dutch Wernher, the new Chief of Emergency Medicine."

"Where's he from?" Fran asked as we walked in and moved towards our reserved tables.

"Rush-Presbyterian in Chicago. Ex-Navy, having served in Vietnam. Moved from internal medicine to emergency medicine in '72, which means he must have been one of the first at Rush-Pres, given Cook County had only started a few years before that."

"Sounds like a good guy. I know you wanted Doctor Gibbs."

"I did, but that lowlife who shot up the ED put paid to that, at least in the near term."

We greeted others who had arrived and sat down.

"No Sophia?" Fran asked Robby, who was alone.

"On shift," he replied. "Thankfully, her final OB/GYN rotation has banker's hours!"

We all laughed because that wasn't actually true, though she would end her day at 4:00pm.

Jocelyn and Gene came in and sat down, and I saw something in her face that was quickly revealed.

"We have a baby!" she exclaimed.

"Congratulations!" several of us exclaimed.

"When?" I asked.

"The day after she delivers, which should be by the end of next week. A baby boy who'll be born to a fifteen-year-old girl. She's Lutheran and went through the Lutheran agency in Columbus. They gave her options, and she liked our biographies."

"Clearly, she's mentally challenged," I said with a smirk.

"Watch it, Mik!" Jocelyn said threateningly.

"Ignore him!" Clarissa exclaimed. "Do you get to name him?"

"Yes. We eliminated 'Michael' for what I think are obvious reasons!"

I stuck my tongue out at Jocelyn, something I hadn't done in at least fifteen years. She laughed and shook her head.

"The MD behaving like a toddler!" she exclaimed.

"I reserve the right to revert to our first days of friendship!" I said with a grin.

"Kindergarten!"

"Yep!"

"You're such a goofball, Mik!"

"You know I'm very happy for you. What names?"

"We've narrowed it down to Timothy or Sean."

"Do you have all the things you'll need?" Serafima asked.

"No, but we have a week to get them," Gene said.

"We'll have a baby shower for you," Clarissa said. "Kris, will you help organize?"

"Yes, of course!" Kris exclaimed.

"I'll help, too!" Tasha interjected. "I'm so happy for you both!"

The adoption was the topic of conversation for basically the entire meal. When we finished eating, we all went to the theatre to see the movie, which I enjoyed. It wasn't quite as good as the book, and it was a stretch to see Sean Connery with a Scots accent playing a Lithuanian Soviet submarine commander, but I enjoyed it. The others had similar reactions, including Kris, though she hadn't read the book.

"Some suspension of disbelief is necessary for movies like that," she said as we walked to my Mustang. "But overall, it was entertaining. You have the book, right?"

"Yes. It's on the shelf in my study. It's part of a series of spy dramas, though it started out as a standalone book. There are three other books in the series now -- *Patriot Games*, *The Cardinal of the Kremlin*, and *Clear and Present Danger*. He also wrote a World War III alternate history titled *Red Storm Rising*."

"Have you read any of them?"

"I have *The Cardinal of the Kremlin* on my bookshelf, but I haven't had the time to read it. Maybe I'll read it during my vacation. Hopefully, Charlotte Michelle will cooperate and be born during my vacation time, but babies are so unpredictable. I have a tiny amount of flexibility, but if our new daughter doesn't cooperate, we'll have to do some juggling."

"Fortunately, school will be out, so my sister will be able to help."

"For a definition of 'help', which means being a troublemaker!"

"Only to you!"

"In all seriousness, she's a big help and a good aunt. And, as I mentioned, she's found a new victim to torture!"

Kris laughed softly, "Did I torture you?"

"No, but you're not Lyuda!"

"But you got the best sister, right?"



"I absolutely did, Lyuda's claims to the contrary notwithstanding!"

"Do you know how many children Jocelyn and Gene want to adopt?"

"At least two," I replied. "They were fortunate to get an infant so quickly. It could be years before another baby is available for them, though they're willing to adopt a toddler. I appreciate you being willing to help Clarissa plan the baby shower."

"I'd say it was because Jocelyn was the person who knows every dark secret about you growing up, but you don't have any!"

"Neither does she! Nor Dale, either. We were all goody-two-shoes' growing up. The most trouble I got into was using a vulgar Russian phrase. I was trying to explain it to Dale, but Mom did not care."

"I think putting soap in a child's mouth is child abuse."

"I would never do it, but it certainly did work. As they say, times were different. It's a logical fallacy to hold people in the past to modern standards of which they were not aware and likely could not have conceived. Most significant change comes because of a small group of radical thinkers. That was true in France, just as it was here and in England. It took time for the ideas of «Liberté, égalité, fraternité» or the ideas expressed by...

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed

...to be realized, even in a limited fashion. I'd say both countries are *still* working on it. And I believe you agree, though our proposed solutions are different."

"Says the government doctor, working for a government hospital, treating many patients covered by government health insurance!"

"By *choice*, «ma chérie»!"

"And our children will attend public school, just as you did, and likely a public university, just as you did..."

"Yes, yes," I chuckled. "I'm OK with *social democracy*, not with *socialism*. They are different, the opinions of many of our countrymen to the contrary notwithstanding!"

"You know I like to tease you about it!"

"The story of my life with every woman I know, starting with my mom!"

"And you love all of us!"

"I do."



## **March 19, 1990, McKinley, Ohio**

"What's bugging you?" Carl Strong asked as we ate lunch together early on Monday afternoon.

"What gives you the idea something is bugging me?"

"Just the way you're discussing your training. Even the black swan events of a PGY1 performing surgical procedures in an OR don't seem to have you as up as I would have expected."

"I'm not depressed, if that's your concern."

"No, but if you went there..."

"My mom played those rhetorical games with me from the time I was little. I'm an expert!"

Carl laughed, "OK, but you know that is a major concern for physicians."

"It is, but I think it's more that what I'm doing now doesn't provide the hits of adrenaline that working in the ED did. There's too much routine work, if you will."

"You aren't the first emergency medicine specialist to go through dopamine withdrawal! I don't mean this in a perverse way, but you derive pleasure by working at your maximum, and the more, the better. I recall you were never as enthusiastic about slower-paced medicine despite the fact that slower-paced medicine fed your *other* need -- patient interaction. I think we know which drive is stronger."

"I'd say obviously, but it wasn't obvious until I spent eight months in the ED."

"What does your training regimen look like for PGY2?"

"At least the first three months will be better because I'll be in the ED full-time to train Mary Anderson on procedures. After that, I'll alternate one week in the ED and one on a regular surgical team. That will be much better."

"Shelly is back on April 1st, right? So you'll go back to the ED?"

"Most likely, yes, but there are other considerations. I'm not sure how the contracts for the *locum tenentes* in Medicine work."

"Only YOU would decline Latin phrases we use in English!" Doctor Strong said, shaking his head.

"I gotta be me!" I chuckled.

"I believe those contracts are almost always week-to-week, or at most for a month. You should ask Tim Baker, or maybe have Owen Roth ask Baker."

"Clarissa would be VERY happy if she went back to Medicine. She's not an adrenaline or dopamine junkie!"

"Because in our roles, if the adrenaline hits, it's because something has gone terribly wrong. The same is true for all the pure surgeons. For you, it's part of your job, and you can't wait for the next fix!"

"I'm not going to argue with you on that one! How are things going in Cardiology?"

"The beat goes on!" Carl said.

I groaned, "That was bad."

"You have no room to talk!"

"True," I agreed.

"How are you doing with regard to the incident?"

"Fine. I honestly don't think about it except in relation to Loretta. I saw her on Sunday, and she's making slow progress. If I had to guess, six to eight months, though she can probably go home at the end of April."

"She's walking, right?"

"Yes, between the parallel bars with leg braces. Her coordination is slowly coming back, along with muscle tone, but she still has numbness in parts of both extremities that might be permanent."

"We just don't have the knowledge or tech to fix that completely. Where's Oscar Goldman when you need him?"

"He was the money man! You need Doctor Rudy Wells!"

"Sorry if I'm not up on my 70s TV trivia!" Carl declared with a grin.

"Those science fiction shows were my mainstay -- *Six Million Dollar Man*, *The Bionic Woman*, *Logan's Run*, *Battlestar Galactica*, *Space: 1999*, and reruns of *Star Trek*. Of course, I also watched *Emergency* and *Medical Center*."

"I was more into the cop shows like *Adam 12*, *Dragnet*, *SWAT*, *Baretta*, and *Starsky & Hutch*."

"I never asked, but what brought you to medicine?"

"A college professor. I had enrolled in a chemical engineering program, and during my first year, my advisor more or less talked me into a biochemistry program instead, on the theory that that was the future. When the time came to look into a Master's, he suggested I apply to medical school as well. I took both

the GRE and MCAT, applied to both programs and, in the end, decided on medical school because it was the greater challenge."

"Why cardiology?"

"The first time I actually saw an EKG, besides on television, I was fascinated. From TV, you don't get a true impression of just how much information is available. On TV, it's basically the 'machine that goes ping'."

"That was during your Third Year, right?"

"Yes. There were no Preceptorships at my medical school. They only started here the year before you started."

"You know my theory on that."

Carl nodded, "And there are a number of us who agree; unfortunately, the powers that be at the AMA think requiring an undergraduate degree is sacrosanct and won't even consider radical ideas like six-year medical schools straight out of High School."

"So radical that much of Europe operates that way."

"Socialism!"

"Oh, give me a fracking break!" I chuckled. "I know socialism, and that is NOT socialism!"

"No kidding!"

"My wife teases me about working for a government hospital, which she correctly deduces plenty of our fellow citizens consider 'socialist'. But that's only because they have no clue what that word actually means."

"Nobody ever went broke underestimating the intelligence of the American people."

"H. L. Mencken was not wrong," I replied. "As my friend Melody, who's now an attorney, said -- we know how clueless the average person is; well, statistically speaking, half the people are more clueless than that."

Carl laughed, "I'm going to have to use that! Anyway, I believe our time is up, and we need to get back to our respective services."

He was correct, so we left the cafeteria and took the stairs up one floor, where he turned right, and I turned left. I went straight to Owen Roth's office and was happy to see him.

"Time for a quick question?"

"If it's really quick," he said. "What?"

"I wondered if you knew if the *locum tenentes* contracts were until the end of May?"

"Pedantic to a fault," Doctor Roth declared. "Every other person would just say *locums* or *locum tenenses*!"

"I'd say 'sorry', but I'm positive you know I wouldn't mean it."

"Correct. They're on contract until the end of March, then week to week. Let me guess, you want to be released from your bondage and go back to the ED."

"I'd love to, and Doctor Saunders would be ecstatic to go back to Medicine."

"Did she put you up to this?"

"Only in the sense of bitching about not signing up for the chaos and insanity that can be the ED."

"Let me speak to Tim Baker. Shelly is a hundred percent in my mind, so we'll be back to full staff. I'm OK with you going back to your natural habitat. I'm positive Baker will be receptive, as it'll save him some money, and that's our scarcest resource."

"Thanks."

I left his office and went to find my students to supervise our afternoon procedure.



## **March 20, 1990, McKinley, Ohio**

"I'd kiss you if it wouldn't get me in trouble with your French girl!" Clarissa exclaimed. "A hug will have to do!"

We hugged.

"Did they mention what I consider the one downside?" I asked.

"That I'll still cover the Free Clinic? Yes. I know you really enjoy that, but it's PGY1s only, so it was going to end, anyway. You could always volunteer."



"Eventually. Fortunately, I get to keep my current schedule, which is 0500 to 1700 Monday through Friday."

"Who picks up the extra hours?"

"Other ED staff," I replied. "I'm on call for emergency surgery or disaster protocols."

"Pager duty?"

"Until the end of May. After that, I'll be on the usual rotation of PGY2s for pager duty once every four weeks. Because of my dual specialty, I'll be the first one called in for a disaster protocol, no matter who has the duty pager."

"You'll carry a pager full-time?"

"Yes."

"Better you than me!" Clarissa declared.

I chuckled, "Your name is on the disaster protocol list right below mine."

"What god did I piss off? I was supposed to be in medicine with time to care for my patients, not work in pit lane at a NASCAR race!"

"Poor baby," I replied. "There have only been two protocols in the last four years."

"Oh, sure! Jinx it!"

I laughed, "You have two more weeks in captivity, then you're free to go back to routine medicine."

"I *like* routine medicine!"

"It takes all kinds, I guess!" I grinned.

"Go back to your ward, Petrovich! But thanks for the good news! Lunch?"

"If we can swing it, yes."

We hugged, and I headed back to the surgical ward. One interesting thing about going back to the ED was that both Erin and Todd would be on their emergency medicine rotations. That didn't mean they'd be assigned to me, but given Erin had matched for surgery, I could reasonably request her. That would give her a chance to see more procedures and would work to the benefit of the surgical service.

There was no second surgery for which we needed to prep, so I went to the lounge and had just sat down when Margie came to the door and let me know I had a consult in the ED. Given we weren't busy, I had both Erin and Todd accompany me.

"Are you going to write our evaluations?" Todd asked as we walked to the stairs.

"Yes, though I'll discuss them with Doctor Lindsay. Neither of you has anything to worry about. We'll see what you're really made of on your next rotation."

"You're going back to the ED?" Erin asked.

"Yes. I'll have the same schedule as I have now, so there's a chance you'll be assigned to me at least some of the next two months."

"How is Doctor Gibbs?" Erin asked.

"Slowly improving. She'll be at the rehab facility until mid-April, at least, though I expect the end of the month. I don't see her coming back to work before sometime next year."

We walked into the ED and went to Trauma 2.

"Loucks, surgery," I announced, walking in.

"Hi, Mike," Ghost said. "Miles O'Brien, two, swallowed several button batteries. Ultrasound shows them in the stomach."

"Are you a *Star Trek* fan, Mr. O'Brien?" I asked the dad, standing near the treatment table.

"That obvious?" he asked with a smile.

"To me! Ghost, I'll evaluate, but we'll need Pete Barton to perform the procedures. I could do it if Miles was over twelve years old. Let me perform an exam, and I'll call for Pete to come down."

Ghost and I reviewed the patient's vitals, and then I verified his findings with the ultrasound. Once I'd completed the exam, I went to the phone and dialed the surgical scheduling desk.

"Hi, Jen," I said. "Is Pete Barton free?"

"He just finished a procedure. Do you need to speak to him?"

"I have a toddler who needs an endoscopy to remove two button batteries."

"OK. I'll send him right down."

I thanked her and hung up. Three minutes later, Pete Barton, a pediatric surgeon, came into the room.

"Hi, Mike. What do we have?"

"Miles O'Brien, two; ingested a pair of button batteries. They're in the stomach, so endoscopic removal is indicated."

"Let me take a look, and we'll do it together."

He checked Miles, then explained to Mr. O'Brien what we were going to do. I called for an anesthesiologist, as we needed to sedate Miles, and just under fifteen minutes later, we were ready to begin the procedure.

"Mr. Barton, you'll need to wait outside during the procedure, please," Doctor Barton said. "Nurse, please escort him out."

Kellie escorted Mr. Barton out of the room.

"Mike, you do it, and I'll guide and observe," Pete Barton said.

I moved to the end of the trauma table and prepared Miles similarly to how I would for intubation.

"First, insert the pediatric mouthguard," Pete directed.

I inserted the guard, which would keep Miles' mouth properly open and protect his teeth.

"Use your normal intubation procedure, but push the scope into the esophagus instead of the trachea," Pete instructed.

Using a laryngoscope, I passed the tube into Miles' esophagus, using the camera to guide me.

"I'm in the stomach," I announced.

"Erin, would you give us an ultrasound to give us an external view?" Pete asked.

She did so, and under direction from Pete, I guided the end of the scope to the location of the first button.

"Pass the four-pronged forceps tool down the tube."

The tool was similar to the normal four-pronged forceps, except that it was attached to a long, flexible, braided surgical steel cable.

"Carefully maneuver to grasp the battery, but be very careful not to puncture the stomach lining. Just go slow and be cautious. There is literally no need to move quickly for this procedure."

It took a bit of trial and error to move the tube and forceps into the correct position, with gentle correction and guidance from Pete, but I eventually was able to grab the first battery.

"Now, lock the tool and very carefully withdraw it," Pete instructed. "Todd, a basin, please."

I made sure the alligator teeth were properly engaged, then slowly withdrew the tool and deposited the battery in the basin.

"It's intact, so no problem there," Pete announced after inspecting it. "Let's get the second one."

I repeated the procedure, which was a bit easier than the first time, but I still felt clumsy. Just over five minutes later, I deposited the second battery into the basin. It, too, was intact.

"Those do not go in the medical waste bin," Pete instructed Todd. "They cannot be safely incinerated. Saline bath, then put them in a green pouch and set them aside for proper disposal. Mike, go ahead and remove the endoscope and mouth guard."

I did as instructed, and after we used the ultrasound unit to verify there were no further foreign bodies, Pete announced we were complete.

"Let's go speak to Mr. O'Brien," Pete said. "Ghost, he's all yours."

"Erin, come with us, please," I said as I followed Pete out of the trauma room. She went to the waiting room and brought Mr. O'Brien into the consultation room.

"The procedure was successful," Pete said. "We removed two batteries, and there does not appear to be any damage to Miles' stomach. You should follow up with your pediatrician as soon as possible. If you see any blood in Miles' stool, or he vomits in the next twenty-four hours, bring him back to the hospital immediately,"

"Thank you, Doctor! Can I see him?"

"Erin will take you back. He'll be coming out of the light anesthesia, so he'll be groggy."

"Thanks again!"

He shook both our hands, and Erin escorted him back to the trauma room.

"Good job, Mike," he said. "I'd sign off, but the rules don't allow that procedure to be done except by a pediatric surgeon or under the direct supervision of a pediatric surgeon."

I nodded, "Which is, of course, why I called you! May I ask a question?"

"Of course."

"Why is the cutoff age twelve? At that point, we'd still use a pediatric endoscope for most kids."

"That's true," Pete confirmed, "but it's about the hospital guidelines for when you need a pediatric specialist."

"First menses for girls; twelve for boys. But the requirement doesn't go both ways -- someone over twelve could be seen by a pediatrician."

"Yes, of course, though I'd set the upper limit at fifteen. There are no adolescent surgical specialists, so we discuss each of those early teen cases and decide based on the condition."

"What are the rules for emergencies?" I asked.

"That's a tough call, and it would be the Chief of Emergency Medicine or Chief Surgeon who would have to make that call. Unless it was truly a life or death situation, and I mean imminent, call for a pediatric specialist."

"Got it."

"Have you performed a pediatric intubation?"

"One, besides today's endoscopy. We really do need pediatric specialists in the ED."

"We'll need to do that for Level I certification, though it can be handled the same way Cutter and Roth handled your situation. I'm not sure what Pediatrics has planned, but they have another year to work it out. Anything else?"

"No. Thanks, Pete."

"Write this in your procedure book for my signature, but remember, it's not a sign-off to perform one unsupervised."

"Understood."

He left, and I collected my medical students, and we headed back up to the surgical lounge.

"How dangerous are those button batteries?" Todd asked.

"Minimally," I replied. "And had they gone past the patient's stomach, we'd have sent him home and asked his parents to check his stools to confirm the batteries had passed. If they didn't within a few days, or there was blood in his stool or gastrointestinal distress, they'd bring him back. Unfortunately, that would require an open procedure in most instances."

"Not laparoscopic?" Todd asked.

"Erin?"

"I don't know, but I can speculate."

"Go ahead."



"A combination of lack of experience combined with a lack of space."

"Good speculations. The procedure hasn't been approved for younger children, and the current tools and equipment aren't designed for children. It's similar to the pediatric endoscope and laryngoscope I used today versus adult-sized ones. Let me turn the tables and ask you what would be done if magnets were swallowed?"

"That requires immediate surgery if they've passed through the stomach," Todd replied. "There are far too many possible complications."

"Very good. Any thoughts of what specialty you'll select?"

"I'm thinking cardiology, but I'm not settled on it; I could also go surgery or emergency medicine. I'm doing doubles in cardiology and emergency medicine and singles in internal medicine and surgery."

"Sounds like a good plan. Do you plan to Match in the area?"

"Probably in Pennsylvania, which is where I'm from."

The rest of the day was quiet, and at 5:00pm, I headed home to spend the evening with Kris and Rachel.



## **March 21, 1990, McKinley, Ohio**

"Mike, there are two McKinley detectives here asking for you," Margie said from the door of the surgical lounge.

"Where?" I asked.

"I asked them to wait in the consultation room."

"OK. Be right there."

I left the lounge and walked to the consultation room, where I saw Detectives Tremaine and Kleist.

"Morning, Detectives."

"Hi, Doctor Mike," Jill Kleist said with an inviting smile and a twinkle in her eyes.

"What can I do for you?"

"We're conducting an investigation and wanted to ask you a few questions."

"OK," I said, then shut the door and sat down.

"You worked at the McKinley Free Clinic until mid-February, right?"

"Yes. One shift, on Wednesdays."

"Did you observe any inappropriate behavior of any kind?" Detective Tremaine asked.

I shook my head, "Not that I can think of. I had a few cases with girls who were obviously underage who I referred to social workers, but I suspect that's not what you're referring to."

"No," Detective Tremaine replied. "We've had four complaints about inappropriate touching against one of the doctors."

That didn't exactly narrow it down, as there were different Residents assigned each day of the week, and except for me, they had rotated every two months.

"May I ask whom?"

The two detectives exchanged a look.

"Gale Turner," Detective Kleist said.

"I honestly have no idea," I said. "I was never in a room with him when he was performing an exam, and I never assisted with abortions. His main nurse, Leslie, would be your best source."

"We've spoken to her. Did any young woman ever complain about Doctor Turner or any other member of the staff?"

"No. Other than bitching about reporting STDs to the County Health Department, I don't recall any complaints of any kind."

"What's your opinion of Doctor Turner?"

"He's a good guy, and honestly, I'd be highly skeptical of any complaints. That said, if you have four, that obviously calls my perception into question. Are you allowed to share details?"

"First, are you familiar with the procedures of an abortion?"

"Yes. I observed several D&C procedures during my training, but they were to resolve miscarriages, not abortions. The procedure is similar."

"OK. What we share with you from this point cannot be repeated. Can I trust you, Doc?"

"Yes."

"Is a patient fully sedated during an abortion?"

"Rarely," I replied. "Typically, a sedative is prescribed, but the patient is conscious throughout the procedure. The Free Clinic actually doesn't have the equipment for general anesthesia -- what you would call full sedation. Normally, the procedure would be performed with moderate sedation, which we call 'conscious sedation'."

"How aware is someone during that level of sedation?" Detective Kleist asked.

"They're able to answer questions and respond to stimuli. An extended conversation would require some effort. Recovery from that level of sedation is usually quick, and it doesn't require supplemental oxygen, though a nasal cannula is often used."

"So a patient under that level of sedation would notice being touched?"

"In most cases, yes."

"What does a patient wear?"

"Usually a hospital gown. In my experience, bras stay on, but everything else comes off. That said, it's up to the physician to decide."

"Do you know Doctor Turner's usual practice?"

"No. As I said, I never was in a treatment room or procedure room with him. All of our interactions other than polite greetings were in his office."

"Does he counsel patients in his office?"

"I'm sure it has happened, but the normal practice is to counsel them in treatment rooms and always with a nurse present, no matter where the consultation is done."

"Always?" Detective Tremaine asked.

"Always," I replied firmly. "It's a rule both at the Free Clinic and here at the hospital -- no male staff member is ever alone with a female patient. There is always a female doctor, female nurse, or female medical student."

"And male patients?" Detective Kleist asked.

"There are no rules about male patients. May I ask if you've spoken to any other doctors?"

"I suggested you be our first stop," Detective Kleist said. "You have a history with both of us, and you have a reputation as a straight shooter."

"I could say the same for you," I said with a smile.

"One less douchebag in the world," she said. "Taking him down cost Scott and me each three days on the bench, but it was worth it."

"Psych eval?"

"Yes, and mandatory seventy-two-hour time off or desk duty. Back to the clinic -- are there any circumstances you can think of where Doctor Turner would be alone with a female patient?"

"None that I can think of, no. I mean, I suspect some emergency might require that, but if it happened more than once, I can't imagine why. The procedures are obviously very intimate and proceed similar to a gynecological exam, so if the complaint is about genital touching, it's going to be tough to prove."

"When a young woman is seeking birth control, do you perform a gynecological exam?"

"Generally speaking, no, so long as they've had one in the previous twelve months. That said, if they became sexually active since that exam, then we'd strongly recommend one."

"What else would cause you to perform a gynecological exam?"

"A full-spectrum STD test series, as it requires swabs from the genitals, in addition to the anus and throat. And, of course, there are young women who use the clinic for their annual exams. Those are usually students from Taft or women on Medicaid."

"What do you know about Doctor Turner's nurse?"

"Not much. We had a few short, casual conversations, but most of my interactions were with Trina Carlisle, a Nurse-Practitioner who is licensed to act independently of Doctor Turner for a limited set of exams and procedures."

"Which nurse did you work with?"

"Mostly Michelle Stone, but there were others on occasion."

"Did you ever work with a nurse named Abby Norman?" Detective Tremaine asked.

I suppressed a groan because that was Clarissa's ex.

"No. She left the clinic before I had my first shift there as a medical student."

"But you know her?"

"Yes. She was part of a group that went to Europe the Summer after I graduated from Taft. She was dating Doctor Saunders at that point."

"She's a lesbian?" Detective Kleist asked.

"Yes."

"What do you think of her? Nurse Norman, I mean."

"May I ask why this is relevant?"

"There were a pair of complaints against her in the past. We're wondering if there's a pattern at the Free Clinic."

"Abby and I did not get along, but those complaints don't ring true. I assume nothing came of them?"

"Correct," Detective Tremaine said. "The prosecutor decided the complainants were unreliable and never filed charges. Did you know about that?"

"No. And our relationship was such that she would never have shared that with me. Nobody at the Free Clinic said anything."

"I think that's all I have," Detective Tremaine said. "Jill?"

"Just that Doctor Mike still hasn't come to .38 Special for drinks!"

"I think I'll leave that out of my interview notes," Detective Tremaine said with a smile, closing his notebook.

"Interns have no free time," I said. "Not to mention I have a wife and daughter who need me, and my wife is pregnant."

"Congratulations," Detective Tremaine said.

"Lucky girl," Detective Kleist said with a smile.

"I'm the lucky one! If there's nothing else..."

"The invitation is open," Detective Kleist said.

The three of us got up, and they left. I walked back towards the lounge but was stopped by Margie, who asked me to see Doctor Roth. I walked to his office, and he waved me in.

"Was that about the shooting?"

"No. It was about the Free Clinic, not the hospital, but I'm not supposed to discuss it at this point."

"Please tell me you're not involved."

"Not at all. I did have to fend off Detective Kleist again."



Doctor Roth laughed, "She's about as subtle as a hydrogen bomb! She actually asked about you when she was conducting the shooting investigation."

"I'm not surprised. In any event, it's not about me or the hospital, so nothing to worry about."

"OK. Pete Barton mentioned he supervised you performing a pediatric endoscopy."

"He did, and he confirmed I knew the rules for those procedures."

"Just so you know, it's all about liability and malpractice. I'm positive you or any other Resident could do those procedures on toddlers or pre-teens, but the insurance company does not want to defend a suit where the doctor performing the procedure isn't a pediatric specialist."

"Malpractice suits involving kids are invariably decided against doctors and hospitals, even more than regular suits."

Doctor Roth nodded, "Exactly. We have to pay those off, so we want our ducks in a row to limit our exposure."

"Absolutely. Anything else?"

"No. Keep up the good work, Doctor."

"I will."



## VIII. An Olive Branch

**March 22, 1990, McKinley, Ohio**

"What are you doing tomorrow night while the girls are at the baby shower?" Clarissa asked when we had lunch on Thursday.

"Rachel and I are going to my grandparents' house for dinner with the family; well, not my dad, Holly, and their kids."

"You haven't mentioned them much."

"The relationship is still strained."

"Because of your dad and Holly, right? Not you or Kris?"

"I have, from the beginning, tried to maintain my relationship with my dad, to whatever extent possible. He still doesn't understand my reaction to Liz and Paul, and I think he still believes I condemn him for his affair with Holly and for divorcing my mom. His philosophical system does not appear to have room for love and forgiveness, and he imputes that to everyone."

"I'm not sure what you can do unless he relents on that."

"Me, either. That said, I do have to find a way to see my half-brother and half-sister. Changing topics, can I ask you a question in total and complete confidence?"

"Of course, Petrovich! You know that!"

"Yes, but in this case, I actually needed to confirm. Were you aware of any complaints of sexual harassment or inappropriate behavior by Abby at the Free Clinic?"

Clarissa raised an eyebrow and asked, "How could you possibly know about those baseless accusations?"

"That's the part I can't discuss right now. You're sure they were baseless?"

"Absolutely. Abby insisted that it was two girls who knew she was lesbian and made complaints because of anti-gay animus, similar to Frank Bush and those kids from Faith Bible. The cops investigated and closed their investigation almost right away after talking to Trina, Doctor Turner, and other people at the clinic. I don't know any details other than those, and I only know those because Abby shared. What's going on, Petrovich?"

"I was asked not to say," I replied.

"You're not in any trouble, are you?"

"No. I suspect you'll hear about it shortly."

"I'm not in any trouble, am I?"

"Absolutely not. I promise to tell you when I'm able, assuming you don't find out before then."

"How would I find out?"

"The same way I did," I replied.

Clarissa frowned, but I had promised the detectives that I wouldn't divulge the part of the conversation after they revealed the purpose of the investigation. We finished our lunch, and I headed back to the surgical ward while Clarissa headed to the ED. Two hours later, she appeared in the lounge and asked to speak privately. I got up, and we went to the consultation room and shut the door.

"I just had a very concerning conversation with Detectives Kleist and Tremaine," Clarissa said.

"Probably the same one I had. About the Clinic?"

"Yes," Clarissa confirmed. "I honestly don't believe it."

"Me, either, but the detectives said there are four complaints."

"The first thing that popped into my mind is the anti-abortion protestors that are outside the clinic every day."

"That's new," I replied. "When did it start?"

"At the beginning of March," Clarissa said. "They're on the sidewalk every single day, trying to deter people from going to the clinic."

"And you think it's an attempt to get the clinic shut down?"

"It could be," Clarissa replied. "I mean, think about what public allegations would do, even if they turned out to be baseless."

"It would deter people from going there, especially young women. What group?"

"I don't know. They don't identify themselves, but some of their placards have Bible verses and crosses."

"Which doesn't narrow it down except to the myriad Christian churches in the area or some umbrella group. What did you tell the detectives?"

"I suspect the same thing you did -- I have no knowledge of anything like that occurring."

"Did they ask about Abby?"

"Only tangentially, but they did know I dated her."

"I felt I needed to supply context of how I knew her. They didn't ask for any details once I told them about the Europe trip and the fact that you two dated."

"What happens if the cops close the investigation without filing charges?"  
Clarissa asked.

"I'm not exactly sure how it works, but someone could go to the County Prosecutor, who could open an investigation and file charges even if the cops didn't think there was enough evidence to charge Doctor Turner. My concern there is the County Prosecutor is pro-life and made a big deal about it in his campaign. If he sees a way to harm the clinic, he might simply make the allegations public, even if charges are never filed."

"The city needs that clinic!" Clarissa declared. "And not just for abortions. Abortions are only a tiny fraction of the service they provide."

"Well, if the protestors are Roman Catholic, they probably object to birth control. And I'll wager anyone protesting probably objects to minors being provided with sex education, STD counseling, or anything like that, despite them being able to legally consent."

"Fucking wonderful," Clarissa groused. "I mean, there's no saying if that's the reason, but it would fit the facts. I mean, seriously, Gale Turner? I bet you anything that you're right, and whoever it was who made an appointment with him did so on a pretext."

"I can see how you're thinking, but there's always a nurse in the room for exams if the doctor is male. That's a sacrosanct rule, and I've never violated it, there or here. And it was Gale Turner who impressed on me how important that rule is."

"So what happens if Kasey says he was never alone with a female patient?"

"No clue. I mean, that should be sufficient, but someone could argue she's covering for him because she's his nurse."

"Then it's 'he said/she said'," I replied. "The problem is they have four complaints. If it were one, I'd be inclined to discount it. Two, possibly, based on what was said about Abby. But four? That's hard to discount. Yes, I did suggest it might be a conspiracy of some kind, but is that going to hold up?"

"It doesn't have to, right? The bad publicity from the charges would be enough to ruin Doctor Turner and tarnish the clinic. Think about your concern back when we were Freshmen at Taft."

"Yeah," I sighed. "He'd be totally screwed. He might be able to move out of state and practice, though he'd need a license from the new state, and who knows what might happen with the accusations hanging over his head."

"I don't see any way of protecting yourself against false accusations," Clarissa said. "Even if, say, Kellie backed you, they could say she was lying to cover for you."

"I know," I replied. "It's a lousy situation, and I don't see any solution. Even saying only female doctors treat female patients doesn't solve the problem because similar charges could be made, especially if the doctor were a lesbian. Think how that would play with the County Prosecutor and a jury. And there's another thing to consider -- if something happens to Gale Turner, no Residents could work at the clinic."

"Leaving only Trina. What a mess! Sorry, but I need to get back to the ED. My break is over. But I felt I had to come to talk to you."

"Keep me posted, though I expect we'll hear about the next step."

"Unfortunately."

Clarissa and I left the consultation room, I went to the lounge, and she returned to the ED.



## **March 23, 1990, Rutherford, Ohio**

On Friday, I called my dad and asked if we could visit, so Rachel and I went there first before going to Grandpa Michael's house.

"Hi, Dad," I said when he opened the door to the house.

"Hi, Mike. Hi, Rachel"

"Hi, «Grand-Père»!" Rachel replied.

"This one is 'Grandpa'," I corrected.



Dad laughed and invited us in. I greeted Holly and my half-siblings, Peter and Faith, then set Rachel down with the kids. Once I was sure she'd be happy, I asked my dad to speak privately. He agreed, and we went to his study.

"I didn't realize Kris was teaching Rachel to speak French," Dad said.

"She's not! It's my troublesome sister-in-law who finds it amusing."

"How much Russian does Rachel speak?"

"None. I haven't taught her any at all, and the Kozlovs chose not to, either. Kris doesn't speak French with Rachel; only Lyudmila does. Have you taught the kids any Dutch?"

Dad laughed, "The last person in the family who spoke any Dutch was a lieutenant in George Washington's Continental Army! According to family stories, even he only spoke a little."

"Can we find a way to put everything that happened in the past behind us?" I inquired.

"This is about Liz, isn't it?"

"Not specifically, but she is part of the family. I know I have to work on her, but that won't do any good if you can't treat Paul Reynolds at least cordially."

"You still don't see it, do you?" Dad asked, shaking his head and sounding slightly exasperated.

"I've *always* seen it! I counseled Liz against seeing him again, and she didn't listen to me. That left me with a stark choice -- love and support her, even if I didn't approve or cut her off. But you know what? None of that matters at this point

because they're married, and you have a grandson and another grandkid on the way."

"Liz is pregnant?"

"Yes, and due in early July. Whatever you think of Paul, he's your son-in-law and the father of your grandchild; two, soon. Can you please see your way fit to set aside your animus for their sake? And for Grandma Loucks' sake? I guarantee she wants to see *all* her great-grandkids, though I haven't spoken to her in some time, which is on me, and I'll rectify that.

"All of us -- you, me, Mom, Liz, and Paul have made errors, some of them grievous, but no matter what, we're still part of the same family, even if we don't act like it. Yes, you and Mom divorced, but that didn't somehow erase the fact that you're my dad, and she's my mom, and that Liz and I are your kids, and soon enough, you'll have four grandkids."

"So nothing matters?"

"Everything matters, but no matter what has happened in the past, we can forgive and move forward in love. That's been my point from day one. Paul served his time, including lengthy parole. He's a productive member of the community, a good husband to Liz, and a good father to Mikey. That has to be worth something. Honestly, if *anyone* had a right to complain, it would have been Liz, and she's the *only* one who didn't complain. I called the Sheriff!"

"But you've reconsidered that, haven't you?"

"I wouldn't say that, but I would say that I've considered my thought process, and it was suspect. I was moved by moral outrage that Paul was married and had a kid. Without that, I can't say for sure what I would have done because I acted purely on that outrage."

"You love to use your mom's tactics of dancing around straight answers."

"Because, quite often, there aren't any," I replied. "I see that in medicine every single day. The hardest thing to do is say 'wait and see', and yet, in many instances, that's the correct course of action. Parents *hate* that answer, especially when little Bobby or Timmy swallowed something they shouldn't have, like coins or batteries. If they don't get the kid to the Emergency Department before those pass through the stomach, the answer is to wait for them to work their way through the system.

"The same is true for kids with what might be appendicitis. We have a set of criteria, and if they aren't met, we send them home and tell them to return if the symptoms don't resolve. The reason for that is that in kids, it's tough to distinguish between the early symptoms of appendicitis and some other gastrointestinal conditions. It sucks for everyone, but medicine is not an exact science with straight answers for everything.

"That was perhaps the most important thing I've learned in the past nine years. Don't you think that the overall human condition, from whichever philosophical perspective you want to approach it, has more grey areas than it does black and white answers? I certainly see that mainly because there are too many variables to consider. Think about the moral question -- is it OK to steal a loaf of bread to feed your starving child?"

"Whichever answer I give, you're going to try to score points," Dad said.

"Which reinforces the point I'm trying to make! There is no easy answer. Let me ask you this, though I suspect you won't want to answer -- if Paul had been single and nineteen, would you have felt the same way?"

"Absolutely."

"And if he had been seventeen?" I asked.

"Your sister was fourteen!" Dad protested.

"Yes, she was. And she willingly had sex. The State says she couldn't consent, but she disagrees. The thing is, you would have been outraged no matter what the circumstances because you felt Liz absolutely had to be a virgin on her wedding night. But you know what? That wasn't up to you, nor was it, in the end, any of your business."

"She was fourteen and my daughter! That makes it my business!"

"And when would you say it stops being your business? How old will Faith have to be before you aren't outraged if she chooses to do what you and I both did?"

"Did you come here to pick a fight and rub my nose in it?"

"No. I came here to try to reconcile. I asked you to try, and you immediately pushed back."

"Why can't you leave it alone?"

"Because I love you. I need to get to Grandpa Mikhail's for dinner, but I'll leave you with this thought -- think about the day Liz got married and what Elizaveta said to you."

Dad simply looked at me, so I said 'goodbye', left his study, and collected Rachel. I said 'goodbye' to my half-siblings, and Rachel gave them each a hug. My dad didn't come out of his study, so I bade Holly 'goodbye' and Rachel and I left the house for the drive to my grandfather's house.

"I'll take my granddaughter!" Mom declared with a goofy smile when we walked into the house.

"Hi, Mike! How are you? I'm fine, Mom! How are you?" I teased in falsetto and my own tone.

"You know she does that on purpose, right?" Liz asked.

"Obviously!" I said, handing Rachel to my mom.

"How is your father?" Mom asked.

"Basically the same. I keep trying, but I'm making no progress. For the short term, I'm just going to make sure I see my half-siblings as regularly as I can, and Rachel sees her aunt and uncle."

"That is SO weird!" Elaine exclaimed. "Rachel's aunt and uncle are the same age or younger!"

"Stranger still is that my stepmom, if I called Hope that, is younger than I am. How are you and April doing?"

"Great! I have a boyfriend, and Stefan actually likes him!"

I laughed, "Junior or Senior?"

"Will is a Senior. He plans to go to UC and wants to be a lawyer."

"The plot thickens!" I chuckled. "Good move on that one!"

"I know, right!" she said with a twinkle in her eye.

"How are you feeling, Liz?" I asked.

"No morning sickness and I'm not too uncomfortable yet. That comes in a couple of months. How is Kris doing?"

"Fine. She did send her regards, but Jocelyn's baby shower took precedence."

"They were very lucky to get an infant," Stefan observed.

"They were! Where's Grandpa?"

"He had to run a quick errand. He should be here momentarily."

"Hi, Mike!" Grandpa Mikhail said as he came into the room just then.

"Hi, Grandpa!"

"Dinner is ready!" Grandma called out.

"Talk about perfect timing!" I exclaimed, then went to help my grandmother get the food onto the table.

We had a nice meal, and we caught up on all the family doings, which, for the most part, were mundane. That was actually OK, as excitement in our family tended towards the negative side of the scale, though the two impending births would be positive.

"We're going to have a girl," I said. "Our plan is to name her Charlotte Michelle."

"Rachel got her wish!" Liz declared. "No baby brothers, and no BIG brothers. Wait, they're the same thing!"

"Love you, too, Lizard Breath!"

"Boys are loud!" Rachel declared.

"That often doesn't go away with age!" my grandmother interjected with a smile.

"Excuse me?" I said with a similar smile. "I'm quiet, and so is Grandpa. And Dad was as quiet as the grave."

"The Borodin men are thinking men," my grandfather said soberly.

"Mostly about how not to upset our wives!" I chuckled.

"A good point!" my grandfather said with a smile of his own.

"Rachel thinks little Viktor is loud, and he's is a very rambunctious kid, or as I've heard said, a hundred percent boy. Geno says little Viktor takes after his uncle, which I believe, given neither Viktor nor Geno is excitable in any way."

"Papa?" Rachel said.

"Yes?"

"Potty?"

"I'll take her," my mom offered.

"NO!" Rachel said fiercely. "PAPA!"

"Oops," Mom said.

"Someone is asserting herself!" Paul smirked.

"Mostly Russian with a dash of French," I said. "The recipe for a stubborn troublemaker!"

I took Rachel to the potty and after she'd finished, returned to the table for dessert. We were in Great Lent, which meant no ice cream, but we did have a fasting-acceptable cake along with our coffee. After dessert, Paul and I helped my grandma clear the table and wash the dishes. After the chores were done, we had coffee in the family room, and at about 9:30pm, Rachel and I left to return to McKinley, which would have us arrive just after the shower ended at 10:00pm.



## **March 24, 1990, Southern Ohio Correctional Facility, Lucasville, Ohio**

On Saturday, after band practice and grocery shopping, Protodeacon Ivan had come to the house, and he and I had driven together to the prison so we could serve a *typika* and I could meet with Frank Bush and the other men.

As usual, Frank and I played chess while Protodeacon Ivan spent time with Nick. When Frank and I finished our games, we moved to the chapel. I was happy to see a total of twelve men in attendance, though I knew many of them might be like Sean Casey -- simply there to break up the monotony of prison life. When the service finished, I had my usual brief chats with each man, checking to see if they needed anything.

"This is the last time I'll see you here," Alan Edwards said. "I'll be released on Tuesday."

"Where do you go?"



"The halfway house in McKinley run by the Lutherans. Any chance you could work some magic and help me find a job?"

"Have your case worker call me, though it's going to be tough with the rape conviction."

"For sure. Is Janice Parker still at Taft?"

"You didn't hear what happened?"

"No."

"She came gunning for me for a perceived slight of a female student, and the end result was she was forced to resign. She's at Northwestern University in Chicago, or was, as of four years ago."

"That actually might make things easier, though they might notify Stacey that I'm being released if she's still in the area."

"I have no idea," I replied. "She'd be twenty-one, and I'd stay as far away from her as possible."

"Trust me, I will. One condition of parole is to not have any contact with the victim."

"What kind of work do you think you could do?"

"Good question. The only job I ever had was after school at McDonald's during High School. I had a full-ride music scholarship that I literally fucked up, and I had enough money saved so I didn't have to work. And then I supplemented with music lessons once I was an upperclassman."

"I'm going to suggest you not try to give music lessons."

"Unfortunately, I agree with you."

"OK. Have your case worker call me, and I'll discuss it with people at church and see if there's anything."

"Thanks, Mike."

"You're welcome."

I knew finding him a job would be difficult at best, as there was a significant difference between a rape conviction and the old charges of statutory rape or contributing to the delinquency of a minor. I wasn't exactly sure how the old rules had worked, but Liz being fourteen had prevented Paul from being charged with rape rather than statutory. And nobody was likely to turn a blind eye the way Mr. Zhuravlyov had with Paul.

Having met with everyone, Protodeacon Ivan and I left the prison.

"Alan Edwards asked me to help him find a job after he's released on Tuesday. He'll be at the halfway house in McKinley."

"That's the man with the rape conviction for a thirteen-year-old girl, right?"

"Yes. I know more details because it happened at Taft when I was a Sophomore."

"And it's hard to come up with mitigating circumstances when the girl was only thirteen. Her father showed some serious restraint."

"Her mom had divorced and was living with a woman."

"Living with..." he asked, his voice indicating his meaning.

"Yes, that way, but that's not relevant except to say that there was no dad involved. In any event, I have to try, even though I think the chance of success is low. The only job he ever held was an afterschool job at McDonald's in High School. His undergrad degree is in music, and with his felony conviction, he can't teach."

"Do you know if McDonald's hires felons?" Protodeacon Ivan asked.

"I have no idea, but given his conviction, I can't imagine anyone would hire him where he had contact with minors."

"Good point."

"I'll talk to Viktor Kozlov and see what he thinks. He has several businesses, and perhaps he'll give Alan a chance. I doubt it, but I have to try."



## **March 25, 1990, Columbus, Ohio**

On Sunday, after Matins, Divine Liturgy, and lunch, Kris, Rachel, and I went to visit Doctor Gibbs.

"Hey, Lor," I said when we walked into her room.

"Hi, Mike! Hi Kris! Hi Rachel!"

"Hi, Doctor!" Rachel exclaimed.

"I think you can call me Lor, Rachel," Doctor Gibbs said.

"Papa?" Rachel asked.

"That's fine," I replied. "I've instilled in her proper titles, as it's important at both the hospital and at church."

"She's not even three!" Loretta protested.

"And she's my kid! Not to mention she has influence from her mom and her aunt, who if you can believe it, is a bigger troublemaker than I am!"

"Hard to believe!"

"Mike might be telling the truth," Kris said with a smile.

"How are you doing, Lor?" I asked.

"Incremental improvements. It's frustrating."

"I have no doubt. Are they still targeting the end of April?"

"Yes, but I want to be out in three weeks. I'm pushing."

"Are you going to be able to drive?"

"Not at first."

"How will you get to physical therapy?"

"Between Bobby and the other firemen; I'm covered."

"Five days, with two off, right?"

"Yes. I'll have Sundays and Wednesdays off. Eventually, the therapist will come to my house once I no longer need the parallel bars. Have you met the new ED Chief?"

"No. I heard he visited, but I didn't see him. I'll see him on April 1st when I'm back there."

"That is your natural element."

"You're not the first to say that! And it demonstrates quite clearly that switching to pure surgery would have been a tremendous mistake. I'm fairly certain Roth and Cutter realize that now."

"You found a good compromise, if you can gut out the fourth and fifth year when you'll be on regular surgical teams."

"Cutter and Roth are being very flexible with figuring out how to properly train someone who will only be doing a subset of general surgeries. It's highly unlikely I'll be trained in laparoscopy because I'd almost never have a chance to use it. I'm going to do things like appendectomies, laparotomies, and that kind of thing."

"One idea is to figure out the ten most common emergency surgeries and have trauma surgeons focus on those because to be a Level I center, we'll need on-call cardio-thoracic surgeons, among others. On the plus side, I'll spend June, July, and August training Mary Anderson in the ED, though I'll have two weeks off around Charlotte's due date."

"I heard we scored big on the Match overall."

"We did. The ED had to fill a slot with a Scrambler, but we weren't scraping the complete bottom of the barrel."

"Tell me about the Scrambler."

"She was middle of the pack, wanted Medicine, overshot on her first choice, and was unlucky with her backups. She didn't do an emergency medicine Sub-I, which was an error on her part, but I also hold the medical school responsible for not giving her good advice. You know what I said at the white coat ceremony and my philosophy that only the student can properly direct their training. I think this is another piece of anecdotal evidence."

"And you, unlike most physicians, won't lose that idealism when you become an Attending."

"Not for lack of people trying to beat it out of me!"

"It comes with the territory! But that's enough shop talk! Kris, how are you doing?"

"Going to school, caring for two children, and carrying a third!" she teased.

Doctor Gibbs laughed, "I've said the same about Bobby!"

"You two are hilarious," I deadpanned.

"Are you still feeling OK?" Doctor Gibbs asked Kris.

"Yes. Charlotte isn't causing any trouble at the moment."

"You're about six months, right?"

"Yes. I'm due in late June. Classes end the first week in June, so everything should work out."

The three of us chatted for about fifteen minutes before Bobby and Bobby Junior arrived, which was our cue to leave.



## **March 26, 1990, McKinley, Ohio**

"Do you think Doctor Turner knows he's being investigated?" Clarissa asked at lunch on Monday.

"I don't see how he couldn't if they've spoken to people at the clinic. Do you really think Trina or one of the nurses wouldn't say anything? Even if they were asked not to, I don't think there's a thing the cops could do if someone told Gale."

"The reason I'm asking is, wouldn't he have to tell the Board of Directors for the clinic or whomever about it? And wouldn't they likely suspend him pending completion of the investigation?"

"You're talking to the wrong guy," I replied. "Well, unless you think I should take Jill Kleist up on her offer of a 'drink' and engage in pillow talk!"

"Probably not conducive to a long, healthy life!"

"Absolutely not! Changing topics, I saw Loretta again yesterday. She's in better spirits and is pushing hard to get out in mid-April. Bobby arranged for firemen to take her to and from her physical therapy."

"What's your honest assessment, Petrovich?"

"That I don't know enough about spinal injuries to answer that question with any kind of authority. Not to mention, we both know that even the neurologists are often...er, have insufficient knowledge about the physiology of spinal cord injuries."

"What were you going to say?"

"Shooting in the dark', but that felt very wrong."

"Yeah. I have to agree with you that one of the most surprising things about medicine is how much we, as a profession, don't know."

"And that includes knowing certain things work without knowing with any certainty why they work. So much in the past has been basically trial and error, and we even resort to that in the hospital when we try one treatment, then switch to a different one if it's not as efficacious as we had hoped."

"Which is why I'm happy to have time to research and consult rather than be an adrenaline-fueled ED doc! Five more freaking days in the ED, and I can finally go back to some semblance of normal!"

"Me, too!" I grinned.

"You're a nut, Petrovich, but you're my nut!"

"Love you, too, Lissa!"

"Before we have to leave, have you heard talk about a Residents' union?"

"No, but I doubt anyone would bring that up to me. Is this an offshoot of the New York Committee of Interns & Residents?"



"Supposedly someone from New York was here talking to a couple of PGY2s last week."

"I'm not sure how much traction they'll have, given our working conditions are better than most. Not to mention pay scales here are actually what Jesse Jackson calls a 'living wage'. I'd say they'd have more luck in Chicago, Los Angeles, San Francisco, and maybe Philadelphia and Boston. Those were all on the list of worst pay-to-cost-of-living ratios. I think Melissa Bush is, all things being equal, better paid than Residents at New York public hospitals."

"Have you heard from her?"

"No. I was thinking about talking to her now that I've developed a relationship with her dad, but I'm not sure she'll be receptive."

"Speaking of that, how did things go with your dad on Friday?"

"I extended the olive branch, and it was slapped out of my hand again. My dad still sees Paul as no different from Charlie Fox."

"That's a load of crap! Fox attacked women. Your sister, despite what the State of Ohio says about consent, was a willing participant. There's a huge difference."

"You know that, I know that, Liz knows that, and to an extent, my mom knows that. My dad, not so much. On a related topic, Alan Edwards is being released tomorrow."

"I bet Dean Parker is losing her mind right about now! Is he on parole?"

"Similar to Paul, he'll go to a halfway house here in McKinley. He asked me to help him find a job, but with a conviction for straight, not statutory, rape, that's

going to be a tough sell, especially given his only relevant experience was flipping burgers when he was in High School."

"And, of course, you're going to help him."

"That is what I signed up for when I agreed to take on the ministry," I replied.

"What's your take?"

"That he was an idiot. He actually acknowledged that to me when I first spoke to him, and he took full responsibility for his actions. But there's no chance of finding someone like Mr. Zhuravlyov in this instance."

"I bet he's enjoying the beach in Florida!" Clarissa smirked.

I chuckled, "If Mrs. Zhuravlyov allows that! But from what I hear, parts of Florida are like Southern California, where you can't walk ten feet without seeing a gorgeous girl."

"At least at Spring Break! I do need to get back. I don't have the leisure time of a prima donna surgeon!"

"Uh-huh. All I can say is I'm happy not to have the regular scut of a PGY1 surgeon. That would have driven me completely crazy! And yes, I know, it's a short drive!"

"You said it, Petrovich!" Clarissa smirked.

We got up, returned our trays, and returned to our respective services.

"Doctor Williams would like to see you in the ED," Marjorie said when I walked past the nurses' station.

"Right away?"

"Before the end of your shift, if possible."

"OK. I'll go down and see him as soon as I check on Erin and Todd."

I went to the lounge, confirmed that they had all the labs and paperwork for the afternoon surgery, and then the three of us went to prep the patient. Once that was completed and he was on his way to the OR, I went down to the ED to see Brent Williams.

"You wanted to see me?" I asked.

"Yes. Shut the door, please."

I closed the door to the office and sat down across from him.

"Doctor Wernher wants to meet with each ED staff member next week, which includes you because you have shifts."

"That makes sense."

"Yes, of course. I wanted to warn you that he's of the opinion that anyone who works in the ED works for him, period."

"Wonderful. He'll have to take that up with Cutter and Roth. And he'll get no traction, given the Hospital Board created the position and the reporting structure."

"I agree with you, but I believe he's going to lobby to change that. And it also means he'll be looking for things that support his position."

"Are you telling me he's going to be gunning for me?" I asked.

"I would never say that," Doctor Williams replied, making it clear that he actually was.

"Just what I needed," I replied. "I don't need a crystal ball or tea leaves to know what's going to happen."

"I agree. May I make a suggestion?"

"Of course."

"Dial it back a bit, at least at first. If you hit him like a ton of bricks the way you did Isabella, it's going to be ugly. And I suggest you take a more deferential style with him. Let Owen or Cutter fight with him if necessary."

"I can do that."

"Between you and me, he's a no-nonsense authoritarian, which is exactly what we don't need. Northrup could be that way on occasion, but he also mostly left us alone. Wernher is tasked to be completely hands-on."

There was a knock at the door, interrupting us.

"Come in!" Brent called out.

"Multiple burn victims from a chemical fire," Ellie said. "First victim in about four minutes."

"Thanks, Ellie. No total count?"

"No. Just 'multiple' from County Dispatch."

"Thanks. Mike, stick around; we're probably going to need you."

"Let me call upstairs, and then I'm all yours!"

"I wish!" Ellie exclaimed, causing both Brent and me to laugh.

"Still married," I said to Ellie, getting up.

We left the office and I went to the nurses' station and used the phone to call Marjorie to let her know I was staying in the ED for a possible consult, and asked her to send Todd down. She agreed, and two minutes later, he and I were standing in the corridor awaiting the arrival of the first EMS squad.

"You haven't had your ED rotation, so you probably haven't encountered severe burns," I said. "It can be seriously nauseating your first time. If you feel queasy, step out until you recover, then come back in. There is no shame in vomiting; just make sure you use an emesis basin."

"So it really is as bad as they say?"

"Worse. Especially if I have to do an escharotomy."

"How do you do it?"

"Sheer willpower. The first time with a severe burn victim, I was queasy but willed myself to not vomit. The escharotomy made me question my choice of specialty."

"Is that the worst thing?"

"Yes. It's even worse than the train versus car victims we've had. Mainly because the worst of those are left to the County Coroner at the site. Fundamentally, as grievous as those injuries are, they are only blood, muscle, and bone. Gory, but once you've been in surgery a few times, not something that's going to cause you to lose your lunch. If any of these victims have third-degree burns, you won't be alone if you feel nauseated."

About a minute later, the usual organized chaos began with EMS delivering two victims, both with second-degree burns and smoke inhalation. Two more arrived shortly after, neither of which needed a surgeon.

"Mike, can you take the next one?" Ellie asked. "Everyone else has a patient."

"Are there any treatment rooms?" I asked.

"Only Exam 6 is empty."

"We may need to juggle rooms if this next victim is in worse condition."

"I'll see if we can clear one of the trauma rooms," she said.

"Thanks."

"Let's go, Todd. You need to put on a gown, goggles, and gloves. Masks are optional."

The two of us grabbed the protective equipment and donned it as we walked to the ambulance bay, just as the third EMS squad arrived. It pulled to a stop, and Roy jumped out.

"Jennifer Wade, nineteen; smoke inhalation; no other injuries; PO<sub>2</sub> 91% on five litres; BP 130/90; pulse 90; no IV or drugs administered; LOC but came to after sixty seconds on oxygen."

"Exam 6," I ordered, then said, "Hi, Jennifer. I'm Doctor Mike. We'll take good care of you."

We quickly moved the young woman to Exam 6, and the four of us, assisted by Becky, who had followed us in, moved the patient to the exam table. Becky switched the oxygen to the hospital system, and Roy and his partner left. I asked Todd to hook up the pulse oximeter, which he did, and I saw that her vitals were close to what Roy had reported.

"How are you feeling, Jennifer?"

"I have a bad.....headache and my chest hurts."

"How long were you in the smoke?"

"About.....ten minutes, I guess. I was..... at my desk, then felt dizzy.....then the firemen had carried me out."

"Becky, ABG, Chem-20. Todd, get a portable EKG unit. Ellie or Nate can show you where they are."

Thirty minutes later, I called for a pulmonary specialist to admit Jennifer for observation. Don Duke arrived, confirmed the diagnosis, and accepted Jennifer onto his service.

"We were lucky," I said to Todd. "Nothing more serious than second-degree burns and smoke inhalation. Let me check with Ellie, then we'll head back upstairs."





## IX. Yes or No?

### March 28, 1990, Circleville and McKinley, Ohio

On Wednesday morning, the headline of *The McKinley Times* caused my heart to sink.

#### Local Doctor Arrested on Sex Abuse Charges

Doctor Gale Turner, the most senior physician at the McKinley Free Clinic, was arrested by McKinley Police on multiple charges of sexually abusing young women who used the services provided by the Free Clinic. Doctor Gale was arrested by the Harding County Task Force, comprised of Sheriff's Deputies, McKinley Police Detectives, and the Ohio State Police.

The Times attempted to reach someone in authority at the clinic for comment, but we were unable to do so before press time. At press time, no attorney of record was shown for Doctor Turner. Doctor Turner is being held in lieu of a \$500,000 bond in the Hayes County Jail.

I tossed the paper on the table, downed the last of my coffee, and headed to the hospital for my shift. I went to the locker room, changed into scrubs, then went to check on Erin and Todd. They confirmed that all the pre-op labs were back and that nothing prevented either of our two patients from having their surgeries.

We prepped the first patient and had them in the OR at 6:00am sharp, then returned to the lounge. I had a busy morning with three ED consults, and just after 10:00am, Marjorie let me know that Clarissa was on the phone.

"What happened with the Free Clinic?" I asked.

"It's open, but I have the day off because, without an Attending there, I can't work. Trina is keeping her appointments, but they have to send anyone who needs a doctor to the ED."

"Wonderful. Do you know what they're doing?"

"Trying to hire a *locum* OB/GYN. Trina said they hope to have someone by Monday."

"Were the protestors still there?"

"Yes, but now with signs that mention the arrest."

"That was awfully fast!"

"A poster board and a jar of paint or markers? And it was in the paper this morning."

"I suppose."

"Do you think he's guilty?"

"I don't know what to think, but I still find it hard to believe."

"Me, too. Trina said it's all BS."

"If anyone would know, it would be her."

"I'll let you go. Tessa and I both have the day off, which is rare."

We said 'goodbye', and I hung up. About twenty minutes later, I had another call.

"Doctor Loucks, this is Mark Van Zandt from Dismas House. Do you have a moment to talk about Alan Edwards?"

"I do. I go by Doctor Mike professionally."

"My apologies. Alan says that you might be able to help him with a job?"

"Do you have his skills assessment?"

"I do."

"If you'll fax it to me, I'll discuss it with some men from church and see what's possible. I'm sure you realize that a rape conviction where the victim was thirteen is going to make this extremely difficult."

"Yes. Only murderers are more difficult."

"You know, I've never asked, but what happens if they're completely unemployable?"

"That's up to the judge and parole officer. Generally, if the parolee follows the rules and makes an effort, they could be placed with law-abiding relatives, if they have any, even if that was out of state. They can also qualify for public assistance, though housing is often a problem. There are some agencies that do provide low-cost housing, but none in McKinley."

"OK. If you'll fax that assessment to me, I'll get to work."

I provided the fax number for the fax machine in the lounge, and we ended the call. Five minutes later, I had the assessment, which was as bad as I had expected. With an undergrad degree in music and no work experience except two years at McDonald's in High School, it was going to be tough to place him.

His physique wasn't suited to manual labor, and according to Elias, none of the apprenticeship programs would take convicted felons for at least two years after they had completed their sentence. He was thirty-one, which was another strike against going into one of those programs.

The rules he had to live by made things even more difficult, as, for example, he couldn't try to find music gigs in any place that served alcohol. There were other restrictions, including associating with known felons, though that one could be waived by the parole officer so that Alan could take a job where another felon worked.

All I could do was make phone calls or speak directly to the men at Saint Michael and the Cathedral and hope something came of it. Given I could be interrupted at any time when I was at the hospital, I'd do that at Vespers or the Divine Liturgy. I walked to the locker room, put the assessment in my locker, and returned to the lounge just in time to be called for a consult in the ED.

"What do you have, Isabella?" I asked when Todd and I walked into Exam 2.

"Ken Jones; thirty-six; rule-out appy."

"Good morning, Mr. Jones," I said. "I'm Doctor Mike from surgery. I'm going to evaluate you, and if I confirm Doctor Mastriano's diagnosis, we'll take you upstairs right away."

"It hurts like a mother, Doc."

I nodded and performed a physical exam, detecting rigidity and guarding, and confirmed with an ultrasound that he had a seriously inflamed appendix requiring immediate surgery.

"Todd, call up and let them know we have a hot appy and need an OR immediately."

"Right away, Doctor!" Todd replied.

"Linda," I said to Doctor Mastriano's student, "we need a gurney. We won't wait for an orderly."

"That bad, Doc?" Mr. Jones asked.

"You have a significant inflammation, and we want to get you into surgery before your appendix ruptures. Isabella, I recommend a prophylactic dose of cefuroxime."

She agreed and gave the order to Jamie, who administered the antibiotic.

"OR 2 in ten minutes," Todd announced. "Doctor Edmonds."

"Thanks. Mr. Jones, I need to get you to sign consent forms and go over the procedure with you, including the risks."

"I'll sign, Doc. If you don't do it, it'll burst, and I'll die, right?"

"That would be the most likely outcome, yes. I do need to review this with you, but we can do it quickly. You'll be given general anesthesia, which has significant

negative outcomes for a small percentage of people, including coma or death. In addition, all surgeries risk infection, and that risk is higher with appendicitis. Your appendix could burst, leading to peritonitis, which could result in death."

"How often do those happen?"

"Rarely, but they do."

"Let me sign. The pain is killing me!"

Unfortunately, with only ten minutes to go before surgery, I couldn't give him anything for the pain. I handed him the clipboard, and he signed the forms, which I countersigned and clipped to his chart.

"Let's set up on a five-lead," I said. "That'll save time upstairs."

"Linda, five-lead, please," Isabella said to her student.

Linda set up the five-lead and connected the portable monitor, and Jamie switched the nasal cannula from the hospital system to a bottle. Once that was complete, Todd, Isabella, Jamie, and I helped Mr. Jones slide onto the gurney.

"Linda," Isabella said. "Go with Doctor Mike and bring back the portable monitor, please."

Linda, Todd, and I pushed the gurney into the corridor, then towards the elevator. Three minutes later, we delivered him to the surgical team in OR 2.

"Scrub in as second surgeon, Mike," John Edmonds said. "Your students as well."

"Todd, go let Erin know and join me in the scrub room."

He left, and I headed to the scrub room, where Mary, the scrub nurse, assisted me in donning gloves, a gown, a mask, and one of my trademark black surgical caps. I entered the OR and took the place reserved for the second surgeon. Mr. Jones was hooked up to the necessary monitors, and anesthesia was being administered as the nurses prepared for the procedure. Todd and Erin joined us, with Todd standing in the observation spot and Erin standing next to me to assist with suction, retraction, or any other task assigned to me by Doctor Edmonds.

"He's under," Doctor Plumb, the anesthesiologist announced. "Good pressure, pulse, and sats. Clear to proceed."

"Here we go!" Doctor Edmonds stated. "Mike, we're performing an open procedure. Ready?"

"Yes."

The procedure was routine until Doctor Edmonds ligated the inflamed appendix when fluid began flowing from it.

"Rupture!" I declared.

"Son of a..." Doctor Edmonds growled. "OK. Terry, lavage kit to Mike please. Fran, hit him with the pre-filled dose of cefuroxime; Mike, I'll cut; you remove the organ with forceps."

"Jackie," I called out. "Forceps and basin!"

Everyone moved quickly, and thirty seconds later, all those tasks had been accomplished.

"Mike, pour in the saline for lavage; Erin, suction."

I took the stainless steel pitcher and poured a litre of saline into the open wound, and Erin carefully suctioned it out. We repeated that twice more, before Doctor Edmonds declared the field was clean and we worked together to close the incision. Ten minutes later, we were finished.

"Great job, John," Doctor Plumb said. "His vitals were good the whole way through."

"Mike, get him to Recovery; chart a standard course of high-dose IV antibiotics against sepsis. Keep him on the cardiac monitor and have your student stay with him for the next two hours."

"By your command!" I replied.

Doctor Edmonds laughed, "I take it you saw the *Battlestar Galactica* poster in my office?"

"I did!"

Erin, Todd, and I scrubbed out, then escorted Mr. Jones to Recovery, where Erin hooked up a cardiac monitor and pulse oximeter. I wrote the orders on the chart, then gave Erin verbal instructions.

"If he spikes a fever over 38.5°C, his PO<sub>2</sub> drops, he has respiratory difficulties, or there are any cardiac anomalies, call me immediately."

"Yes, Doctor."

I spoke to Janet, the charge nurse for Recovery, and relayed the orders for the IV antibiotics. She immediately retrieved the appropriate IV bag and connected it.

"I'll be back in thirty minutes to check on him," I said.



Todd and I left Recovery and returned to the lounge.

"How often does that happen?" he asked.

"It's actually rare that it ruptures during the procedure, but around 10% of the cases we see involve ruptures. In many cases, the pain isn't bad enough for the person to come to the ED until they're vomiting or they spike a fever. There is also the problem of what amounts to a false signal -- when an appendix ruptures, pain can disappear temporarily until peritonitis sets in."

"I was really surprised to see you pour saline into his abdominal cavity."

"You have to wash out any of the fluid that flows from the appendix, and the only way to do that with any level of reliability is a warm saline lavage; suction alone can't do it. Even so, we pumped him full of antibiotics, given that peritonitis is a major risk. Normally, one dose is all we give, and that's pre-surgery. Post-surgery all depends, but it's usually oral antibiotics that we'd give after any surgery."

"And recovery?"

"Longer, and he'll stay around five days instead of the usual two. Other than that, the risks are similar for any open abdominal procedure."

"Is there anything we could have done differently?"

"From the time I was called for the consult? No. Ten minutes is basically the absolute minimum from ED to OR. I didn't look at the chart to know if there were any delays in the ED. And we don't know how long he delayed coming to the hospital."

"Couldn't you save time by having the ED doc simply make the call?"

"Theoretically, yes, though ED docs are not, generally speaking, trained to evaluate a patient for surgery. In the case of a hot appy, they could, as there is a scoring system based on symptoms, and it can be confirmed by ultrasound. A seriously inflamed appendix in the typical anatomical location is easy. But it can also be hidden behind other organs or be atypically formed. That can mislead someone who isn't a specialist."

"I'm going to ask something that might get me in trouble..."

"No question you could possibly ask me will get you any trouble of any kind unless you ask me to violate the law."

"You're an Intern. How are you more qualified than Doctor Mastriano, who's an Attending?"

I laughed, "That is the flaw in the logic. The answer to that is really territorialism, which is part of the whole system of political BS that I do my best to avoid. That said, at this point, nine months in, I do have more experience in the OR than Doctor Mastriano does. But you're absolutely right that in June, when Mary Anderson becomes an Intern, she'll perform surgical consults starting her first day. I had one significant advantage over Mary, and that is that I opted for a Sub-I in pathology."

"Nobody does those unless they're going into pathology."

"A false statement, given I did."

"OK, but you know what I meant, right?"

"Yes, of course. And I know the thinking behind avoiding that Sub-I, but there's an alternative way to think about it. Consider what that might be, and I'll ask again after lunch. Let's go check on our patient for the afternoon surgery."

After we checked on the patient, I went to Recovery to check on Mr. Jones, who had not come out of the anesthesia, but had good vitals. I left, went to the cafeteria, ate a quick lunch, then returned to Recovery to find that Mr. Jones was awake. He had expressed discomfort, and the nurses had followed the standing orders of a mild analgesic.

"What happened, Doc?" he asked.

"Your appendix looked us in the face and gave us the finger," I said.

He laughed and grimaced, "Don't make me laugh, Doc."

"Sorry. We were just about to remove your appendix when it ruptured. We were prepared and got you cleaned up to limit the risk of peritonitis, but you'll need to stay in the hospital for five days, most likely."

"It's sick time, so I'll get paid for lying in bed for a week!"

"Erin is going to stay with you, and I'll come check on you in about an hour."

"Nothing personal, Doc, but she's a hell of a lot easier on the eyes than you are!"

"On that, we agree! Erin, no changes in my orders."

"OK, Doctor Mike."

I left and returned to the lounge.

"Before I send you to lunch, why would a prospective trauma surgeon think a pathology Sub-I was valuable?"

"It would be a refresher in anatomy."

"Absolutely, and that's the second most popular answer on the board!"

Todd laughed, "Nice. What's the number one answer?"

"What are the rules for using a scalpel for anything other than debriding a wound?"

"Only doctors."

"Yes..."

"You could practice surgical techniques in pathology that you would otherwise have no way to practice!"

"Exactly. Go get your lunch, and I'll see you here in thirty minutes to prep our patient. Erin is staying with Mr. Jones."

He left, and I relaxed until he returned. We prepped our afternoon patient, and once he was safely with Doctor Burke, I returned to Recovery to check on Mr. Jones.

"I'd say we can move you to a regular room," I said once I'd performed an exam. "Erin, make the arrangements, please. Once he's transferred, you can get your lunch."

"Will do," she agreed.

"Mr. Jones, I'll see you during afternoon rounds," I said.

"Thanks for everything, Doc!"

"You're welcome."

The afternoon was routine, I had dinner with Kris and Rachel, and then we went to Saint Michael the Archangel for the Vespers Divine Liturgy. After the service, I asked Viktor if we could speak privately before he and Yulia took Rachel for her biweekly visit.

"I have a significant challenge from my prison ministry," I said. "A recent parolee is at Dismas House and is looking for a job."

"What was he convicted of, and how much time did he serve?"

"Eight years for sex with an underage girl, but which was classified as rape because she was thirteen."

"And you're seriously asking for my help?!"

"Yes, and I needed to, though I was reasonably certain of the answer. I do know more about the circumstances, as I was tangentially involved."

"How so?"

"The girl was the precocious daughter of the dean with whom I had all my trouble. The arrest happened while I was taking music lessons from Anicka Blahnik, who was his professor."

"There's just no way I can do that, Mike. You can ask Geno, as he's mostly running things now, but the employees would stage a revolt if they ever found out."

"I'm open to ideas," I said.

"I wouldn't even know where to begin. I don't believe any of the men would be receptive, given they all have daughters or granddaughters."

"That was my fear, but I do have to try because I was asked as part of my ministry."

"I understand. I don't believe you'll have any luck."

"I strongly suspect you're right. I'll discuss it with His Grace on Sunday."

"Changing topics, have you met the new Chief of Emergency Medicine?"

"I will on Monday. I'll be back in the Emergency Department full-time."

"What do you know about the Doctor at the Free Clinic who was arrested?"

"That I find it hard to believe, but there were at least four complaints, which indicates my perception might have been off. That said, the organized protestors have an incentive to see something like this happen."

"You think it might be a setup?"

"The Free Clinic rules about male doctors being alone with female patients are similar to the rules at Moore Memorial. I've never seen them violated at the Free Clinic, but then again, I was only there one day a week."

"Did you hear that the Kelsey Foundation is reviewing their funding?"

I sighed, "If the clinic loses that, they'll have to close."

"You can imagine the tough spot they're in, given they funded Doctor Turner founding that clinic."

"So their solution is to punish the entire community because of allegations against a single doctor? That makes no sense at all!"

"It's about public perception, Mike."

"Maybe so, but that doesn't change the fact that health in the community is going to suffer from their actions, and that will give the protestors exactly what they want as well."

"You know my position on that."

"I do. And you know mine. It's a legal, accepted, widely used medical procedure. And like all other medical procedures, between the individual and their physician. Would you support the Jehovah's Witnesses if they attempted to ban blood transfusions because they're against their beliefs?"

"Sophistry, Mike. That's not going to happen."

"It's not sophistry at all. Either individuals make medical decisions in consultation with their physicians, or they don't. You always push the point of individual freedom, except on this specific topic."

"Because it's murder, Mike," Viktor said firmly.

"You'll certainly call this sophistry, but murder is *unlawful* killing. Abortion is legal, even if it's morally repugnant when done electively. There are plenty of things I find objectionable, including vanity cosmetic surgery, but it's not up to me. I am required to get consent from my patients except *in extremis*, and if a patient and I agree a procedure is necessary, nobody should interfere -- not you, not the government, not lobbying groups, not insurance companies."

"There are things we'd never allow, even with consent!"

"Oh, I agree, But that would be things with no proven medical efficacy, or at least a reasonable potential for it. We do experimental procedures under tight controls, but we do them. Sometimes, they seem almost barbaric, but then again, so are the accepted treatments for many forms of cancer where, in layman's terms, we give a slightly sub-lethal dose of chemicals in the hopes that it will kill the cancer without killing the patient."

"We're going to have to agree to disagree on abortion."

"That's fine, so long as you don't do an end-run and make it illegal, thus forcing me to agree with you."

"You object to it!"

"I do. I also object to extreme measures in hopeless situations, but it's not *me* who gets to decide for everyone. Yes, I made that decision for your father based on our history and my knowledge of his overall health, but that's the exception, not the rule. Anyway, my bottom line is that the Free Clinic needs to stay open, and taking away funding because of these allegations, serious as they are, is a bad idea."

I extended my hand, and Viktor took it. We shook, then I found Kris, took her hand, and walked out of the church.



"How did that go?" she asked once I had helped her into the car and got in the driver's seat.

"About as I expected. He's not going to help, and I expect the same answer from the men at the Cathedral."

"What would you do in their position?"

"It's a difficult situation because while Christian ethics ask us to love even the worst sinners. It's also the case that ministering to those who are or have been in prison is held out as an ideal. Viktor has to balance his responsibilities to his other employees and his customers. This is different from Paul's situation, where he pled guilty to statutory rape. Some people can see past statutory, but Alan pled to a straight rape charge."

"Because she was thirteen?"

"I don't know. In Eileen's situation, one of the charges was carnal knowledge of a minor under fifteen, which I found strange, given the age of consent is sixteen. It's possible there was some other rule for girls under fourteen, but I don't know. It also wouldn't surprise me if Dean Parker bullied her daughter into saying Alan raped her, whereas Liz insisted all along that not only was it consensual, but she basically chased Paul.

"The law has changed since then, too, and since the mid-80s, there is no 'statutory rape' charge -- it's classified as aggravated criminal sexual assault. Whatever you think of the age of consent, the change in charge was absolutely because of reactions like the one Mr. Zhuravlyov had. People easily forgave the idea of 'statutory rape' because it made it clear it was consensual, but that the girl was underage."

"You don't think that's right?"

"It's a difficult situation, really. On the one hand, I am absolutely positive Liz not only consented but actively sought it out. On the other hand, there do need to be laws to protect younger girls."

"What will happen to this man?"

"That's up to the parole officer and a judge, but if he can't find a job in six months, which is when he has to leave the halfway house. I'm not sure what happens if he has no place at all to go or what public assistance would be available."

"When we get home, I could use a back massage."

"I'd be happy to do that!"

"And I'll be happy to reward you for it!"

"Not necessary, but I won't object!"

"No kidding!" Kris said lightly.



## **March 29, 1990, McKinley, Ohio**

On Thursday, after my shift, I drove to the Hayes County Jail, which was across the parking lot from the Sheriff's Department. I identified myself as a chaplain and physician, which meant any conversation was privileged. After going through the usual security checks, I was led to a booth. Through the plexiglass, I

saw Gale Turner in an orange jumpsuit. I picked up the phone, and he did the same.

"Hi, Mike," he said.

"Hi, Gale," I said, looking him straight in the eyes. "Yes or no?"

"No. It's a total fabrication."

"Do you have an attorney?"

"Yes. Walter Burch, from Columbus."

"Are you going to be able to make bail?"

"Tomorrow. It took some time to get together the ten percent for the bond. We didn't want to put the house at risk. It was worth a couple of nights in jail to protect Tricia and the kids."

"What can I do for you?"

"Be a character witness, if you would. My attorney will be in touch in the next few days."

"Absolutely. Have you spoken to anyone else?"

"Just my wife, who has visited each day, and my attorney. Why?"

"Just curious. Did anyone tell you that the Kelsey Foundation is considering pulling their funding?"

"Oh, hell!" he sighed. "That would be the end."

"You should probably have your attorney get in touch with them and let them know the charges were fabricated. Do you know who the accusers are?"

"Four girls in their late teens or early twenties. I've seen at least one of them picketing after visiting the clinic."

"Circumstantial, but a strong indication of a setup."

"Did the cops talk to you?"

"Yes, and I told them I had no knowledge of any improper behavior and explained the rules about male medical staff and female patients."

"I never once was alone with a female patient. Never. And I have two nurses who will swear to that."

"OK. Let your attorney do his thing. I learned that lesson several years ago when a false accusation was made against me."

"You weren't arrested, though, right?"

"My attorney managed to head that off, but it was a very close thing. It would have wrecked my chances of being a doctor."

"Even if I'm cleared here, I'll still have to sit for a fitness review with the Medical Licensing Board."

"I'll testify on your behalf," I replied. "I've appeared before them in a malpractice case."

"I heard about that from Trina. How is your friend doing?"

"About as well as can be expected with schizophrenia."

"That's rough. Your wife is due soon, right?"

"Early June. I do need to get home, but I wanted to check on you and look you in the eye."

Gale nodded, "I understand. Thanks for having faith in me."

"Call me when you get out, and have your attorney contact me."

"I will. Thanks, Mike. I appreciate it."

I replaced the receiver, stood, and put my hand on the plexiglass. Gale put his hand on the opposite side, then was led away. I left the jail, and headed to Viktor's house to pick up Rachel and then head home for dinner with Kris.



## **March 30, 1990, McKinley, Ohio**

"I saw Gale Turner yesterday," I said to Clarissa at lunch on Friday. "He'll be out on bail today. He says the allegations are total fabrications and that one of the accusers was picketing after her appointment."

"I had my doubts, even though I made the comment about the picketers, now I'd say I was right. What now?"

"He has an attorney, but I seriously doubt he could go back to work until he's cleared. Well, assuming he's cleared. You know the system is rigged against

defendants. I was lucky to not be arrested when I had all the trouble with that Orosco bitch."

"What are you going to do?"

"I'll testify if his attorney wants me to."

"I will, too."

"I'm positive the nurses and Trina will as well. It's going to be 'he said / she said', and his reputation will be ruined even if he's acquitted. He could even lose his license because the standards are lower for that than for criminal conviction."

"Won't someone have to make a complaint?"

"Sure, and if they're willing to lie to the cops and in court, what is going to stop them from lying to the medical board? Honestly, I have a sneaking suspicion that if the Kelsey Foundation pulls their funding and the Free Clinic closes, this will all magically disappear."

"Seriously?"

"If Gale is telling the truth, and I looked him square in the eyes when I asked him, they'll have achieved their goal without risking perjury charges."

"Can't he go after them for false accusations?"

"How do you prove that? And how will the newspaper play that? He'd hurt himself more than if he just let it go and joined a private practice somewhere."

"And the entire community loses because the Free Clinic has to close."

"Unless they can get funding, but given the protests and the attitude in the county in general, including the County Prosecutor, that's going to be tough. Given the County Prosecutor's position on abortion, I think we both know he'd be quick to bring even flimsy charges."

"What can we do?" Clarissa asked, sounding despondent.

"I don't have any ideas, and until we have our licenses, we can't do anything without a supervising physician, and who's going to put their butt on the line?"

"Yeah," Clarissa said, shaking her head.

"On the plus side, Jos called to let me know that the young woman is in labor and should deliver this afternoon."

"That's great! I guess that means we don't see them tonight."

"I'd say that's the case. I'll invite them to the house next weekend. You and Tessa will be invited, too."

"Thanks! I need to get back to work! And you have to finish your last day in captivity!"

I chuckled, "I will be very happy on Monday, though I'm not looking forward to meeting Doctor Wernher."

"Just be smart, Petrovich!"

"Brent Williams and I had a conversation about it. I'm going to handle it the way I handle church, where I leave things to the bishops to sort out, then follow *my* bishop, who, in this context, is Owen Roth. With Cutter as Medical Director, I think I'm on solid ground leaving it to them."

"And yet, my admonition about being smart remains."

"Yes, Dear," I said flatly.

"Don't be an idiot, Mike!"

"I won't."

We stood and hugged, and after we returned our trays, we headed back to our respective services.



## March 31, 1990, McKinley, Ohio

Just before Kris, Rachel, and I left for band practice, Jocelyn called to say that they had named their baby Timothy Sean. I invited them for dinner on Thursday evening, and she accepted. I had verified that with Clarissa, as I'd forgotten about my planned trip to see Father Roman.

At band practice, we finalized our set list for the two Proms and rehearsed the songs in order. Nobody felt there was any need to have separate lists, which made things much easier. Rachel cooperated and wore her earmuffs without a fight, which was a good thing, and Kris and I practiced our duet, though we knew there was a good chance she wouldn't be able to sing with me. If that happened, Kari would stand in. She and I would rehearse during April, just in case.

After band practice, we headed to Kroger, and our route took us past the Free Clinic. The protestors were on the sidewalk and now had a sign reading '**Doctors Rape Patients Here!**'



"That's not true!" Kris declared in outrage.

"No, it's not. They've escalated, and I honestly think the clinic will close next week. It's inevitable because they are in an untenable position."

"What can be done?"

"Not much, sadly. Hayes County doesn't have the money unless they take it from something else, and finding a charity to support a clinic will be difficult in the short term and maybe even in the long term. I'm sure you've heard of the violence at various clinics around the country. We've been lucky here so far."

"Could this affect you?"

"Directly? I doubt it, though I might be targeted for defending Gale Turner."

"You have to do that, Mike."

"I won't back down, and neither will Trina or Clarissa."

"Good."

We completed our grocery shopping, including a visit to the bakery, then headed home for a quiet afternoon as a family, dinner, and Vespers.



## April 1, 1990, Columbus, Ohio

I struck out completely with the three men at the Cathedral who I felt were the most likely to be able to hire someone, and was basically out of options when I went to see Vladyka JOHN.

"I'm not sure what more we might do, Mischa," he said. "Sometimes there are no earthly solutions to the challenges we face."

"I'm aware, and I knew this was likely an impossible task."

"Remember, your obligation is to try, and to do the best you are able to do with the resources available. You won't always succeed. I expect it's similar at the hospital."

"Yes. There are times when we have no options, or at least no good options."

"That frustrates you, I suspect."

"It does."

"Be sure to discuss it with Father Roman when you see him. That's next weekend, is it not?"

"It is. Lyudmila will stay at the house with Kris and Rachel while I'm gone. Kris didn't feel it wise to make the trip."

"That doesn't surprise me at all! Back to the prison ministry -- how are the other men to whom you're ministering?"

"I'd say they're doing as well as anyone could do in prison. I'm developing a good rapport with them and even friendships. I'm sure Protodeacon Ivan reported that we had more men at the *Typika* than in the past."

"Yes. And even if none of them ever take a formal step to become catechumens, we have to trust that the Holy Spirit is working in their hearts."

"How would we handle catechism if that happened?"

"An Antiochian Parish in Ben Lomond, California, has put together a course in basic Orthodox theology which could be used. The catechumens would study it and discuss it with you when you make your monthly visit. I'll give you the contact information for Conciliar Press, their publishing house."

"I've heard they have an Orthodox school."

"Ben Lomond Academy," he replied. "If only we had the resources to do something like that."

"I went to public schools and didn't turn out too badly," I said with a smile.

"I was not disparaging public schools! But wouldn't it be nice to have that option?"

"Yes, it would."

"How are things at the hospital?"

"I'm back in the Emergency Department full-time tomorrow, which is a good thing. We have a new Chief of Emergency Medicine, and that might not be a good thing."

"Because it's not your friend who was shot?"

"Partly, but also because the new Chief has a very different take on how to run the department from his predecessor and the Chief Attending and Chief Resident."

"I believe you know how to handle that, Mischa. After all, you are in a hierarchical church!"

"Yes, of course, but there are hints of what I would politely call internecine struggles, or to put it more directly, political warfare."

"Then, do your job and allow your superiors and the hospital administration to sort it out. I know you have very strong ideas, Mischa, and you are very eloquent, but there are times, and I say this in love, to shut up and obey!"

I laughed, "Why do I feel you've said that on more than one occasion to a troublesome priest?"

"Because I have, but only to them, not to others who might take matters into their own hands the way the four knights did at Henry II's comment about Thomas Becket.

"I would hope not!" I chuckled. "But I understand your point."

"If you need to bend my ear, Mischa, do so. The same is true with Father Roman. At the hospital, focus on your patients and leave the others to worry about political matters."

"Something I have striven to do since day one. Sadly, every time I think I've escaped, I get drawn back in."

"Then remember your prayer rule. You've practiced *hesychasm* in the past; practice it now."

"Yes, Vladyka."

"Then I'll see you in two weeks."

I stood, asked his blessing, then went to find Kris and Rachel so we could visit Doctor Gibbs.



# X. Dutch Treat

**April 2, 1990, McKinley, Ohio**

I suppressed a sigh when I walked into the ED just before 5:00am on Monday morning. Two things jumped out at me immediately. First, a nameplate reading *Doctor R. 'Dutch' Wernher, Chief of Emergency Medicine*, had replaced what had been the Attending's office. Second, a sign on what had been the lounge door read *Attendings and Residents Only*.

I recalled that Doctor Wernher had been in the Navy, and it appeared he had decided to create the equivalent of an Officers' Club in addition to commandeering the only office. I walked over to the nurses' station, where Ellie and two other nurses were standing.

"Do I even want to know?" I asked quietly.

"No," she replied.

"No nurses or medical students in the lounge?"

"No. Nurses are to be with patients or at the nurses' station. Our breaks are scheduled and have to be taken in the cafeteria."

"When does the strike begin?" I asked.

"You're not far off, Mike. But be very careful. Rumor has it he spent two hours bending Cutter's ear about you on Friday."

"Wonderful. Where do the medical students hang out when they aren't busy?"

"Chairs by the ambulance bay."

"OK. Nobody is going off shift, so I'll take the first chart in the rack."

"Mike, you aren't on the ED rotation."

"What the?" I asked.

"I don't know. Doctor Wernher will be here momentarily; you should see him."

"This is going to be bad," I said.

"For everyone," Ellie confirmed.

I considered going to see Owen Roth but decided that might anger Doctor Wernher, so I asked Ellie to let me know when he arrived, then went into the lounge, where I saw Kylie Baxter and Antonio Gómez.

"Hi, Mike," Kylie Baxter said. "Welcome to Hell."

"I got that idea. I'm not on the ED rotation even though I'm assigned here."

"And without Clarissa here, we're shorthanded if you don't see patients."

"I tried, but Ellie told me not to take a chart."

"The nurses are pissed."

"I got that idea as well."



"Doctor Loucks?" a doctor who appeared to be about fifty said from the door to the lounge.

"That's me," I said. "I go by Doctor Mike. You must be Doctor Wernher."

"My office, please."

Kylie had her back to the door so she could roll her eyes without being seen. I followed Doctor Wernher into his office. Judging his personality by the little I knew, I stood straight, not quite at attention, and waited for him to indicate I should sit.

"Shut the hatch and grab a seat," he said.

That one phrase telegraphed one of two possible scenarios -- he was through and through military, which did not make sense given he'd been out of the service for nearly twenty years, or it was an affectation to achieve some purpose.

I shut the door, sat down, and waited for him to speak. I wasn't intimidated by silence, and I was positive I could sit quietly and look him in the eye longer than he could do it. As the seconds dragged on, the silence became more and more obvious, but I simply recited the Jesus Prayer and waited him out. I absolutely wasn't going to fight with him, but I also wasn't going to be intimidated by him.

It was about seventy seconds before he finally spoke.

"You're the one with the temerity to design their own Residency program."

"While it's true I lobbied for it here at Moore Memorial, the program was designed and developed by Doctor Albert Barton while he was at Indiana University and implemented at University of Chicago Hospital where he's Chief of Emergency Medicine."

"You know Al Barton?"

"He arranged for a scholarship for me at Indiana University, but I elected to go to McKinley Medical School. He recruited me for the Match, but I elected to Match here."

"MCAT and MLE scores?"

"98th MCAT; 99th MLE Step 1; 99th MLE Step 2."

"You had that MCAT and didn't go to Stanford, Yale, or Harvard?"

"I had no desire to do anything but serve my community," I replied. "There were personal considerations as well."

He shook his head in obvious disapproval. I really wanted to ask what HE was doing at Moore Memorial training students from McKinley Medical School if he thought so little of it, but I held my tongue.

"I'm sure you observed some of the obvious changes I've implemented to bring order to the chaos that preceded my arrival."

"I did," I replied, electing to keep my answers terse.

"Nobody takes shifts in my ED unless they're on my service. And nobody works in my ED without wearing ED scrubs. If you want shifts here, you're ED staff, and you wear blue scrubs. Otherwise, you're surgical staff and are limited to consults in the ED. My staff is also clean-shaven, and men wear their hair cut short. And we do not use informal titles."

Given my beard and ponytail were religious, I knew I was legally entitled to an accommodation, but there was no possible way to raise that at the moment without starting an unproductive argument.

"It is your ED," I agreed. "Have you spoken to Owen Roth?"

"I've spoken to John Cutter, and I was given a free hand in the ED. There is some debate about your status, but I expect to resolve that today. We can solve it right now, if you want to be an emergency medicine specialist. I have an open Residency spot."

"My Match was for trauma surgery," I replied. "That is what I want to do."

"Then go up to surgery, and we'll call for consults when we need you."

"Yes, Doctor," I said, standing up. "May I be dismissed?"

"Dismissed."

I left the office and walked past Ellie, exchanging a look but saying nothing, and headed for the elevators. I rode up to the surgical floor, stepped out, checked the board, and walked to the scrub room for OR3. I put on a mask and a generic red cap, then stepped into the OR proper.

"Hi, Mike," Doctor Roth said, looking up. "I take it you talked to Doctor Wernher."

"Yes."

"And he kicked you out of the ED?"

"Only after suggesting I move to his service."

"I was afraid of that. Did you get into it with him?"

"No. I was the model of an obedient Able Seaman."

"Good. We'll fix this. For now, handle consults. You don't have med students, but you can use Shelly's Fourth Year. I do need you to do one thing for me."

"What's that?"

"Call Tim Baker and tell him 'Dutch treat'."

"May I ask?"

"He'll pull his Resident. I mean, if we're going to be territorial, we're going to be territorial. Baker is onsite. So is Getty. I'll see you after I get out of this guy's guts."

"Thanks," I said.

I went to the lounge and dialed Doctor Baker's direct number and was happy that he answered.

"Doctor Baker, this is Mike Loucks. Doctor Roth said, 'Dutch treat'."

"God damn it!" he growled. "OK. Tell Owen I'll do it right now."

"Will do."

"And Mike, let us fight; you stay out of it."

"That was my plan."

"Good."

He hung up, and I wondered how Doctor Wernher would react to losing *another* Resident, leaving him short three doctors once Antonio Gómez was recalled. I was reasonably certain how this would turn out in the end, but it could be very ugly in the interim. And it would suck because I would mostly be twiddling my thumbs.

I left the lounge and went to the nurses' station to find out who Shelly's students were.

"Aren't you supposed to be in the ED?" Carol asked.

"Don't ask," I replied. "Who's assigned to Shelly Lindsay?"

"Nick Duran and Penny Lewis. Nick is the Fourth Year."

"Thanks. I have my pager. I'm going to Medicine. If the ED needs a consult, page me, please, and send Nick down to meet me."

"Will do."

I left the surgical ward and made my way to Internal Medicine, where I found Clarissa speaking with Mark King, one of the Attendings. She saw me and held up a finger to let me know she'd be a minute. I ducked into the lounge and got a cup of coffee, tossing a quarter in the jar as I wasn't part of their coffee club. A minute later, Clarissa came in.

"Mark King just told me that Antonio was recalled. What happened?"

"Wernher is trying to remake the entire hospital to his liking. Take a walk in the ED and check out what he's done."

"It sounds like I might need an armed escort. What happened?"

"Well, the Attendings' office is now Dutch Wernher's office, and the lounge has a sign that limits entrance to Attendings and Residents -- no nurses or medical students. And that's just the start."

"What the..."

"I was also told in no uncertain terms I can't work in the ED unless I wear blue scrubs, shave my beard, and cut my hair."

"Bullshit!"

"And yet, here I am, waiting on consults rather than working my scheduled ED shift. The nurses are ready to strike because they have to be with a patient or at the nurses' station except for authorized breaks, and medical students are relegated to chairs by the ambulance bay. Roth, Baker, and Getty are all pissed, and that's why Antonio is being pulled. He's not ED staff, so..."

"Jesus. Who is this guy?"

"When he called me into his office, he said, 'Shut the hatch'. He's been out of the Navy for twenty years. Kellie just got out last year, and she doesn't say stuff like that. I think he's aiming to be a hard ass because he called the ED 'chaotic'."

"No kidding it's chaotic! There is no ED on the planet that isn't! It's only a question of whether it's McKinley-level chaos or Cook County-level chaos!"

"He led with me having the temerity to design my own Residency, but I countered, carefully, that it was Al Barton, and that seems to have put that specific complaint to rest because he appears to know Al Barton."

"So now what?"

"I wait for Cutter to solve this. He'll have to because he has three service chiefs who are unhappy, not to mention nurses in the ED. I wouldn't want to take them on!"

"If you were single, you'd take on all of them!" Clarissa smirked.

"Nope! I'm totally not interested in Jamie!"

Clarissa laughed, "If Lee couldn't entice you..."

"He never *really* tried. It was just clean fun, or as Sophia called it, homoerotic play!"

"How long do you think this lasts?"

I shrugged, "No clue. I'm following the advice I have from Brent Williams, Owen Roth, you, and Vladyka JOHN. I'll chat with Shelly Lindsay later."

"What was Cutter thinking?"

"I have no clue."

"I need to get to rounds. Lunch?"

"Call me when you have your break; I'm sure I'll be free unless I'm on a consult."

We hugged, and I left the lounge. I walked back to the surgical ward and went to the lounge, where I found Nick and Penny. I'd met Nick, but we'd never been on the same service. I didn't know Penny except by sight.

"Hi, Nick," I said. "I'm sharing you with Doctor Lindsay. You'll accompany me on ED consults today."

"Great!" he agreed. "I thought you were on the ED schedule."

"There was some kind of snafu with the new ED Chief starting today. I'm sure he and Doctor Roth will sort it out. May I see your procedure book?"

He pulled it from the pocket of his short lab coat and handed it to me.

"Where did you Match?" I asked.

"Oncology at Good Samaritan in the Western Suburbs of Chicago."

"Downers Grove, right?" I asked.

"Yes! Are you from Chicago?"

"No. My dad is from Naperville, and a very close friend Matched at Edward Hospital for cardiology."

"Maryam Khoury, right?"

"Yes."

"I had a Medicine rotation with her. She's awesome!"

"That she is!"



I quickly paged through his procedure book and he checked all the boxes, as it were, with more than the average number of procedures. And he'd had an oncology Sub-I, which meant he knew infinitely more about cancer and chemotherapy than I did, even though I was a doctor and he was a medical student.

"Why oncology?"

"My little brother died of AML when he was six."

"Lord have mercy," I said quietly.

"You lost your wife, right?"

"Yes."

"So you know how it feels, at least somewhat. I was ten, and it ripped me apart. I decided then and there I was going to be a doctor and help kids like my brother."

"We've come a long way since the early seventies."

"A bone marrow transplant might have saved him, but finding a donor then was tough, and I didn't match because we had different dads. And the procedure was still highly experimental."

"Mike?" Carol called from the door to the lounge. "ED consult for a rule-out bowel obstruction in Exam 4."

"Thanks, Carol. Nick, let's go."

"Can I tag along?" Penny asked. "Doctor Lindsay is in surgery until at least 10:00am."

"Yes. Carol, if Shelly comes looking for Penny, call the ED, and I'll send her up."

"OK, Mike."

Nick and Penny walked with me to the stairs, which I preferred to the elevator, and we made our way to the ED. When I opened the door to the exam room, I suppressed a groan because Doctor Wernher was the treating physician. That means following policy to a T and being extremely formal. It also meant I needed to send Penny back upstairs.

"Penny, go back upstairs," I said quietly. "I'll explain later."

She nodded, turned, and left.

"Loucks, surgery," I announced. "What do we have, Doctor Wernher?"

"Kenton Jones; age six; presents with abdominal pain with tenderness and guarding; some vomiting reported; no signs of appendicitis."

"Vitals?" I asked.

"Pulse 80; BP 110/70; PO<sub>2</sub> 98% on room air; respiration labored at 17."

"Labs and treatment?"

"Ringer's for dehydration; elevated white count; slightly hypokalemic; all other levels within range."

A high white count was not typical of bowel obstruction and indicated early-stage appendicitis, though that could be a false sign.

"How high is the white count?" I asked.

"14," Doctor Wernher replied.

That indicated a very low-grade infection and might be completely unrelated to the complaint.

"Hi, Mrs. Jones," I said to the black woman sitting in a chair near the bed. "I'm Doctor Mike Loucks from surgery. With your permission, I'd like to examine Kenton."

"Of course, Doctor!"

"Hi, Kenton," I said. "I'm Doctor Mike. How are you feeling?"

"My tummy hurts bad, and I puked twice."

"Can you point to where it hurts?" I asked.

He did, and barring reflected pain or atypical anatomy, he didn't have appendicitis. I performed a basic exam, explaining each thing I was doing to Kenton. I always disliked palpation because I was inducing pain, but a physical exam was indicated and necessary. Kenton winced and moaned but handled it like a champ.

"Nick, ultrasound, please," I said.

He rolled the machine over, turned it on, and set the controls correctly. I took the gel bottle from the warmer, squirted some onto Kenton's abdomen, and then carefully placed the transducer in the most likely spot.

"OK," said. "I see what appears to be a complete obstruction of the small bowel at the junction of the ileum and jejunum. Mrs. Jones, may I see you in the corridor? Nick, please carefully clean the gel from Kenton's abdomen, then join us. Doctor Wernher, please join us."

The three of us stepped into the corridor.

"Kenton needs immediate surgery," I said. "There is a mass in what you would call his small intestine that is blocking it completely."

"What is it?"

"I can't say at this point," I replied. "We'll perform a procedure called a laparotomy, which is surgery to open his abdomen. We'll examine his small intestine and determine the best course of action. Most likely, it will be what's called a resection -- we'll remove a portion of his intestine. As bad as that sounds, it's a routine procedure and usually has no lasting negative effects on digestion.

"Once we've removed the section, we'll examine the mass to determine what it is and if we need to perform any additional treatment. The usual time to perform the procedure is about two hours, and recovery is anywhere from two to six hours. If there are no complications, Kenton could go home by Friday."

"Will you do the surgery, Doctor?"

"I'll assist," I replied. "A senior pediatric surgeon will perform the operation. I do need to go over the risks and have you sign a consent form."

"OK," she said.

"Let's go to the consultation room," I said. "Nick, get the consent forms from the nurses' station, please."

"I'll stay with the patient," Doctor Wernher said.

I was thankful for that, as that meant I could be less formal with Mrs. Jones. A minute later, she, Nick, and I were in the consultation room.

"These forms are written in a mix of medical and legal terminology," I said. "I'll explain each and every word if you wish, but I can give you a summary in plain English to start."

"A summary would be fine. I'm a chemistry teacher, so I know many of the words."

"Good. The surgery requires general anesthesia, which has risks, including coma and death. Those are extremely rare, but they do happen, and generally speaking, there is no way to know in advance that someone will have an extremely adverse reaction to anesthesia. For the surgery itself, there is a risk of bleeding, infection, or complications that can lead to permanent injury or death. Again, the risks are small, but they are real. Do you understand?"

"Yes."

"If we don't perform the surgery, Kenton will, in all likelihood, die an extremely painful death. Some bowel obstructions resolve themselves with hydration and the use of a nasogastric tube to relieve pressure, but with a complete obstruction by a mass, that is not an option. Is that clear?"

"Yes. What do you mean by 'mass'?"

"It could be as simple as fecal matter or as complicated as a tumor. We could do a CAT scan to get more information, but, given Kenton needs surgery no matter what, I prefer not to expose him to the radiation, as it won't change our plans or the outcome of the surgery. Do you have any questions?"

"No. Thank you for explaining everything so clearly. You have a great bedside manner, too. Kenton really appreciated you explaining everything. The other doctor didn't do that."

"Thank you. If you'll sign the consent form, we'll get Kenton upstairs. The surgery will likely be later this morning. Did he eat anything today?"

"No. He had dinner last night at about 5:30pm but vomited before bed. He woke up about 4:30am crying, and other than a sip of water, he hasn't had anything else."

"OK. I'll look at the chart, but I want to double-check if he has any allergies or is taking any medication."

"No allergies, and no prescriptions."

"What about over-the-counter or supplements?"

"Nothing in the past two weeks."

"Any family history of which I need to be aware?"

"No, his grandparents are all alive and healthy, and so are his dad and me."

I handed her the clipboard and indicated where to sign, then asked Nick to call upstairs and let them know we'd be bringing Kenton up.

"Mrs. Jones, you can come with us. We have a quiet waiting room upstairs, and there's a phone if you want to call Kenton's dad or someone to support you."

"His dad is in New York on business. I suppose I should call him."

"You can do that upstairs," I said. "The nurses will give you a code to make a long-distance call."

"Thank you, Doctor!"

"All part of the service!"

About ten minutes later, Nick and I helped Kenton scoot onto a gurney. Five minutes later, Kenton was in a room in the surgical ward, where he'd wait for surgery.

"Hi, Mike!" Shelly Lindsay said, coming into the room with Penny.

Shelly had obviously left her surgery, as she had a mask pulled down around her neck and was wearing a surgical cap.

"Welcome back, Shelly."

"Who's our friend with the tummy ache?"

"Kenton Jones, and this is his mother, Alberta."

"Good morning," Shelly said. "I'm Doctor Lindsay, and I'm on the surgical team that will perform Kenton's operation. We'll take him in about 11:00am. About thirty minutes before that, the anesthesiologist will come to see you and give Kenton a mild sedative. Nick, draw for a complete set of pre-surgical labs."

"Right away, Doctor!"

"Mrs. Jones, you can stay here until we take Kenton to surgery, and then you can go to the waiting room."

"She needs to call her husband in New York," I said.

"Penny, would you take Mrs. Jones to the consultation room and get the long-distance code from Carol?"

"Yes, Doctor," Penny replied. "Mrs. Jones, if you would come with me."

"I'll stay until you return," I said.

"Mike, come see me once Mrs. Jones is back," Shelly said.

"Will do," I agreed.

Everyone left except Nick, who drew blood. Once he finished drawing the tubes, he left to take them to the lab.

"Kenton, you're going to need an operation," I said. "I explained everything to your mom. Do you want me to tell you what's going to happen?"

"Yes."

"First, a doctor called an anesthesiologist will come see you. He's the doctor who will put you to sleep for the operation. When he visits, he'll give you a drug called a sedative that will help you relax. Soon after that, we'll take you to the operating room. You'll see lots of equipment and at least three doctors and four nurses."



"Will you be there?"

"Yes, unless there's an emergency, in which case I might have to go down to the ED, what you probably call the 'Emergency Room'. In the operating room, you'll also see a lot of equipment, including machines that will measure your heartbeat and breathing, as well as the machine they use to put you to sleep.

"Once you're asleep, the doctors will use tools to remove a small part of your small intestine, the tube that carries food you've eaten out of your stomach. They'll sew everything back together and send the part they removed to the lab to check it.

"When you wake up, you'll be in a room called 'Recovery' where there will be nurses to take care of you. Nick will probably be there, and I might, too, depending on whether there is an emergency.

"You'll stay in that room for the rest of the day, then, once we're satisfied you're doing well, you'll come back here. Do you have any questions?"

"What does it feel like?"

"Nothing. You'll be completely asleep, and you won't feel anything at all. When you wake up, your tummy will be sore, but they'll give you medicine to take away the pain. You'll have to stay in the hospital for a few days, probably until Friday. We'll know for sure tomorrow morning when you'll be able to go home."

"Do I have cancer?"

"I honestly don't know. That's one of the things the lab test will tell us. Cancer is very rare, and even if what I saw on the ultrasound is a tumor, they are almost always benign, which means they aren't cancer, just a strange growth. Once we

remove it, that's it. Right now, don't worry about that. OK? I promise someone will explain everything after the surgery and the tests. OK?"

"Yes."

"What kind of candy do you like?" I asked.

"SweeTarts!"

I had prepped for working in the ED, so I had my fanny pack with appropriate candy selections. I unzipped it and extracted a box of SweeTarts.

"These are for you, but you can't eat them until your mom and the nurses say you can. Promise?"

"Yes!"

"I'll put them on the table here."

"You're cool!"

"I try!"

"I never saw a man doctor with a ponytail!"

"I like to be different," I said.

"Do you have kids?"

"A daughter who is two and a half, and my wife is pregnant with another daughter who'll be born in June. Do you have brothers or sisters?"

"Two older sisters! It's like I have three moms!"

I laughed, "I believe it! I had a younger sister, and she could be pretty bossy even though I was older!"

Kenton's mom returned just then, accompanied by Penny.

"Did you reach your husband?"

"I did. Kenton, there's no way your dad can make it back before you have your operation. He's going to fly home late this afternoon. Doctor, can he visit late?"

"Yes. Visiting hours for parents are unrestricted. I'll make sure the nurses get you a pass so you can get in after 11:00pm."

"Thank you! How long have you been a doctor?"

"About nine months," I replied. "I graduated from medical school at the end of May of last year. Doctor Lindsay has been a doctor for almost six years, and Doctor Anniston, the senior surgeon who leads the team, has been a doctor for more than twenty years. The pediatric surgeon who'll perform the surgery is Pete Barton, and he's been a doctor for fifteen years."

"And the younger man and woman are medical students?"

"Yes. Nick is in his final year and will graduate at the end of next month. Penny has just over a year to go. Nick will be a doctor in Chicago starting in June or July."

"Hi, Kenton!" Nurse Amy said, coming into the room. "I'm Amy, and I'll be taking care of you until surgery! Doctor Mike, I see you're back to your old antics!"

"Guilty as charged," I chuckled. "Mrs. Jones, the SweeTarts on the table are for Kenton once you and the nurses say it's OK. I reward brave young patients with their favorite candy."

She laughed, "I think we can see our way clear to allowing him to eat them as soon as the nurses say it's OK."

"Oh, sure, now *we're* the bad guys," Amy said mirthfully.

"Mrs. Jones, I'll come back in a bit," I said. "If you need anything or have any questions, press the call button or ask any of the nurses."

"Thank you, Doctor."

Penny and I left the room and met Nick, who was returning from the lab. The three of us went to the lounge, where we sat down.

"Sorry about the ED," I said to Penny. "The new ED Chief is a stickler for protocol, and the protocol is one medical student on a consult. Given the circumstances, I didn't feel I could ask for an exception."

"How did you know his favorite candy?" Penny asked.

"I'm just that good," I said with a grin.

Nick laughed, "I heard about that from Doctor Baxter in the ED - he carries the ten most popular candies in his fanny pack and has spares in his locker. They call him 'Kid Whisperer' because, for some reason, kids love him. And it's not bribery because he rewards good behavior after the fact."

"Talk to the kids," I said. "They understand way more than most adults give them credit for understanding. And treat them like the individuals they are, not as some kind of extension of their parents. Penny, you missed it, but when I examined Kenton, I explained each thing I was doing and why and developed trust. Now, if I tell him something, he's going to believe me. I explained the surgery to him in detail a young kid could grasp. You saw him -- he's calm and ready for his surgery."

"Most doctors don't do that, do they?" Nick asked.

"Not with kids. They talk to parents, and the kid is treated almost as an object. What I've found is that kids are much braver than adults if you talk to them and explain things to them. Remember that."

"Mike?" Kylie said from the door to the lounge. "Got a sec for a private conversation?"

"Yes," I replied.

We left the lounge, and the Residents' office was unoccupied, so we went there.

"This has to be quick because I'm on a fifteen-minute break," she said. "Medicine just pulled Antonio, so we're really shorthanded and worse, Ellie just informed Doctor Wernher that the nurses are going to enforce all provisions of their contract with regard to overtime and nurses from other services covering the ED.

"Fighting policy with policy," I replied. "I know about the notice provision for OT, which they almost always waive, but what's the other rule?"

"You know how, at times, we'll borrow an ICU or Medicine nurse when we're short-staffed, with supply nurses covering those services?"

"Sure, similar to how we Residents do it."

"Those all need to be approved by the Nurse Manager, who just happens to be Ellie's best-friends mom."

"And she'll turn down all requests?"

"No waivers of the requirement for emergency medicine certification or currency -- having worked at least one ED shift in the past six months."

"This is not going to end well," I replied. "Patients are going to suffer. What the heck was Cutter thinking?"

"I heard through the usual Residents' gossip chain that Wernher asked for a free hand when he was hired, and Cutter agreed, thinking that meant Wernher would get the lay of the land and propose changes. That changed on Friday morning when Wernher came to see Cutter and dropped his bomb."

"Wonderful. Now what?"

"No clue, but the rumor is you're the main bone of contention. Well, your role."

"Well," I said, "there's always Chicago."

"What?!"

"I bet you anything you care to wager, I could pick up that phone, call Doctor Albert Barton at University of Chicago Hospital, and have a Residency slot tomorrow. And one for Clarissa Saunders, too."

"Take me with you? Please?"

"It's an idle threat," I replied. "Yes, I *could* do that, but I'm not about to cut and run, not to mention everything else that keeps me here. That said, if a rumor were to spread that I *had* called Doctor Barton..."

Kylie smirked, "I know just who to drop that tidbit to, and it'll never be traced back to the source. Anyway, I need to get some juice, so I have to run, or I'll miss punching the time clock."

"Please tell me you're joking."

"I am, but I'm not, if you get my drift."

"Unreal. I take it nobody is supporting Wernher?"

"If they are, they're keeping it to themselves. Kellie is fit to be tied that a Navy man would be such an asshole."

"I can imagine. Just keep your head down."

"No kidding!"

We left the office, and I returned to the lounge while Kylie headed to the cafeteria. If what Kylie was saying was true -- and I had no doubt that it was -- things were going to become very ugly in the ED.

"Doctor Mike," Nick said, "Carol said you had a phone call while you were speaking to Doctor Baxter."

"Thanks."

I went to the nurses' station to get the message and saw it was from Gale Turner's attorney, and had a note that it was OK to call during the evening,

which I felt was the better option. Before I could walk away, the phone rang, and Carol signaled for me to wait.

"Stabbing victim needs a chest tube in Trauma 1," Carol said, replacing the phone.

And instead of me being in the ED with my medical student where I could act immediately, we'd lose two precious minutes.

"OK. I'll get Nick, and we'll head right down."

Just under two minutes later, Nick and I walked past a Sheriff's Deputy into Trauma 1, where Ghost and Paul Lincoln were working on a man who appeared to be in his mid-twenties and was dressed in an orange jail jumpsuit.

"Hi, Ghost. What do you have?"

"Ken Brooks, twenty-two; right-side penetrating trauma; collapsed left lung; BP 90/50; tachy at 110; PO<sub>2</sub> 92% on O<sub>2</sub> by mask. No defensive wounds."

"Chest tube tray to me," I said to Becky. "Nick, seal the wound with a defib pad, please."

I quickly performed the thoracotomy, inserted the chest tube, and connected the Thora-Seal. Once that was done, I listened to Mr. Brooks' breathing.

"Good bilateral breath sounds," I announced.

"PO<sub>2</sub> coming up," Erin said. "93%...95%...96%."

"I'll take him," I said. "Do we have any medical history?"



"No."

"How much blood have you given him?"

"Just one unit of plasma by the paramedics. Blood loss isn't significant."

"Shiv?" I inquired.

"That's what the Deputy said."

"OK. Nick, call upstairs and tell them we have a penetrating trauma that will need surgical repair. Vitals are stable, and blood loss is minimal. Then, call for an orderly. I'm going to talk to the Deputy."

I stepped out.

"Deputy..." I read his badge, "Cullen. Your prisoner needs surgery to repair the injury. We're going to take him upstairs shortly."

"He's not a risk," Deputy Cullen replied. "No cuffs, and I'll come with you and stand outside the OR."

His demeanor told me that there was more to this, as inmates were almost never left un-cuffed during transport. I wondered if he was some kind of undercover officer, given a recent report about drugs being smuggled into the jail.

"OK. We'll take him up in about ten minutes. I'm not sure if he'll go right into surgery or if he'll have to wait."

"No problem, Doc. He's not in any danger, right?"

"I re-inflated his lung, and it looks to be a simple repair. He hasn't lost much blood, which is a positive sign."

"Thanks, Doc."

I stepped back into the room, and Nick let me know that we'd have an OR in fifteen minutes. I consulted with Ghost, and we decided we'd keep the patient in the ED until the OR was free.

"How bad?" I asked quietly.

"Ugly," he replied. "Just keep your head down. That's what I'm doing. The nurses are about to stage an armed rebellion."

"Never, ever piss off the nurses," I said. "Ever."

"Mike is very, very wise," Becky said, having moved closer to us.

"I saw quite a few people in the waiting room when I walked by," I observed.

"It's taking four or five hours before we can see walk-ins because we're short two doctors on this shift and three overall."

"I tried to take a chart this morning, but Ellie refused because I wasn't on the ED rotation. Cutter will have to do something."

"At least three Board members back Wernher, believing we're 'out of control' and that the nurses and Residents push the Attendings around."

"Not true, but the picture does become clearer."

"I assume you heard about Gale Turner."

I nodded, "I went to see him. I looked him in the eye and bluntly asked. He says it's fabricated, and given other things I've heard from reliable sources and things I've observed, I think he's telling the truth. It's all about forcing the clinic to close."

"The damage done will be incalculable," Ghost observed.

"I know," I replied. "But I'm not sure what we can do about it without funding, and you know that's a very sore point with the County Board and the voters. There is no appetite for raising taxes even to fund basic services."

"We're nearly all conservative Democrats here," Ghost observed. "We want fiscal responsibility, but we also believe the government should be doing more to ensure a true safety net exists. The problem is property taxes are extremely regressive and sales taxes are as well. But there is no appetite for a county income tax."

"People will be dumping tea in the river and waving the Gadsden flag if anyone proposes that."

"Which means we're stuck relying on charitable contributions to fund family planning services."

The orderly arrived with the gurney, and the team in the room moved the patient to it. Nick and I escorted the patient to the surgical ward, with Deputy Cullen following behind us.



# XI. All We Can Do Is Hope for the Best

## April 2, 1990, McKinley and Circleville, Ohio

"Mike, do you have a minute?" Kellie Martin asked late on Monday afternoon.

"I give two minutes for you and your gallant nursing crew."

"If you're quoting Kahn from *Star Trek*, I think we're in bigger trouble than just the ED!"

"That was actually Kruge, played by Christopher Lloyd in *The Search for Spock*," I replied with a grin. "The same actor who was Doc Brown in *Back to the Future*."

"Oops!"

In order to have some privacy, we went to a consultation room rather than the lounge, though, as always, when I was with a female staff member, I made sure the door was open. I'd trust Kellie with my life, but the last thing either of us needed was rumors.

"What's up?"

"What exactly did *Rupert Wernher* say to you?"

"Between you and me, right?"

Kellie smirked, "I'd sleep with you before I'd violate your confidence."

"Good to know," I chuckled. "So, zero chance, then, because I'm married."

"Exactly."

"He kicked me out of the ED and said if I wanted ED shifts, I'd have to shave, cut my hair, and wear blue scrubs. He had the temerity to suggest I leave the surgical staff and become an ED Resident."

"You're joking!"

"Nope."

"When that Charlie Foxtrot of a former officer was in the Navy, they were allowed beards! That changed in '84 when the idiot CNO, Admiral Watkins, decided sailors had to be clean-shaven. The propaganda circulated was that it was about breathing apparatus seals, but he was clear in his statements to Congress it was about 'sharpening' appearances."

"The Cincinnati Reds," I said. "Charlie Foxtrot?"

Kellie smirked, "Military jargon for 'cluster fuck'! Only officers can swear in front of officers, so enlisted use things like 'Charlie Foxtrot' and 'Whisky Tango Foxtrot'. I bet you can work that one out for yourself."

"What The Fuck?" I suggested with a grin. "And SNAFU conforms to the pattern."

"Yes! Anyway, your beard and ponytail are religious, right?"

"Yes. Why are you asking about Wernher?"

"Gathering information for a grievance. I just wanted to know what was actually said, but the grievance will be about kicking qualified doctors out of the ED over

a turf war, leaving us shorthanded. And don't worry, this is coming from the nurses' union, not any doctors or other staff."

"Does he use military terms when he's giving orders?" I asked. "He told me to 'shut the hatch' when I followed him into his office."

"He talks like a Navy lifer on a combat ship, but it's an affectation, given he was a doctor who served on land. And I'm sure you saw his fighter pilot 'I love me' wall instead of the usual medical certifications and patient pictures."

"Come to think of it, I did see the pictures of him in his naval uniform and shaking hands with people I have to assume are politicians, but I didn't look closely because that wall was behind me when I was in his office."

"One is with Richard Nixon, two are of the two Mayor Daleys of Chicago, and another is Senator Everett Dirksen from Illinois. I'm not sure of the others because I only had a brief glimpse."

"Who *is* this guy?" I asked.

"I did some checking with my contacts, and he was a run-of-the-mill Navy doctor, then an average internist before switching to emergency medicine. Nobody in Chicago liked him. Scuttlebutt is that they gave him glowing reviews to get rid of him. Perry knows him from medical school, but Wernher wasn't chief then and Perry was never assigned to him. Wernher apparently tried for the Chief's role at University of Chicago Hospital but was turned down."

"I know the doctor who is Chief there, so I'd say Doctor Wernher had zero chance. And I'm guessing he has a chip on his shoulder."

"Yep. Rumor has it that three members of the Board pushed for him to be hired because he promised to be a hard ass and crack down on the ED staff."

"How's that playing in Peoria?" I asked.

"About as well as *Our American Cousin* on April 14, 1865 at Ford's Theatre in DC."

"Other than that, Mrs. Lincoln, how was the play?" I smirked.

"You're a goofball, Mike!"

"Takes one to know one. When is the grievance going to be filed?"

"Probably Wednesday. Just keep your head down because he's going to try to take it off if you stick it up."

"I didn't *do* anything," I protested.

"It's mostly not you, it's him pissing on everything to mark his territory. Well, much to his chagrin, none of us are into water sports!"

"Also good to know," I chuckled.

"I know this will never happen, but get a hall pass from your wife, and I'll wipe that smirk off your face!"

"Says the woman who has the same opinion of cheaters I have."

"Obviously, but I like being irreverent, and you're a good sidekick for that, and so is Doctor Saunders."

"We do come as a matched set!"

"I need to get back. Do your best to stay out of the blast radius."



"Count on it!"

We left the consultation room, and Kellie returned to the ED. I checked my watch and went straight to the scrub room as it was time for Kenton's surgery. I scrubbed in and went into the OR just as he was being brought in by Nick and Penny.

"Hi, Kenton," I said. "It's Doctor Mike. How are you feeling?"

"Like I want to go to sleep."

"Good. I'll see you when you wake up, OK?"

"Yes."

"Light's out, Bob," Doctor Anniston said to the anesthesiologist.

"Good to go," Bob Allen said about three minutes later.

"All yours, Pete," Doctor Anniston said. "Your Resident is busy, so Mike will assist, and I'll supervise him."

Kenton's surgery was routine, and when we finished, I had Nick carry the resected small bowel to the pathology lab for immediate analysis, then went with Penny to take Kenton to recovery. I wasn't too worried about the pathology report, as the tumor had been completely contained in the intestine, though if it was malignant, Kenton would very likely have to undergo chemotherapy, though protocols were changing with regard to completely excised tumors, and not being an oncology specialist, I didn't keep up with the latest developments.

Just before 5:00pm, we had the results, and they were benign, which Pete Barton reported to Kenton's parents. I left the hospital and headed home, happy to be away from the unfolding confrontation. I realized that for the first time, I was happy to be away from the hospital, not because I was tired, but because I didn't want to be there. That bothered me tremendously, and it was something I'd discuss with Father Roman when I saw him.

When I arrived home, Kris and Rachel greeted me with hugs, and I confirmed it was OK to call Doctor Turner's attorney. Kris was accepting of the request, so I went to my study, with Rachel tagging along.

"Papa has to make a phone call," I said. "You can stay if you're very quiet."

My daughter made a perfect impression of her biological mom, giving me a look and putting her hands on her hips.

"I want to cuddle!" she said.

"And we can, so long as you're quiet. Otherwise, it will have to wait."

I sat down, and she scurried over and climbed into my lap. I picked up the phone and dialed the number for Walter Burch. He answered on the second ring.

"This is Doctor Mike Loucks calling," I said. "I understand you're representing Gale Turner?"

"That's correct, Doctor. Thank you for returning my call."

"How is Gale doing?"

"OK, given the circumstances. He's home with his wife and children."

"That's a good thing, for sure. How can I help?"

"First, how long have you known Doctor Turner?"

"A little over three years. I first met him in February of 1987 during a clinical rotation as a medical student."

"When did you become a doctor?"

"About ten months ago -- May 25, 1989."

"Have you worked with Doctor Turner as a physician?"

"Yes. I was assigned to one shift a week at the Free Clinic until the shootings at the hospital required my schedule to change."

"As an aside - were you there?"

"Yes. I was in the trauma room where Deputy Sommers was shot. I worked on her, but it was hopeless."

"At the clinic, did you ever see the treatment protocols violated or circumvented? I mean, any?"

"Never. Gale and Trina Carlstyle were both sticklers for always following protocol. That included a minor case where either Trina or I could have done the procedure, but because it called for a scalpel, she called Gale to do it. I treated several hundred patients over the years as a student and Intern, and never once was I alone with a female patient, and very rarely with a male patient."

"Were you aware of any complaints of any kind made at the clinic? Not just against Doctor Turner?"

"I had a few cases where the patient complained about reporting an active sexually transmitted disease to the County Health Department, but that was it. I did hear, long after the fact, that complaints had been lodged against Nurse Abby Norman, but she left the Free Clinic before I started."

"When did you hear about those?"

"From Detectives Tremaine and Kleist when they interviewed me. My friend, Doctor Clarissa Saunders, dated Abby for a time, and they were on a trip to Europe with my first wife and me and another couple. On that trip, I saw nothing that would indicate Abby was in any way inappropriate."

"Are you divorced, Doctor?"

"No. My wife died immediately after giving birth to our daughter just under three years ago."

"My condolences. I was asking because anything you might have said to her at the time it happened could corroborate your statements."

"I remarried, but one thing was as true with Elizaveta as is true with Kris, I keep my professional life separate from my private life as best I can. I suspect you do the same."

"I do. What do you know about the protestors outside the clinic?"

"Not much. That began after my assignment changed in February. Do you know anything about them? Gale suggested it's a setup."

"We can't find any specific ties to any church or organization, but the private investigator we hired has found individuals from the local Catholic church and at least two Protestant churches."

"Faith Bible is one of them, right?"

"I thought you didn't know anything about the protestors?"

"I don't. It was a logical conclusion based on my past interactions with them."

"Do you know either Father Walter Clifton or Pastor James McDougal?"

"I know Father Clifton, and I know Pastor McDougal by name. I can't imagine Father Clifton condoning perjury. I can't speak to the virtue of James McDougal given the interactions I've had with his congregation over the years."

"Are there any other doctors you can refer me to besides Doctor Saunders?"

"Paul Lincoln, Kylie Baxter, and Naveen Varma all had shifts in the past year. They're all assigned to the Emergency Department at Taft and had shifts at the Free Clinic the same as I did."

"OK. I'll reach out to them. I assume you'll testify on behalf of Gale Turner?"

"Absolutely. As will Doctor Saunders. And we'll both appear before the Medical Review Board, if necessary."

"Excellent. I'll be in touch. Thank you."

"You're welcome."

We said 'goodbye', and I ended the call.

"You were a very good girl, Rachel," I said.

"«Je t'aime papa!»" she giggled.

"On second thought," I chuckled.

I got up and carried Rachel with me to the kitchen.

"How did the call go?" Kris asked.

"Fine, I guess. The attorney was just gathering preliminary information."

*Beep! Beep! Beep!*

I looked at my pager.

"Eight 1s," I said. "That's a Level I Disaster Protocol. I have to go to the hospital."

"NO!" Rachel protested. "Papa cuddle and play guitar!"

"Sorry, young lady, but sick people need me."

I put my unhappy toddler on a chair, kissed her forehead, then kissed Kris.

"I'll call when I know something," I said. "Don't wait for me for dinner."

"OK," Kris agreed.

I grabbed my medical coat and bag, hurried from the house, got into my Mustang, and headed to the hospital, arriving about twelve minutes later. The first thing I noticed was that there were no cruisers in the parking lot and no

EMS squads in the ambulance bay. I found that very odd, given the first patients from a mass casualty incident should have arrived.

I parked, put on my medical coat, locked my car, and hurried into the ED via the waiting room. There were roughly a dozen people waiting, but no law enforcement and no medical students performing triage. Patty buzzed me through to the ED, and I saw several other Residents from the ED and Internal Medicine, along with Vince Taylor, a fellow surgeon, though he was PGY3.

Scanning, I saw Dutch Wernher with a stopwatch and a clipboard and suppressed a groan because I was positive this was a drill. I walked over to where Clarissa was standing with Antonio Gómez and Kylie Baxter.

"Drill?" I asked quietly.

"Yes," Kylie replied.

"Are patients being seen?"

"Slowly. We were short two physicians today, which I'm sure you know."

"Yep. Any idea how long this will take?"

"No clue."

About twenty-five minutes after I'd been paged and ten minutes after I'd walked into the ED, Doctor Wernher asked for everyone's attention.

"This was an assembly drill designed to test the notification system and gauge response times. I recorded when each of you arrived, as well as whether you followed protocol in wearing your medical coats and IDs. We'll conduct regular

drills at random times, and future drills may include simulated patients. That is all. You're dismissed."

There was general grumbling and complaining, but I kept my mouth shut and went to the consultation room to let Kris know I was on my way home. She said she'd have dinner waiting. I thanked her, ended the call, and left the building.

"He sure has a way of endearing himself to the team," Becky, who had followed me out, observed.

"I know these are necessary for a Level I Trauma Center," I said, "but you would think he'd get the lay of the land and not call a drill on his first day. But it fits the other changes."

"He's trying to be a hard ass, and he's succeeding, but he's also about to have a nurses' strike."

"What's the process?"

"A grievance which will be presented tomorrow, hopefully first thing. The hospital has forty-eight hours to respond. If the response is not sufficient, a notice of intent to strike will be filed. Then a vote of the members authorizes the strike, and the strike can commence fourteen days after the official notice was filed."

"What are you asking for?"

"Flexible breaks, which we always had; access to the lounge, which we always had; and a full complement of doctors, nurses, and medical students at all times. Our contract expires on June 30, so this will feed right into that."

"Will it come to a strike?"



"It all depends on how much backing Wernher has on the Hospital Board."

"Would it be all nurses or just the ED?"

"All. There's a master contract, though each service is covered by slightly different conditions to accommodate differences between, say, surgery and the ED. The ICU nurses will be given a waiver to work, and there will be one team of nurses available for critical emergency surgery. Otherwise, we all walk."

"That will basically close the hospital."

"The negotiations for our new contract haven't been going well, and this gives us a chance to force their hand because Roth, Baker, and Getty have already complained to Cutter about Wernher. I think Cutter was purposefully misled."

"To what end?"

"The Hospital Board is under extreme pressure from new County Board members to bring costs down significantly. They'll replace the Hospital Board members with members of their liking when terms expire. The new County Board members freaked out at the revised operating cost numbers for the new ED and new surgical wing. The capital costs are funded with bonds and charitable donations, so those are set, but taxes have to be raised to fund operations, or costs have to be cut. And you know where they're going to cut, right?"

"Nursing," I said with a sigh.

"Exactly. One of the things they're trying to take away in the contract is subsidized meals in the cafeteria for nurses. They're already taking it away from medical students as of June 1st."

"Oh, that's freaking brilliant! Most med students are already paupers! And nurses are underpaid!"

"Amen! Preach it, Brother Mike!"

I laughed, "If anyone ever said that in my church, I think the building would collapse!"

"I was raised Baptist, but I got better!"

I laughed again, "I can't disagree with that statement! I need to get back home."

"Me, too!"

We each got into our cars and headed to our respective homes. Rachel greeted me at the door, and I scooped her up.

"Sorry, Rachel," I said. "Papa is home now."

"Did you fix everyone?"

I debated explaining things to Rachel and thought better of it.

"Everyone that needed my help!"

"Papa is the best doctor!"

"Your chief fan!" Kris said, coming over to me for a kiss. "Dinner is on the table."

After we ate and cleaned up, the three of us went to the great room, and I played my guitar for Rachel, playing mostly her favorite songs. When we finished, we

said family prayers together, and I put Rachel to bed. Once my daughter was safely tucked in, I went back downstairs to be with Kris.

"Have you had a practice drill before?" Kris asked.

"This was the first," I replied. "I was just surprised Doctor Wernher called one on his first day, but he does things very differently. I spoke to Becky afterwards, and she says the nurses are filing a grievance against him over the changes, and they're considering a strike because the County is not offering proper terms for a new contract to take effect July 1st. The County Board is insisting on cost savings, and it's falling on the nurses, of course."

"Outrageous!" Kris declared. "I read about that in the paper with hospitals in New York City and other places. Nurses are terribly underpaid compared to doctors!"

"For Attendings, I'll agree with you, but Residents are not exactly paid princely salaries. We're fortunate here that our salaries are appropriate for the cost of living. That's not true in big cities like New York, Chicago, and Los Angeles. Sophia and Robby are going to have trouble in the Bay Area until he's working."

"We need a national healthcare plan funded by income taxes, with standardized pay based on cost of living!"

"Good luck selling that to the American public!" I declared. "Medicare and Medicaid are bureaucratic nightmares that often interfere with patient care."

"The error -- and it is not just in the US -- is funding *insurance* when what should be funded is healthcare. Eliminate all the bureaucracy!"

"Trotsky and Jefferson would be proud," I said, "but that still won't solve the problem because someone will have to ration care to ensure costs are kept in line

with tax collection. How do you control, for example, elective surgery? Can everyone have any procedure at any time? I'll give you a hint -- the answer is we couldn't collect enough taxes to do that. There would have to be *some* limits."

"But our taxes here are so low, and Reagan cut them dramatically."

"I read a statistic that the percentage of GDP collected by the government is relatively stable no matter what the highest marginal tax rate might be, because most taxes are collected from the middle class, as we've discussed.

"But the point is, Americans are not going to agree to massive tax increases on the middle class. That's why even our left isn't trying for nationalized healthcare. The typical proposal is 'single-payer', which is an insurance program similar to Medicare, and even that won't fly with the public.

"And, back to your comment about bureaucracy, you're just replacing one unaccountable bureaucracy with another."

"So, what then?" Kris asked. "Do nothing?"

"A system where major medical insurance is subsidized by the government with premiums based on income, including complete subsidies for the poor. For everything else, healthcare accounts to which the government and employers contribute. I'm sure there are flaws in that system, but I haven't spent a lot of time thinking about it. I have other concerns."

"The situation at the hospital?"

"Yes, and my wife and daughter; soon to be two daughters."

"Will you be OK with all girls if that happens? With no boy to carry on the family name?"

"If I were going to try to carry on a family name, it would be Borodin, not Loucks. You know I identify with that side of my family far more than my dad's side. And you know from our discussion of Rachel's name that it wasn't important. Nor was it important to me for you to change your name."

"What's going to happen with you and the Emergency Department?"

"In the long term, Dutch Wernher *has* to lose because Level I Trauma Centers have to have a qualified trauma surgeon in the ED at all times. And there is literally no way that Cutter or Roth are going to agree to have surgeons report to the ED Chief because surgeons always supervise surgeons. That's why the Medical Director is always a former surgeon. Could that change? Maybe, but it would create problems with training and with liability insurance. Imagine a new Resident surgeon being supervised by someone without any surgical training and having something go wrong."

"So what is all of this then?"

"Posturing. I strongly suspect he thinks he can win in the long run, and has designs on being Medical Director. It's improbable, but maybe his strategy is to endear himself to the Hospital Board and County Board by 'cracking down' and cutting costs through efficiency. The problem still lies with the tradition that surgeons supervise surgeons, and the Medical Director supervises everyone."

"Is that a law?"

"No, simply tradition, so far as I can tell. I'm absolutely positive there are medical directors out there who are not surgeons, I just don't know of any specific examples. All I'm doing now is keeping my head down and making sure I follow protocols in the ED to the letter. That actually interferes with training my students, but I was expressly told not to get into it with Doctor Wernher."

Fundamentally, I can't win on my own, so I have to let the Chiefs fight. It's like bishops fighting -- it's best to stay out of the blast radius until they settle it amongst themselves."

Kris laughed, "You're too funny! Think I could get a back rub?"

"You could."

"And gentle lovemaking after?"

"Whatever you need."

"I love you, Mike."

"I love you, Kris. Shall we go up to bed?"

"Yes."



## **April 3, 1990, McKinley, Ohio**

"I take it you heard?" Clarissa said when we met for coffee on Tuesday morning.

"Heard?"

"The Free Clinic is closing on Friday. The Kelsey Foundation pulled the funding."

"Fuck," I growled. "In addition to people losing access to healthcare, Trina, four nurses, and the receptionist all lose their jobs."

"That was the only clinic in the entire county that offered family planning services," Clarissa said. "It's Columbus, Rutherford, or Washington Courthouse now."

"I think I read that the one in Washington Courthouse closed last year because they lost their funding."

"I bet those picketers are happy."

"And I strongly suspect the charges against Gale Turner will be dropped," I said.

"Which will make it obvious it's a setup."

"Yes, and we'll know for sure when they offer Gale a sweetheart plea bargain. Mark my words, sometime in the next week, the Prosecutor will offer a single charge of misdemeanor battery or something like that with no jail time and six months probation.

"That is SO transparent!"

"Sure, the other option is to somehow coöpt the grand jury to return 'no bill', and then the County Prosecutor cries to the Press about how Gale Turner got away with it because the Grand Jury blew it. That would be best for Gale because 'no bill' means he can argue with the Medical Review Board that he didn't do it. A plea bargain could be a real problem."

"What if they offered expungement as part of the deal?"

"He'd still be admitting to inappropriately touching a patient, and you can be sure someone will file a complaint, or the Board could act on their own based on the conviction. That said, misdemeanors are not automatic suspensions or

revocations the way felonies can be. If I'm Walter Burch, I'd tell the prosecutor to pound sand."

"You don't think the girls will perjure themselves?"

"Getting on the stand and lying is not the same as making an accusation to the cops, and if even one of them recants, it's all over. And with four, you *know* there was a conspiracy, and those almost always break down because somebody rats or folds. Remember, they won because they forced the clinic to close. You know what comes next?"

"Protesting the hospital because we offer medically necessary abortions, and the standard is fairly vague."

"Because it has to be. I mean, an ectopic is a slam-dunk. An abortion before chemo or radiation therapy? You know the argument there."

"A stupid one, but a lot of people buy it," Clarissa said.

"Which is why the Orthodox Church leaves it to the mother to choose when one or the other, or both, would die without an abortion. Motherhood may be compared to martyrdom, but not literally!"

"You mean figuratively giving up your life to care for your children properly?"

"Yes. It's an expression of «agápē» love, similar to the idea of a husband loving his wife as Christ loved the church and giving himself up for her."

"I should know better, but I'm constantly amazed at your practical responses to very difficult questions, including abortion."



"As I've said, two thousand years of wisdom is valuable. Have you heard anything about last night?"

"Just general grumbling. I know it's required to be certified Level I, but we're still over a year away."

"That time is going to go fast. I wouldn't do it the way Wernher did, but it will have to happen."

"Did you hear anything?"

"For your ears only, the nurses' grievance will be filed today, and in forty-eight hours, a notice of intention to strike. It's bound up in their contract negotiations, which haven't been going well."

"Somebody needs to clue in the morons who run this county and this hospital that without nurses, the hospital can't function. And not just some nurses, a full complement."

"You're preaching to the choir!"

"I need to get back to work. Lunch?"

"Unless I have a consult."

I left the cafeteria and headed back to the surgical ward.

"Doctor Lindsay would like to see you, Mike," Carol said when I checked in at the nurses' station. "She's in the Residents' office."

"Thanks, Carol."

I went to the Residents' office, and Shelly waved me in, indicating I should shut the door.

"What's up?" I asked as I sat down across from her.

"Please tell me there is no truth to the rumor."

"What rumor?" I asked.

"Please don't play coy with me."

"Seriously. What rumor?"

"That you and Clarissa are negotiating with University of Chicago Hospital to transfer in June."

"Neither admitting nor denying the rumor, would you blame me given the attempt to destroy my Residency program?"

"Mike, please, please, please, do not act impulsively or do anything rash. Let Owen, Getty, and Baker fix this, please."

"And if they can't?" I asked. "Then what?"

Shelly sighed, "So it's true, then?"

"True or not, it wouldn't be rash or impulsive. If Wernher wins, my options are an emergency medicine Residency working for a doctor who is completely at odds with how I want to practice medicine or a pure surgical Residency, something I expressly chose not to do and am sure is not for me. Owen agrees."

"Is this posturing, or is this real?"

"In my shoes, wouldn't you consider all your options?"

"I would," Shelly admitted. "Please do not act precipitously."

"You know me better than that."

"Which is what has me concerned. *Russians don't take a dump, Son, without a plan.*"

I laughed at the *Red October* quote.

"That was a good line, and Admiral Painter wasn't wrong."

"Give us some time, Mike. Please. This is Shelly asking."

"I will take it under advisement."

Shelly sighed and nodded at the door. I got up, walked out, and headed to the lounge to wait to be called for a consult in the ED. Kylie had clearly 'leaked' the information to someone who had spread it, and I strongly suspected that would cause further grief for Dutch Wernher. If it didn't, then I might actually need to make the phone call.

A move like that would totally disrupt my life, along with that of my family, but I didn't see any alternatives if my Residency program was effectively dismantled. I wasn't sure how Kris would respond to that proposition, but I had no need to raise it with her at the moment. The best possible outcome would be that the revolt against Dutch Wernher led to a more rational approach to running the ED.

It wasn't that I would object to efficiency improvements if they improved patient care or at least didn't harm it. To me, the lounge restrictions were silly, and I didn't see how that improved efficiency or improved patient care, and it certainly

didn't help morale, either of doctors or nurses. I could also argue that denying medical students access to the lounge did interfere with medical training, as I often used the lounges as impromptu classrooms.

The nursing staff changes simply couldn't work. While pretty much any other service except surgery could use scheduled breaks, that was impossible in a busy emergency department unless you overstaffed, and nurses switched in the middle of traumas for their breaks. Neither of those made sense, either for finances or for patient care.

For my own situation, I considered if I was being selfish, and while that accusation might be laid at my feet, I had a contract which specified a specific training program. There were ways for those contracts to be canceled, but none of them applied, at least so far as I understood, because poor performance was a component of most of them. A program *could* be terminated, but that required approval from NRMP or a court order, neither of which were likely given the hospital wasn't in severe financial distress or under review for subpar patient care.

As I sat thinking, I recalled that I was scheduled to attend a trauma conference in Indianapolis the weekend of May 18-20, and I wondered if that was still on. I got up and used the phone to call the ED and see if Ghost was available. He was and could take a break, so he came up to surgery, and we went to the consultation room for privacy.

"Do you realize how stupid it is that you have to come up here?" I asked when we were in the consultation room with the door shut.

"Oh, I know, and I fear it's going to be even more stupid before it gets better. I have to ask you, and I will not repeat your answer to anyone -- are the rumors true?"

"That I called Doctor Barton to arrange to transfer my Residency? No. That I will use that as a last-resort option? Yes. I'm OK with the rumor spreading, though."

"Did you start it?"

"I didn't object to it starting. Have you heard anything about the trauma conference we're supposed to attend in May?"

"No, because I don't think Wernher has got that far yet. It's paid for, and we're past the point where they'll refund the money. There's no problem with Roth, right?"

"He signed off and hasn't said anything," I replied. "If he and the other Chiefs are successful, we'll be back to *status quo ante*. I don't plan to say anything, but I wondered if Wernher had."

"As I said, not yet, but I suspect only because so far he hasn't stumbled across it. I'll let you know. I assume you know the nurses filed a formal grievance this morning."

"I expected that. I heard the contract negotiations aren't going well, and Wernher took away benefits they've always had. Not a good move on his part."

"It'll all depend on what's in their contract. You can bet that will be in the new contract because otherwise, it might spread."

"What's your take on the lounge and the scheduled breaks?"

"The scheduled breaks *could* work for any other service. Not for the ED. I mean, is a nurse going to walk out of a trauma because it's her break?"

"Surgery, too. It's not predictable like nursing in a ward. Has someone pointed that out to Wernher?"

"Ellie did yesterday morning. He told her it's *her* problem to solve."

"Bull!" I protested.

"Yeah, I'm with you on that one. It *can't* work. As for the lounge, that was just petty. Do the nurses sometimes sit in there? Yes. Same with med students. Are they slacking? Never! But being able to relax between traumas is important."

"It's also used as an impromptu classroom -- we all talk to med students in there."

"That's a really good point. His hospital didn't do Preceptorships, and I get the impression that he's of the Old School where even Fourth Years mostly do scut."

"Wonderful. He's setting back ten years of progress."

"I need to get back; just keep your head down. If anyone asks about you and Chicago, I'll give my usual response about not listening to hospital gossip."

"Thanks."

Ghost left, and I returned to the lounge. It was a quiet morning, and I had lunch with Clarissa, Shelly, and Sophia. The afternoon was a little busier, but I only had two consults, neither of which required emergency surgery. At 5:00pm, I headed home for a quiet evening with Kris and Rachel.



## April 5, 1990, Circleville, Ohio

On Thursday, Jocelyn, Gene, and Timothy joined us for dinner, as did Clarissa and Tessa.

"How are things at the law firm, Jos?" I asked when we sat down to eat.

"Lawyer scut is research, motions, and briefs. In July, I'll be allowed to have a few of my own clients, though I'll be supervised by a partner, similar to your situation. How is the hospital?"

"Don't ask," I sighed. "This has been the week from Hell. The new Chief of Emergency Medicine is a hard ass who is upsetting the apple cart, and he appears to have some backing on the Board."

"How does that affect you?" Gene asked.

"He basically kicked me out of the ED. I sit in the surgical lounge and wait for consult calls, and it's been a relatively slow week."

"Can he do that?" Jocelyn asked.

"He thinks he can, and he took me off the rotation. The other main service Chiefs -- Surgery, Cardiology, and Internal Medicine all agree he's doing it wrong, but so far, he's being allowed to do it. The nurses are in open revolt, and at 5:00pm today, they served notice of a strike due to a material change in working conditions. Their contract expires at the end of June, and negotiations haven't been going well, so they're itching for a fight."

"What changed, if you can share?"

"He banned them from the lounge, along with med students, and also implemented scheduled breaks with are impossible in the ED. When the Charge Nurse objected on those grounds, he told her it was her problem to solve."

"Who is this moron?" Jocelyn asked.

"Ex-Navy, via Rush-Presbyterian in Chicago. Perry knows him from when he was a med student, but that was seven years ago, and Wernher wasn't Chief then. Word is that he tried for the Chief's role at University of Chicago Hospital and didn't get it."

"He was up against Doctor Barton?" Clarissa asked.

"Yes. No contest."

"So what's going to happen?" Gene asked.

"All we can do is wait and see and hope for the best."



## XII. Then I Think You Know the Way Forward

**April 6, 1990, McKinley, Ohio**

"Would you do something for us?" Kellie Martin asked late on Friday morning.

"What's that?"

"Go to Personnel and fill out a religious accommodation request for your beard and ponytail."

"I don't need one," I said.

"You would if you wanted to accept Wernher's offer of an emergency medicine Residency. All you have to do is say you're considering it, but he said you had to shave and cut your hair, and you can't do that."

"I'm going to guess that will help the nurses in some way?"

"It'll make his unofficial policy public and put him on the back foot. It'll be one more thing he changed unilaterally, which is the main complaint the nurses have. The policy manuals simply say our appearances need to be 'professional' and 'neat', which has always been interpreted as properly groomed; no political or offensive slogans on clothing or buttons; no revealing clothing; and proper hygiene. I don't see any downside, and neither does Becky because he made the offer. All you're doing is asking for an appropriate accommodation."

"That actually makes sense, though I'm concerned Owen Roth or Shelly Lindsay will hear about it and think I'm actually considering it."

"Doesn't that work in your favor? They don't want to lose you, and it would wreck the entire 'trauma surgery' plan. Combine that with the rumor that you and Clarissa Saunders are leaving for Chicago, and you'll light a fire under Baker and Roth, not to mention the Attendings in the ED."

"I'll go see Personnel -- well, I read the memo that it's 'Human Resources' now -- right away."

Kellie left, and I walked down the long corridor to the Administration wing and went into the Human Resources office, which didn't appear to have changed in any way except its name.

"Good morning, Doctor!" a very pretty young woman said. "I'm Cassidy. How may I help you?"

"Good morning, Cassidy. I need to request a religious accommodation for my beard and ponytail."

"There are no hospital policies against either, except that you have to keep them neat, so no accommodation is necessary."

"The new ED Chief, Doctor Wernher, expressly said that he requires his male doctors to be clean-shaven and to have their hair cut short. Because of changes, I'm considering his offer to switch to a pure emergency medicine Residency."

"Doctor Wernher can't make that rule."

"Well, then someone needs to explain it to him because he was adamant, and he's instructed all the ED Residents and Attendings to shave and get haircuts."

"One moment, please. Let me speak to Mrs. Cartwright."

She walked away from the counter and down a short hallway. About two minutes later, Mrs. Cartwright, the Personnel Director -- now the Human Resources Director -- came to the counter.

"Hi, Doctor Mike. Cassidy explained the situation. You do not need any accommodation. Doctor Wernher is new, so he may not be aware of our policy. No other Chief has said anything, have they?"

"No."

"Good. Then I'm sure it's a simple misunderstanding. I'll take care of it and let you know."

"Thank you. I appreciate it."

"Any time! If you need anything, please call Cassidy, and we'll take care of you!"

"Thanks again."

"Have a good day, Doctor."

"You, too."

I left the Human Resources office and returned to the surgical lounge. I found myself in a strange situation, wishing for a severe trauma that needed my attention. It seemed so wrong, but truth be told, I was bored out of my mind and had to seriously consider my options.

I was paged just before lunch and was perversely happy that a patient needed a chest tube and then emergency surgery to repair a punctured lung. I was permitted to scrub in and assist, and we finished just in time for the M & M

Conference. I'd been dreading it because it was a formal review of the events of February 20th and our patient care in the face of a violent attack.

I joined Clarissa, Shelly, Kylie, and Sophia and sat towards the back of the packed room. I was surprised to see Loretta brought into the auditorium in a wheelchair by Bobby and got up to greet her with a light hug before returning to my seat between Shelly and Clarissa.

Doctor Cutter took the podium, and after a brief intro, Bobby wheeled Loretta next to the podium and handed her the microphone. She recounted the basic events, and the response, including the armed security guards, and then asked for comments from the gathered doctors, nurses, and medical students.

As expected, there were several objections to having armed security, even off-duty police officers, in the ED. I shook my head when Dutch Wernher stood up to speak. He hadn't been in the ED that day, and he hadn't lived in the area a week and hardly knew anyone in the hospital except by name. He certainly had a *right* to speak, but a wise man would have kept his mouth shut and listened before addressing people he barely knew in a hospital he barely knew in a community he barely knew.

"I'm sure," he began, "that many of you don't lock your cars or lock your doors at home because you believe your community is safe, despite a gun battle in the ED and at least one previous incident where a doctor foolishly attempted to disarm a patient, and was fortunately rescued by an attentive Sheriff's Deputy."

"THAT IS NOT WHAT HAPPENED!" Ghost said vehemently, springing to his feet. "You weren't there, and you are mischaracterizing the events. Contrary to your claims, the Sheriff's Department wanted to award a commendation to that doctor for *preventing* a patient from drawing a firearm by using a wrist lock."

"Doctor Casper," Doctor Cutter said. "Thank you, but please wait your turn to speak."

Ghost shook his head, "Not when an interloper with zero experience here and zero knowledge makes false statements."

There was applause, most especially from the nurses.

"Your input is noted. Please have a seat, and you'll have a turn."

"As I was saying..." Doctor Wernher started.

"Sit down!" a gruff voice called out, likely Tim Baker, but I wasn't sure.

"Yes! Sit down!" Becky demanded.

Suddenly, there was a clamor from numerous voices, male and female, all saying, 'Sit down!'. I simply kept my mouth shut, as did Clarissa, Shelly, and Sophia, as there was plenty of support. I hit on a course of action that would absolutely put Wernher in his place, all the while not saying anything he could point to as insubordinate. I stood.

"Fellow doctors and nurses," I said, standing up. "Please."

The room quieted.

"Doctor Wernher is entitled to his opinion, and we should at least politely hear him out. When he's spoken, I'm sure plenty of you will respond politely and one at a time. I certainly will. Doctor Wernher?"

I sat down, and Shelly leaned over,

"Nicely played," she whispered.

"Slick," Clarissa whispered.

"Thank you, Doctor Loucks," he said.

"Dutch, he goes by Doctor Mike," Doctor Cutter corrected. "Please use the name he prefers."

"Zing!" Clarissa whispered.

"My apologies, Doctor Mike. As I was saying, my experience in Chicago is such that I understand the need to provide medical care in a safe, efficient manner. The current ED is not configured for safety, though in looking at the plans for the new ED, I see the ambulance bay doors are properly configured to require badges.

"Armed security is standard in Chicago emergency departments and does not interfere in any way with patient care. It's private security, unlike here, where it's provided by off-duty law enforcement officers. Please do not dismiss patient and staff safety so lightly. Other changes should be adopted, including badges with photos that are color-coded by role and badge access for every door."

He sat down, and I immediately stood up.

"First, I want to welcome Doctor Wernher to his first M & M at Moore Memorial in his first week as Chief of Emergency Medicine. I do agree with his proposal for photo IDs color-coded by role, but beyond that, the events of February 20th were an anomaly in our community.

"Cook County Hospital, according to doctors who have served there, sees more gunshot wounds most *days* than we see in a month. University of Chicago

Hospital, where I know the Chief, has fewer than Cook County, but still an order of magnitude more than we have. We don't have a gang problem, and our drug problems are limited, though growing.

"What that means is that we do have to take security seriously, but it has to be in proportion to the actual threat. And, to be honest, armed citizens are the norm here in Hayes County, unlike Chicago, where handguns are largely banned, even for self-defense at home.

"If you walk into the parking lot, you'll see pickups with gun racks owned by Attending physicians, senior nurses, and just about any other role you can imagine here at Moore Memorial. Take a ride over to Hayes County High, and you'll see the same thing. We, as physicians, need to respect our community, and if we want to bring about change, we need to educate the public on the risks associated with handguns, which in our community is mainly suicide, not homicide.

"So, yes, some response is in order, but a proportional one, not a disproportional one. I say this as a physician who saw a friend, Deputy Tracey Sommers, killed in cold blood before my eyes and who supported two of my colleagues who I count among my best friends, who were shot by the same assailant.

"Even having experienced that, armed security on the premises at all times is too much. The McKinley PD and the Hayes County Sheriff have committed to sending officers into the ED in response to incidents like the one that precipitated the events of the 20th. That, in my mind, is the proper proportional response."

I sat down, and the room erupted in cheers and applause.

"You skewered him good," Shelly whispered. "And he can't say a word about it!"

"Nice move, Petrovich," Clarissa whispered as Kayla Billings stood to speak. "First M & M; first week. You called him a «мудак» (*mudak*) without calling him a «мудак» (*mudak*)!" ("Asshole")

I nodded and listened to Kayla, who agreed with the ID proposal but rejected *all* armed security, including police, in the hospital. I knew that would never fly because none of the officers would willingly surrender their firearms to enter the ED, and the Police Chief and Sheriff would never agree.

Several others spoke, with Shelly going last, reinforcing my point, though she objected to badged access to the ED for medical staff coming for consults. I understood her point, but unless we redesigned the hospital completely, there was no way to allow medical staff badgeless entry if access controls were in place. We could achieve what she wanted with no controls on interior entrances but with them on the ambulance bay and the waiting room. I suspected that would be the end result.

Once Shelly had finished, Doctor Cutter reminded everyone that Psych was available to help with any aftereffects of the shooting incident, then dismissed everyone. Kellie Martin came over to me and pulled me aside.

"In the military, we would say 'Sir' with a certain tone of voice that conveyed we thought the officer was a total asshole but in a way that couldn't land us at Captain's Mast or given NJP! You did the same thing here!"

"NJP?"

"Non-judicial punishment. It's a form of discipline short of a Court Martial, with the benefit of not being a criminal conviction. Punishments basically range from a reprimand to thirty days in the brig. A sailor or Marine could refuse, and then the officer has to decide whether or not to convene a Court Martial."



"Ever get called to Captain's Mast?" I asked.

Kellie laughed, "Once. I may have mooned a bunch of recruits one day when I was on a speedboat while off duty."

"May have?" I asked.

"May have. That's my story, and I'm sticking to it!"

"Reprimand?"

"Yes, and the Commander who held Mast was doing his best not to laugh the entire time. Nothing went into my service record."

"What was the charge?"

"Conduct unbecoming. Officers are not supposed to act «некультурный» (*nekulturny*)!" she smirked. ("Uncultured")

I laughed, "Nice. I take it you learned that word from Clarissa?"

"No, actually, from a Russian defector who addressed a seminar I attended during Medical OCS -- Medical Officer Candidate School. I need to get back. But nicely done with Wernher."

"Thanks."

"Before I go, did you ask for your accommodation?"

"Yes, but no such thing exists because my beard and ponytail aren't against any policy. Mrs. Cartwright was going to explain that to Doctor Wernher."

"Which is exactly what I wanted to happen. He's now on record as trying to change the rules for nurses *and* doctors without the authority to do so."

"You are a subversive, Miss Martin!"

"Takes one to know one, Mr. Loucks!"

She winked and walked away, heading towards the ED, while I caught up with Shelly on the way back to the surgical ward.

"You buried him," she said.

"Thanks to the setup from Ghost," I replied. "And I'm sure Ghost will understand."

"Everyone in that auditorium who knows you understood exactly what you were doing. And it was perfect."

"Thanks."

"You and Kellie Martin seem to be close," Shelly said with a hint of innuendo in her voice.

"Not that way," I said. "We hit it off, sure, but neither of us is a cheater, as you and I discussed. She's very unhappy that an ex-Navy man is acting like a complete jerk."

"What was the Russian word Clarissa whispered to you."

"«мудак» (*mudak*). It means a-hole."

"He's either going to get his poop in one group quickly or be out on his butt."

"I wouldn't count on that," I said. "He has support from the Hospital Board of Directors and indirectly from several County Supervisors. The best approach, in my mind, is the one I took in the M & M -- find the common ground, act on it, and push back politely but firmly on the BS.

"The nurses chose flamethrowers; I chose rhetoric. Their way causes too much collateral damage, but I get it, given the County is being stingy with regard to paying them. I get that money is tight, but they can't take it out on the nurses without harming patient care. You and I both know we can make do missing doctors; what happens when we're missing nurses?"

"Nothing good."

"And losing candy strippers doesn't help, either," I observed.

"I did hear that the High School canceled the program after the County's liability insurer questioned kids under eighteen working in the hospital."

"Bureaucrats, whether in insurance companies or in government, are going to kill us all. Jefferson and Trotsky both warned about unaccountable bureaucrats and how they would betray their respective revolutions."

"Trotsky? Seriously?"

"Seriously. He had a lot of bad ideas, but being against bureaucrats wasn't one of them!"

As we walked into the surgical ward, my pager went off, showing three '999', indicating a consult in the ER, but not stat, which would have been six 9s. I walked to the lounge, found Nick, and the two of us made our way to the ED via the stairs. Ellie directed me to Exam 2, and we entered.

"Mike Loucks, Surgery," I announced.

"Hi, Mike," Naveen said. "Kristin Westbrook; sixteen; furuncle on her inner thigh, about 3cm below the inguinal groove; temp is 38.4°C; pulse 72; BP 110/70, PO<sub>2</sub> 99% on room air. First noticed about a week ago, now much larger despite warm compresses. Proposed treatment is lancing, topical antibiotics, and a course of oral antibiotics."

"Thanks, Naveen. Hi, Kristin. I'm Doctor Mike, a surgeon. How are you feeling?"

"Embarrassed!"

"I understand, but everyone in the room is a medical professional. How bad does it hurt?"

"It's pretty sore, and if I touch it, it really hurts."

"I'd like to examine you, please. I'll listen to your heart and lungs, then examine the boil. As Doctor Varma suggested, the usual treatment is a lance, that is, using the pointed end of a scalpel to puncture it. We'll drain it, wash it out with saline, and apply a topical antibiotic. Sounds good?"

"Do I get an anesthetic?"

"Honestly, a local would hurt more than lancing the boil. It'll just be like a pinprick. And the overall level of pain should go down once it's drained. May I examine you?"

"Yes."

I washed my hands, put on gloves, then had her sit up. I checked her heart and lungs, and finding nothing that would contraindicate the procedure, I had her lie down so I could examine the boil, which was about a centimetre below the elastic leg-opening of her panties. I saw no complications, and it was a simple furuncle -- infection of a hair follicle, colloquially called a 'boil'.

"Becky, I&D tray, please."

Becky brought me a tray with a scalpel, a medium bore needle on a syringe, an irrigation syringe, a bottle of saline, a basin, a bottle of alcohol, and gauze. I decided to try to limit scarring and use the needle rather than the scalpel.

"Needle aspiration," I said to Becky. "Kristin, I'm going to use the needle to remove the fluid, as that's less likely to leave a scar than the scalpel. First, I'll wipe the area with alcohol, then insert the needle. I'll use it to suck out the fluid, then rinse with saline and apply a topical antibiotic. OK?"

"Yes," she agreed.

Becky and I worked together to perform the procedure, and ten minutes later, Becky taped gauze in place.

"Keep this dry for twenty-four hours," I said. "Then make sure you wash it well every day. Keep it covered with gauze for a few days to prevent chafing. If it's uncomfortable, apply warm compresses and take Advil or Tylenol. OK?"

"Yes! It already feels better!"

"Naveen, oral antibiotics are contraindicated -- no carbuncle, no obvious skin disease."

"OK. Thanks, Mike."

"Anytime. Nicole, have a good day!"

"Thank you, Doctor!" she exclaimed.

I removed my gloves, tossed them into the bin, and left the exam room. Nick followed me from the room, and we headed back to the surgical ward.

"Can I ask a question?" he inquired.

"Sure."

"How would I explain that kind of thing to my wife? She'd have a fit if I touched a girl there."

"My wife, Elizaveta, was extremely uncomfortable with those kinds of procedures, especially Foley catheters, because you actually have to touch the woman's vulva to insert the catheter. All you can do is make it clear that medical procedures and intimate contact have zero to do with each other. As a doctor, it's just a body and just a medical procedure, period. That should have been drilled into your head by this point."

"It is. It's my wife's reaction."

"Be discrete and don't mention specific procedures. If it does come up, remind her that it's a medical procedure. How does she react to the co-ed locker rooms?"

"What she doesn't know can't hurt me!"

"You really do need to tell her because if she finds out later, there will be hell to pay. As for you, you simply need to turn off that part of your brain in every

medical context, including the locker room. If you can't, go into research because you can't be a doctor."

"You were touching a hot girl's inner thigh, and you didn't think about that?"

"Not for a second," I said. "I was serious when I insisted you need to turn off that part of your brain. If you can't do it, you aren't cut out to be a doctor because, at some point, you'll end up in serious trouble."

"I'm not sure how you just turn it off."

"You just do. Train yourself. Remind yourself you're a physician. I'm not kidding about this. Got it?"

"Got it."

He said it, but I wasn't sure I believed him. When he walked into the lounge, I went to see Shelly Lindsay.

"What's up?" she asked when I appeared at her door.

"I have a question I need to ask in complete confidence about a medical student."

"Come in and shut the door."

I did and sat down.

"Here's the problem," she said. "No matter what I promise, if you tell me something I decide indicates patients are at risk or is about illegal activity, I can't keep the promise. This isn't a confessional."

"Understood. Let's try it this way. If a Fourth Year, who has already Matched, indicates that he was thinking about sex while observing an intimate exam, what's the correct action to take?"

"That's a huge red flag for a Fourth Year. Have you observed any inappropriate behavior?"

"No. This was in the context of a question of how to explain procedures a wife might find objectionable. I know about that because Elizaveta nearly had kittens when she found out about inserting Foley catheters for young women. I talked her off the ledge, and you and I have discussed the co-ed locker room, which was also raised, but in the context of hiding it from his wife."

"Another red flag because that means he potentially sees it as sexual in an inappropriate way."

"I was thinking the same thing. What's the approach?"

"You counseled him?"

"Yes, and he acknowledged what I said, but his body language and tone of voice made me doubt whether he actually internalized what I said."

"What specialty?"

"That's going to give it away in a way that neither of us can maintain plausible deniability."

"You don't have a choice, Mike. You didn't come here because you needed scintillating conversation or to bask in the glow of my greatness!"

I laughed, "Goddess Shelly?"



"Bow down, worship me, and kiss my feet!"

"I'll leave that to your future husband," I chuckled. "I already have two women at home demanding that from me in different ways, and a third one will arrive shortly!"

Shelly laughed, "Little girls tend to wrap their dads around their little fingers."

"She's trying, that's for sure!"

"Who?"

"Nick Duran."

"He Matched for oncology at Good Samaritan in the Chicago suburbs, a specialty without a lot of intimate contact. That said, he's going to be a physician. The protocol for a doctor with that problem is a psych eval, counseling, and close monitoring."

"My concern is that he voiced it as a question of how to handle it."

"Just a question? Why are you here?"

"Because he called the patient a 'hot girl' and mentioned me touching her inner thigh."

"I don't see how we can avoid asking for a Psych eval. I mean, we *could* simply ignore it for another seven weeks, but if he's ever accused of inappropriate behavior and it becomes known we were aware of the risk and did nothing, we'd have liability. I'll speak to Owen, and he'll order the psych eval."

"That is unlikely to go over well," I said. "And it could very well cause students to not speak to me."

"Then tell me that you are one hundred percent unconcerned and you've decided it's unfounded."

"You know I can't."

"We can set it up so that none of it goes in his permanent record, so long as he completes the counseling I'm sure Psych will order. It'll be tight, but six weeks should be sufficient. Let us handle it, OK?"

"Yes."

My pager went off with '999999'.

"Stat ED consult," I said.

"Take Penny. Just say she needs the experience, and you can't take both. I'll go see Owen now."

"Will do."

I left the Residents' office and went to the lounge.

"ED consult," I said. "Your turn, Penny, given you haven't had a chance. Nick, confirm afternoon labs, please."

"Right away, Doctor Mike!" Nick agreed.

Penny and I left the lounge and hurried to the ED via the stairs.

"Why the stairs?" she asked.

"Partly exercise, partly to not occupy the elevators. I generally only used them when I escorted families as a med student or to transport a patient."

"What do I do?"

"Watch and learn," I replied. "Ask questions afterwards."

Ellie directed me to Trauma 1, where Ghost and Paul Lincoln were working on a patient.

"What do you have, Ghost?" I said.

"Connor Johnson; male, mid-30s, MVA, vitals in the tank due to hypovolemia. He needs a central line."

"Billie, central line kit to me, please," I said. "Mary, come stand by me, and I'll explain the procedure."

Billie got the kit, and Mary Anderson came to stand by me. I quickly inserted the central line, explaining each step to Mary as I performed it.

"Line is in," I announced.

Billie hooked up the rapid infuser and began running in blood, and the patient's vitals stabilized a bit, but he wasn't out of the woods.

"Hang out, Mike," Ghost said. "He's obviously surgical if we can stabilize him. Bleeders in his belly, most likely."

"Penny, call up and tell them we have an unstable ex-lap coming up right away. Ghost, pump in another two units, and I'll take him. He's sure as hell not going to get any better than he is now by lying here."

"Billie, two units on the rapid infuser," Ghost ordered. "Mary, get a gurney."

"I'd like Mary to scrub in," I said. "Can you see your way clear?"

"I'm already in Dutch up to my eyeballs, so why not?"

I couldn't help but laugh, and Billie laughed as well.

"You put Wernher in his place perfectly, Mike," Billie said.

"Doctor Roth and Doctor Lindsay are waiting on us," Penny announced.

Mary came in with the gurney, and as soon as the second unit of blood was in, the team moved the patient to the gurney, then Penny, Mary, and I rushed him from the trauma room.

"HOLD THAT ELEVATOR!" I called out as we hurried down the corridor.

As usual, everyone exited the elevator, and a nurse held the door open for us. Less than a minute later, we pushed the gurney into OR3.

"Mary, scrub in with us," I said. "I cleared it with Ghost."

"Yes!" she exclaimed.

We went to the locker room, where I removed my cross and ring, and Mary and Penny both removed necklaces and changed into clean scrubs. We left the locker

room and went to the scrub room, and three minutes later, we joined Owen Roth and Shelly Lindsay in the OR.

"Train wreck," Ken Bernard, the anesthesiologist, said. "Owen, get in, find the bleeders, get out. He's not going to last long otherwise."

"Thanks, Ken. Mike suction. Mary, retractors. Shelly, let's get this done."

The surgery was as close to 'meatball surgery' as anything I'd ever seen in the OR. Owen and Shelly were operating like 'Hawkeye' Pierce and 'BJ' Honeycutt, and less than ten minutes later, they'd tied off three bleeders, removed the patient's spleen, and had begun closing.

"How's he doing?" Owen asked.

"Hanging in there," Doctor Bernard said. "We needed him off this table an hour ago!"

"Mike, you and Mary go with him to recovery," Owen said. "Stay until he's stable, or you're relieved."

"Will do," I said.

Owen and Shelly completed the surgery, and the anesthesia was stopped. Mary and I scrubbed out and then came back to take the patient to recovery. Because of the time, I was going to be home late, so I asked Jane, a recovery nurse, to call the house and let Kris know I'd call when I could leave.

"Thanks, Doctor Mike," Mary said as we sat down next to Mr. Johnson. "Can I ask what might be an impertinent question?"

"Given I'm going to be your teacher starting June 1st, I'd say you're required to ask those questions."

"About that, with what Doctor Wernher is saying, how is it going to work?"

"The way Doctor Roth, Baker, and Getty want it to work. Just keep your head down."

"Why did you defend him in the M & M?"

"«Jūjutsu»,» I replied. "Think about the position he's in now."

"He can't claim you're opposing him or being insubordinate."

"Exactly. Just let this play out, and everything should be OK."

"What about the rumor you and Doctor Saunders want to leave?"

"If the trauma surgery program were to be canceled, I'd have to consider that option."

"That would really, really suck."

"Yes, it would. I don't *think* that's going to happen, but I need to think about what I'll do if that were to happen."

"I don't get it," Mary said. "Why kill a great program?"

"At the root, it's really a turf war. I, and the program, are simply proxies for Doctor Wernher to have more control over the ED. And I understand that point -- once we move to the new ED, we'll be working towards Level I certification. That means the ED will need to be staffed with pediatricians, cardiologists, and

surgeons. The current plan is for all of them to be members of those respective services."

"Suddenly, it all makes sense!" Mary declared. "Not his methods, but why he's doing it. There will be a dozen or more doctors from other services assigned to the ED who don't report to him."

"Yes. Right now, there is exactly one person in that situation -- me. If he can win the battle and break the longstanding tradition that only surgeons supervise surgeons, he can win the war. If not, he's going to have to deal with staff who aren't his, per se."

"It's called 'matrix management'," Mary said. "It's very challenging because the employee has two bosses, and if they don't agree, the employee is caught in the middle. It can be a real nightmare if there are several levels of management before there is a common manager between the staff members."

"At least here," I replied, "the various service Chiefs report to the Medical Director," I observed. "I basically worked for Doctor Northrup and Doctor Gibbs, even though, officially, I was on Doctor Roth's service. It worked OK because they agreed on how things should work. The thing that surprises me is Doctor Cutter's role in this, but he's under pressure from the Hospital Administrator and both the Hospital Board and County Board over operating costs."

"Politics?" Mary asked.

"Something I swore I'd avoid like the plague, but that was a foolish notion because somebody has to raise the money for this public hospital, and guess who does that?"

"Politicians at all levels."

"Sadly," I replied. "Back to the patient -- please check Mr. Johnson's heart and lungs. You're listening for crackles in the lungs and murmurs or regurge in his heart. You also want to listen for bowel sounds."

Mary performed the assessment, and I verified her findings of normal sounds.

"We should put temporary splints on his left arm and left leg," I said. "We didn't have time earlier. I'll stay with the patient; go to the ED, and get two adult male temporary splints -- one posterior long arm and one posterior knee splint."

"Be right back."

She was gone about ten minutes, and when she returned, she, Nurse Camille, and I splinted the broken arm and leg. The patient would need an ortho consult, but that would have to wait until he was out of recovery. The question would be whether he went to the ICU or the CCU because he certainly wasn't going to a regular ward bed anytime soon.

At 7:00pm, Bob Hodges, a fellow PGY1, and his student Alan came to relieve us. Mary and I turned over the patient and left recovery. She returned to the ED, and I went to the locker room to change into my street clothes. Once I'd changed, I went to the lounge and called Kris to let her know I was on my way home and hoped for a quiet evening together, given the delay had meant we'd miss Compline and the Canon of Saint Lazarus at Saint Michael.





## April 7, 1990, Monastery of the Dormition of the Mother of God, Rives Junction, Michigan

"Father, bless!" I said when I walked into Father Roman's small office on Lazarus Saturday, having driven up after attending the Divine Liturgy at Saint Michael the Archangel.

I cupped my hands, he made the sign of the cross, and I kissed his hand, then we exchanged a typical Russian greeting.

"I see you have on your cassock," he observed.

"I have permission from His Grace to wear a standard black cassock here and at the prison. I also have leave to wear the *sticharion* when I'm assisting Protodeacon Ivan with the Typika at the prison. And, finally, His Grace asked me to teach Sunday School once a month, and I'll start in August."

"How is Kris?"

"She's fine; she simply didn't feel up to traveling."

"Understandable. And Rachel is well?"

"Yes, she is."

"Let's take a walk around the grounds and talk, if that's OK?"

"It is."

We left his office and began our walk.

"What's on your heart, Michael?"

"Things at the hospital are unsettled, and for the first time since I started medical school, I didn't want to be there."

"What happened?"

I explained everything that had happened with Doctor Wernher and how I felt about it.

"At the risk of feeding your ego, you handled that meeting with Doctor Wernher perfectly and made good use of your prayer rule. What you did at the...what did you call the assembly?"

"An M & M - a Morbidity and Mortality Conference. It's used to review any negative outcomes, but this time was about the shooting incident."

"What you did there was cynical, even if it had the desired outcome. You showed him up with false humility."

"I can't dispute that, nor that it felt good to do so."

"The problem, Michael, is not your actions but your heart. That's almost always the source of sin, which I'm sure you know."

"I do. And I reveled in my colleague approving my actions and even pointing out I had used false humility to show him up."

"Had you been motivated by love rather than animus, there would have been no problem."

"It always comes down to that, doesn't it?"

"Yes, it does. Any tool can be misused, and it is not the fault of the tool but of the person who is using it improperly. Remember, it's not that you were wrong in anything you said, just in your motivations. You felt...let's use 'picked on' rather than 'persecuted', and used your rhetorical skills to get even."

"I did. Not to defend the problematic thinking, but what I said needed to be communicated."

"This is always the challenge. Is 'the ends justify the means' valid thinking?"

"Generally not. I wasn't thinking that way, though. I felt my response was justified based on my analysis of the situation."

"I agree, Michael. The problem here is not what you said or did, but where your heart was. Do you think you can deceive yourself?"

"Yes, of course. I'm struggling with the need to do the right thing, even if my heart isn't completely right."

"That, my young friend, is the essence of the struggle to live the Christian life. We're very quick to try to find justification for our actions, and it's simple to deceive ourselves into thinking that because we did what was right, our motivations do not matter. Or, and I know you've experienced this, that what we did was wrong, but we excused the behavior in some way."

"My promiscuity while I was single and after I became a widower."

"Yes, but all of that has been confessed, and thus you shall have 'no further care'."

"I don't beat myself up about it, but I do use that as an object lesson in how easy it is to justify or excuse sin."

"Yes. I want you to contemplate how you might ensure your heart is right before you act."

"I know the answer, Father -- it's prayer, especially Hesychast prayer. The challenge is that my role is one where immediate, decisive, confident action is necessary for success. When I know the right thing to do, I do it immediately."

"And your motivation?"

"To provide my patients the utmost in medical care -- with God's help, I do everything possible to repair their injuries and save their lives."

"And that motivation so thoroughly permeates your spirit that you don't have to think about it, and nothing can deter it, correct?"

"Yes."

"That is what you need to do in every area of your life, Michael. Get your heart right first, so that when you encounter situations such as the one at the M & M Conference, you are acting in Christian love. In your one-on-one with the doctor, you stopped to pray. Did you do that at the conference?"

"No, I didn't."

"Then I think you know the way forward."

"I do."

# XIII. I believe it's called a 'Come to Jesus' meeting

## April 8, 1990, Palm Sunday, Circleville, Ohio

"How did things go with Father Roman?" Kris asked when I arrived home on Sunday afternoon.

"I very much enjoyed the Palm Sunday services at the monastery," I replied, "but I took my usual beating on Saturday from Father Roman."

Kris laughed softly, "The only reason to visit a «старец» (*staretz*) is for a spiritual beating! If we didn't need the beating, we wouldn't visit the holy monk!"

("Elder")

"I tend to need more beatings than most!"

"I disagree -- you're simply more aware of your interior life than most people. And you take the commands in the Beatitudes and David's Psalm as seriously as anyone I know."

"And I have many failings to discuss with Father Roman."

"One area where you absolutely have not failed is your devotion to Rachel, nor in your commitment to me."

"Failing in either of those areas would create my own personal Hell."

"What about a personal heaven?" Kris asked with a twinkle in her eye. "It would be the last time because of Holy Week."

"What did you have in mind?" I asked with a grin.

Kris winked and carefully moved from the couch to the floor and ran her finger over my flaccid shaft. Her intention became exceedingly clear when she unzipped my slacks.

"What if Rachel wakes up from her nap and comes downstairs?" I asked as Kris unbuttoned the button of my slacks

"Then she'll see just how much Mama loves Papa!" Kris said lightly.

"I'm not sure our toddler needs to see that to know how much we love each other!"

"I can stop," Kris said, reaching into my briefs to grasp me.

"No," I whispered. "Don't stop."

Fifteen minutes later, after a very sexy blowjob, my wife tucked me back into my briefs, having had no interruption from our daughter. Kris moved to my lap, and we exchanged a soft French kiss. When we broke the kiss, she snuggled close and rested her head on my shoulder.

"You don't have to do that," I said.

"Of course not, but I want to," she replied. "I do it because I love you, because I know it feels good, and because I enjoy doing it. I can't imagine it's not similar to you enjoying using your mouth on my «minou». You've told me many times how much you enjoy it and like how I taste."

"I have," I admitted.

"And you have no qualms using your tongue even after we have made love, nor any about kissing me after I've sucked you."

"You know I will do anything you ask."

"And I will do anything you ask. Our bodies belong to each other and are, among other things, for giving pleasure to each other."

"And babies!" I declared, running my hand lightly over Kris' baby belly.

"And babies!" Kris agreed happily.

"Papa!" Rachel exclaimed, carefully coming down the stairs.

"Hi, Rachel!" I said. "Come sit with Mama and Papa!"

She came over, and Kris and I shifted a bit so that Rachel could join us despite my wife's ever-growing baby belly.

"What did you do while Papa was at the monastery?" I asked.

"The store, played with Abi, played with «Tante» Lyuda, and church. Papa play guitar?"

"Papa can play guitar if it's OK with Mama."

"Mama?" Rachel asked.

"Yes," Kris replied. "Let's get you a snack; Papa can change clothes and then play his guitar."

Kris got up from my lap and took Rachel to the kitchen. I zipped my slacks, then got up and went upstairs to change. Ten minutes later, all three of us were back in the great room, and I had my guitar. After playing for about an hour, we had dinner, then headed to Saint Michael for the first Bridegroom Service.



## **April 9, 1990, McKinley, Ohio**

Doctor Roth asked to see me as soon as I arrived at the hospital on Monday morning.

"I've heard some disturbing things," he said.

"About?" I asked.

"You," Doctor Roth replied. "I've heard you and Doctor Saunders are planning to leave for Residencies in Chicago. But I also heard that you asked about switching to a pure emergency medicine Residency here."

"Do you trust the nurses?"

"Yes, of course, but what does that have to do with those rumors? Well, the second one isn't a rumor, per se, because I heard it straight from Mrs. Cartwright."

"I can't help it if rumors are spreading, and did Mrs. Cartwright tell you the context?"

"No."

I smiled, "Context is everything, Owen."



"You're not answering me any more directly than you answered Shelly. You're usually forthright, and you aren't now, which is giving me heartburn. And not just me -- Ron Getty, Carl Strong, Tim Baker, and others."

"All I can say is I didn't start the rumors and that Mrs. Cartwright appears to have left out key context. I'll ask you the same question I asked Shelly -- in my position, what would you do?"

"And I suppose the answer I have to give is the same one she did - please do not act precipitously."

"You know that's not me."

"And that's what has me concerned. Things will work out here, Mike."

"Can you actually guarantee that? You and I both know I'm not cut out to be a pure surgeon, and I'm also constitutionally incapable of simply sitting around for hours at a time when I could be treating patients. For better or worse, I'm wired for emergency medicine, and this last week has been pure torture. Not to mention it basically violates my Residency contract."

"So you *are* considering leaving here," Doctor Roth said. "Violation of your contract is the one way you can leave on your own with no recriminations and no black marks."

"I'm considering all options," I replied.

"Please don't make any final decisions until we have time to work on this."

"As I said, I'm considering all options, and I won't act without due consideration."

"I suppose that's all I can ask at this point. Would putting you on a regular surgical rotation and splitting ED consults amongst the other Residents help?"

"Somewhat, but at what expense? Upsetting the rest of the team? Creating more dissension in the ranks?"

"Give me a day or two to discuss this with Bob, Nelson, Vince, and Shelly. OK?"

"Yes, of course."

"Thanks, Mike. You know this is not what any of us wanted."

"Well, *somebody* wants it, or it would have already been undone, and we wouldn't be facing a strike by the nurses because their working conditions were unilaterally changed without consultation as required by their contract."

"The Hospital will get an injunction against what amounts to a wildcat strike."

"Oh, brilliant," I sighed, shaking my head. "Forcing nurses to work against their will is not conducive to good patient care. And that will make them even more steadfast in their demands for their new contract. It's a war the hospital cannot win in the long run, and one in which the patients are the collateral damage."

"I didn't say I agreed; I simply noted what would happen; it's happened in other hospitals around the country. I'm sorry to cut this short, but I need to prep for surgery."

"I understand."

I left his office and went to the lounge to wait for an ED consult. It was nearly 8:00am before I was paged. I found Nick, who was in a sour mood, which I

suspected was a result of my conversation with Shelly on Friday. If he raised the topic, I'd discuss it with him, but I wasn't going to ask.

"Mike Loucks, surgery," I announced as I walked into Trauma 3 with Nick in tow.

"Morning, Mike;" Kayla Billings said. "Larry Peters; fifty-one; suspected cardiac tamponade; BP 80/50l; tachy at 120; shortness of breath; PO<sub>2</sub> 92% on five litres by mask; patient is suffering from acute kidney failure and awaiting transplant."

"Good morning, Mr. Peters," I said. "I'm Doctor Mike, a surgeon. I'd like to examine you, please."

"Sure, Doc," came the muffled response.

I first checked his neck and found distended jugular veins, and when I listened to his heart, I heard muffled sounds. Those two signs, in addition to hypotension, were called Beck's triad and were strong indicators of tamponade.

"Nick, I need an ultrasound so I can confirm, please."

Nick left, and suddenly, the monitor changed.

"No pulse!" Kayla declared. "Electrical activity indicates PEA!"

"That's definitive, and he can't wait," I declared. "Wendy, cardiac needle with a lead and an alligator clip to me, please."

She moved quickly, and I performed a blind pericardiocentesis and filled the syringe, and the patient's pulse returned.

"He's going to need a catheter," I said. "There's still fluid in his pericardium. We need to get him on dialysis."

I inserted the catheter with Kayla's assistance, and the patient's blood pressure came up ten points, and his pulse slowed to 102. That meant he was stable enough for emergency dialysis, and Kayla had her student make those arrangements.

"Thanks for the assist, Mike," Kayla said.

"You're welcome."

I left the trauma room, and Ellie stopped me.

"Doctor Wernher would like to speak to you," she said quietly. "He's in his office."

I nodded and turned to Nick, "Head back upstairs."

He acknowledged me, and I went to Doctor Wernher's office, stopping at the open door and knocking on it.

"You wanted to see me?" I said when he looked up.

"Come in, Doctor, and have a seat."

I walked in, closed the door, and sat down. Just like the first time, I waited for him to speak and nearly laughed when nothing was said for the first thirty seconds. I simply continued to look him in the eye and silently prayed the Jesus Prayer. He didn't let it go as long this time, speaking after about forty seconds.

"You've managed to turn the tables on me several times now. Friday afternoon was a nice judo move."

"Something for which I was taken to task by my spiritual advisor."

"Whatever for? It was calm, cool, rational, direct, and effective."

"Before I answer, how much do you know about me, Doctor?"

"I read your clinical evaluations and your medical school transcript. Why?"

"May I speak freely?"

"Go ahead."

"If all you know about me is from my evaluations and my transcript, you have a *very* incomplete and very inaccurate picture of me. Do you know which church I attend?"

"I don't give a tinker's damn about which church you attend! It's not particularly relevant to anything other than you possibly needing Holy Days off, if they can be accommodated."

"On the contrary," I countered. "I'm sure you heard from Mrs. Cartwright."

"Yes. Another area you outmaneuvered me, though that does raise a question."

"Yes, it does. But more importantly, is that my beard and ponytail are religious and are the sign of a clergyman."

"You're clergy?"

"If you didn't know that, at least in a general way, then please explain why you think you can understand me at even the most basic level?"

"I don't *need* to understand you. I need to know if you're a good doctor. Anything outside the hospital is your business and completely irrelevant to your work here."

"May I speak bluntly? And I do mean bluntly."

"Go ahead."

"You showed up and, without having done even the most basic homework, picked a fight with me. That's foolish in the extreme, no matter who you are or who I am. It's akin to showing up on a combat ship and picking a fight with a Chief who has been on that ship for the previous five years. That's Captain Queeg territory, Doctor. What's next? An investigation of missing strawberries from the lounge refrigerator?"

"You're out of line, Doctor!" Doctor Wernher growled.

"Not as far out of line as you are, Doctor. I am absolutely positive I know your goal, and you went about it completely the wrong way. In fact, you went about it in a way that will ensure failure. A different approach was called for, and, to be frank, can still work."

"Explain to me how a PGY1 thinks he knows my goals, please."

"First, I checked on your background -- "UC Berkeley; Emory Medical School; Residency as a commissioned officer in the US Navy at Bethesda Naval Hospital, then two years at Cam Ranh Bay in Vietnam; hired at Rush-Presbyterian in Chicago as an Attending in Internal Medicine; switched to emergency medicine in 1972; married, with three daughters. «N'est-ce pas?»"

"You did your homework," Doctor Wernher said. "Why French?"

"You would know if you had done *your* homework. May I continue?"

"Yes."

"In just over a year, we'll be in the new ED and working towards Level I certification. That requires staffing the ED with specialists beyond emergency medicine. You want all of those other specialists to be on your staff, not on their respective services. You picked the fight with me to force the issue now, rather than wait, on the theory that if you could move me to your service, you could claim *all* the specialists and thus avoid the potential problems of matrix management. How'd I do?"

"That is the gist of it," Doctor Wernher agreed.

"Don't you think, Doctor, that learning about me and enlisting me as an ally might have been a much better plan?"

"You were a vocal supporter of Doctor Gibbs."

"And I'll never cease to be, but I also know she's not able to return to duty at this point, and it could be months, maybe even a year or two, before she'll be cleared. I'm not irrational or impractical, Doctor."

"Spit it out, Doctor. What is it you want?"

"To be a forceful advocate for my patients and provide the best care I am able to provide."

"Besides the textbook answer?"

"I *live* the textbook answer, Doctor; something you would know if you had taken even ten minutes to talk to Ghost or Isabella in the ED, or Carl Strong, Shelly Lindsay, or Clarissa Saunders. Anyone here could have pointed you to them."

"Fine, you live the textbook answer. Now, what is it you want?"

"Restore things to the *status quo ante*, treat the nurses with respect, and we work together to make this the best Level I trauma center in the state. You might even achieve your ultimate goal of being Medical Director in the process. If you continue on your current path, I don't see that ever happening."

"I'll look weak if I do that."

"Fine, so look weak. Big deal! That will not matter in the long run. Handled correctly, you'll come out smelling like a rose. Confession is, as they say, good for the soul."

"So, what is your story?"

"I'm not the one to tell you. Call Loretta Gibbs and ask her. And while you're at it, ask her about everyone else in the ED. We are far more than our performance reviews and evaluations."

"You have balls, that's for sure."

"I don't see how anyone can work in emergency medicine without them. There isn't a single shrinking violet out there. If you meant confronting you, well, you should have expected that, but again, you didn't do your homework. Anyway, put me back on the ED schedule, take the 'Officers Club' sign off the lounge, and let's work together rather than fight. So, how about it?"



"How do I know you aren't going to try to undermine me?"

"You don't. The only way to know that is to earn each other's trust. You don't trust me; I don't trust you. There, it's out in the open. Now, we can try to fix it, or this entire thing can spiral out of control, and we'll be lucky to get out of it alive."

"*Red October?*"

"Yes. I'm half Russian, and I *always* have a plan. I'm also half Dutch, so it's always logical and methodical. Call Loretta and go see her today. She's home, and her PT is right before lunch. Once you speak to her, I think you'll have a much better picture. It's what you should have done in the first place."

"You've made your point, Doctor."

"Then, if I'm dismissed, I'll go back up to the surgical lounge."

"Dismissed."

I got up, opened the door, then walked out. As I was leaving the ED, Kellie followed.

"It's my break," she said. "What was that about?"

"I believe it's called a 'Come to Jesus' meeting."

"He doubled down?"

"No, I invited him to come to Jesus or experience hell. His call."

"And his response?"

"Call me if he signs out for a few hours for a meeting, please."

"Will do. Not going to give me a clue?"

"Not at this time. Just let me know if he leaves for a few hours, OK?"

"Will do. Have coffee with me?"

"Sure."

I joined her in the cafeteria, where I paid for both our coffees.

"How are things going otherwise?" I asked.

"I started seeing John, the lieutenant from Station 3."

I chuckled, "John Gage always struck out with nurses on *Emergency*. But all kidding aside, I hope it works out."

"He spent six years as a damage control specialist on the *Enterprise* before he joined the fire department about ten years ago."

"Think they'll ever let women serve on combat ships?"

"It'll happen, and probably in the next five years. Carriers are big enough to accommodate segregated female quarters. Other ships are more difficult, and subs are nigh on impossible, though you might make it work with boomers. Of course, in order to do that, Congress will have to repeal *10 USC 6015*, which bans women in combat billets."

"I take it you'd have asked for sea duty?"

"In a heartbeat! I wanted to serve on a carrier, but the boys put up the 'No girls allowed' signs for their dumb club!"

I chuckled, "*Calvin and Hobbes?*"

"Yep!"

We finished our coffee quickly because Kellie had to return to the ED, and I headed up to the surgical lounge. I picked up a surgical journal, but my mind was really on the conversation with Doctor Wernher. I'd been blunt and impertinent, but I felt my heart had been in the right place because my goal really was to make peace, not just between him and me, but with the doctors and nurses who worked in the ED.

The thing I simply didn't understand was why he had taken the approach he had. It made no sense, and I couldn't imagine at least getting the lay of the land before trying to make wholesale changes. Moving his office made sense, given he was expected to be hands-on, unlike Northrup, who had mostly taken a «laissez-faire» approach to running the service while he focused on the construction of the new ED, which was taking shape, and would come into service in about a year.

My thoughts were interrupted by Carl Strong coming into the lounge.

"Got a sec, Mike?" he asked.

"Sure. What's up?"

"Privately, please?"

I nodded, got up, and we went to the consultation room.

"I know it's not your style," he said. "But be patient and don't do anything rash."

"I may be impatient, but I am not impetuous," I replied. "I assume you've heard the rumor?"

"I think everyone has. Is there any truth to it?"

"I'll tell you the same thing I told Shelly and Owen - given the situation, I am keeping all my options open. I am not cut out to be a pure surgeon, and I've spent most of the last six days in the hospital sitting on my butt, waiting for consults. All my ED shifts were canceled."

"I'm aware. As I said, please be patient."

"I'll ask you the same question I've asked Owen Roth and Shelly Lindsay -- what would you do in my position?"

"I hear you, Mike. Wasn't your primary goal to serve your community?"

"Yes, and if things stay the way they are, that won't be possible. I can't even ask for one day a week at the Free Clinic because it closed as of Friday."

"A travesty."

"Worse; Gale Turner is innocent."

"Is that how you feel or what you know?"

"Both. I was sure it was BS, and once I learned a few more facts and spoke to Gale and his attorney, I'm positive the accusations are false. I'll bet you anything you care to wager, the County Prosecutor offers a plea deal for misdemeanor

battery or some similar BS charge. And it's possible they'll dismiss the charges completely if Gale refuses the plea bargain."

"What makes you say that?"

"It's one thing to tell fibs to the cops; it's another thing to get on the stand and perjure yourself. One of the four will crack or recant, and the case will fall apart. It was all about getting the Kelsey Foundation to pull their funding. That's what the protestors wanted, and magically, claims are made against Doctor Turner that caused that to happen."

"Son of a..."

"Yeah. So, here I am, twiddling my thumbs, waiting for my pager to go off. That is not what I signed up for, and having no ED shifts is a violation of my Residency contract."

"The escape clause."

"Yes."

"Please don't exercise that."

"As I said, I'm keeping all my options open. I have not made any decisions as yet."

"Talk to me before you do, please."

I smiled, "I'll add you to the list."

He left, and I returned to the lounge and wasn't paged until 11:10am for a rule-out appy, which caused me to miss my lunch, but which resulted in me performing my second appendectomy under the watchful eye of Bob Anniston.

"Textbook," he said. "Good job, Mike."

"Thanks."

"Take your patient to Recovery, then get some lunch."

I did as instructed and had Penny sit with the patient while I ate lunch. When I finished lunch, I returned to the recovery ward and, about thirty minutes later, escorted the patient to a semi-private room in the surgical ward. I wrote out the necessary orders, then returned to the lounge.

At 2:10pm, Kellie called to let me know that Doctor Wernher had left the building, and I hoped it was to see Doctor Gibbs. I had two more consults in the ED, but both resulted in admissions for scheduled, rather than emergency, surgery. At 5:00pm, I headed home for dinner, and after dinner, we attended the second Bridegroom Matins service of Holy Week.



## **April 10, 1990, McKinley, Ohio**

"Why did Tim Baker ask if I had accepted a Residency in Chicago?" Clarissa inquired when we met for coffee mid-morning on Tuesday.

"What did you say?" I asked.

"That I hadn't spoken to anyone in Chicago. He asked if you had, and I said that was a question he'd have to ask you. What's going on?"

"Someone started the rumor that I've arranged a transfer to University of Chicago Hospital for both of us. I saw no reason to deny it, but I also haven't admitted it. I simply say that I'm keeping my options open because the hospital violated my Residency contract."

"Is that actually true?"

"It all depends on how you read it, but I *could* make the case that being kicked out of the ED means I won't be able to take the emergency medicine boards. Let's just say that nobody has pushed back when I mentioned that, so I think at least the doctors agree. And in the end, if Chicago did sign us to contracts, there isn't really anything Moore could do about that."

"But it's not real, is it?"

"Yes and no. What are my options? Pure surgery? We both know I'm not cut out for that. That would mean switching to a pure emergency medicine Residency. I *could* do that, but it could come at the expense of patient care. Think about the difference in response times in the ED now compared to the past.

"My other option is to find another program with an opening, but what are the chances of that? You know Doctor Barton would move heaven and earth to create positions for both of us. We'd be going someplace where we were wanted and could do what we're both cut out to do. Yes, it would be disruptive, and I haven't even mentioned it to Kris, but it is an option, even if it's the last resort. Oh, and I could probably finally meet Steve Adams!"

Clarissa laughed, "I think the universe might collapse into a singularity if that ever happened! Your orbits have crossed any number of times, but an actual meeting? I have to be there, Petrovich! Back to the topic at hand, what's next?"

"I confronted Wernher yesterday and read him off."

"I cannot leave you unattended for five seconds without you finding a way to get into trouble!"

"While that's true, in this case, I did it in a way that can't get me into trouble. I called him out for acting precipitously and without any information. The only thing he knows about me is from my evaluations for my clinical rotations and transcript. I challenged him to talk to Loretta about me and others in the ED, and I think he might have done that yesterday. I also told him that he was being a moron in picking an unnecessary fight with the nurses, though I didn't use that word."

"And you don't think he'll use it against you?"

"He could certainly try," I replied. "But I pointed out he needed me as an ally if he wanted to achieve his goals."

"Wait?! Ally?!"

"What is my goal, Lissa? My *only* goal as a physician?"

"To provide the best possible care, everything else be damned -- politics, money, titles, or rules."

"Yes, and if that means finding a way to work with Doctor Wernher, I'll do it. I know what *he* wants; he knows what *I* want. If he wants to achieve what he wants, he has to give me what I want."

"What does he want?"



"At the root, it's really a turf war, right? Well, I, and the trauma surgery program, are simply proxies for Doctor Wernher to have more control over the ED. Once we move to the new ED, we'll be working towards Level I certification, which calls for the ED to be staffed with pediatricians, cardiologists, and surgeons.

"The current plan is for all of them to be members of those respective services. There will be a dozen or more doctors from other services assigned to the ED who don't report to him. Right now, there is exactly one person in that situation -- me. If he can win the battle and break the longstanding tradition that only surgeons supervise surgeons, he can win the war. If not, he's going to have to deal with staff who aren't his, per se."

"Suddenly, it all makes sense!"

"That's what Mary Anderson said when I spoke with her after she expressed a concern about the program. It's also the case that Wernher wants to achieve what Northrup couldn't -- to be Medical Director."

"And you'd help him?"

"I would do what was best for overall patient care," I replied. "That means finding a *modus vivendi* with Doctor Wernher and finding areas where we agree. I called him out on that plan and pointed out that what he's doing now will make it impossible to achieve his goals. I proposed he restore things to the *status quo ante*, that he treat the nurses with respect, and that we work together to make this the best Level I trauma center in the state."

"I can't see him backing down."

"He said it would make him look weak, and my response was, 'Big deal!' and pointed out that it wouldn't matter in the long run because if he handled it correctly, he'd come out smelling like a rose. That's when he asked for my story. I

declined on the grounds I shouldn't be the one to tell him and referred him to Loretta."

"And you'll talk the nurses out of striking?"

"I'm sure I could offer Ellie something to change her mind," I smirked.

Clarissa laughed, "She'd take a pay *cut* to get that!"

"If Wernher rescinds the changes, that will resolve the grievance and end the immediate strike threat. Only the Hospital Board and County Board can head off the strike coming in July. The problem is, the money has to come from somewhere. And it won't surprise you that Kylie mentioned they've seen an uptick in patients presenting who would normally have gone to the Free Clinic."

"Have you heard anything more?"

"No. I suspect the next thing we'll hear is about a plea bargain or the charges being dropped."

"I need to get back. Hang in there, Petrovich."

"I did get to do an appy myself yesterday, so there is that. But sitting around waiting sucks."

"I hear you."

We hugged, and Clarissa headed back to Medicine while I returned to the surgical lounge. About fifteen minutes later, I was called for a consult, and together with Doctor Vanderberg from neuro, admitted a patient with a large cyst pressing on his spinal cord. Unfortunately, because it was neurosurgery, there wasn't space in the OR for me to even observe, so I had lunch with Sophia.

In just over six weeks, she and Robbie would move to California. I was really going to miss them, both as friends and as our emcees for Code Blue. José and I would take over those duties, but it just wouldn't be the same. We had briefly discussed trying to find replacements, but none of us knew anyone with whom we'd felt comfortable enough to offer the role.

After lunch, I had three consults and wasn't able to scrub in on any of the surgeries because I had to be available for consults. At 4:45pm, Ellie called and said Doctor Wernher wanted to see me. I let Carol know I'd be in the ED, then went downstairs.

"Doctor Mike, reporting as ordered," I said from the door to his office.

"Come in, Doctor."

I shut the door and sat down, and this time, he didn't play the 'silence' card.

"I had a very interesting conversation with Doctor Gibbs," he said.

I was tempted to remind him he should have done that *first* but felt I should give him whatever 'win' he wanted to claim, so I decided to give a non-committal answer.

"OK," I replied.

"First, I have a serious concern about your testimony against a fellow physician before the Ohio Medical Licensing Board."

"May I suggest you read the transcript and then speak to Doctor Fran Mercer, a clinical psychologist? I'll sign the release so she can discuss the entire case with you. The psychiatrist in question literally ignored medical protocol and admitted

as much when he accepted a ninety-day suspension of his license. My testimony was purely about my relationship with the young woman, and per the Licensing Board, my testimony was that of a layman, not a physician."

"I had a word with Bill Lawson about you."

"And I guarantee he left out some key details, including the time he called me, as an Intern in emergency medicine, for a consult for a psych patient. That was for a *psych* consult, not a medical consult. I also suspect he left out the true source of his animosity."

"And what is that?"

"He failed to Match for surgery and had to Scramble. The only Residency he could find that would accept him was psych. He had applied to eight surgical programs and was rejected by all of them. According to Brent, the hospital in Detroit where he served his Residency wouldn't hire him as an Attending."

"How do you know all of that?"

"Another hospital physician related that information. It's all accurate. But we're not here to discuss my difficulties with Psych. Can we find a *modus vivendi*?"

"Before I answer that, I need a commitment from you that you will never undermine my authority. You have a reputation as being contrarian, even subversive. Neither of those are conducive to good order and discipline."

"I can commit to that with two conditions. First, that I may always speak my mind in private, and you will listen. That doesn't mean you'll agree, just that you'll hear me out."

"Acceptable. And the second one?"

"I practice medicine my way, within hospital policy. That means if I want to humor a patient who thinks he's been infested by aliens or is a Scientology reject, I'll be allowed to do that."

"Scientology rejects?"

"They believe that the human condition, such as it is, is the result of our bodies being infested with the souls of Thetans who were murdered by the evil galactic overlord, Xenu. Allegedly, he strapped them to volcanoes and used hydrogen bombs to kill them after they were brought to Earth from Teegack."

"You're joking!"

"What would you expect from a religion made up by a science fiction writer?"

"You're unconventional, and I can accept *some* variation in patient interaction, but only some."

"It's mostly about kids," I replied. "Did anyone you talked to tell you my nickname?"

"Yes; they indicated you had a perfect bedside manner with kids."

"Then, if you can tolerate me handing out candy as a surprise reward, not as a bribe, we're good."

"If I have complaints from parents, I'll need to act on them."

"Moms like candy, too," I chuckled. "They usually ask me to produce some for them, too!"

Doctor Wernher actually laughed, which was a good sign.

"My daughters are all chocoholics. Back to the topic at hand -- can you give me eighty hours a week in the ED?"

"Certainly until August 31st, as I'll be training Mary Anderson during that time. Well, I have vacation time scheduled at the end of June because my wife will deliver our daughter. I can be flexible about the days. I also have May 18th for a conference in Indianapolis.

"If you're OK with it, 5:00am to 9:00pm, Monday through Friday would work best. That allows me to attend services on Saturday and Sunday, plus practice with my band. I do have a pair of Prom gigs on May 11th and 12th, but I'll get someone from surgery to cover the evening hours I'll miss."

"I can work with those hours," Doctor Wernher said.

"Starting in September, Doctor Roth intended for me to alternate weeks between the ED and surgery. When I'm in the ED, Mary will work nights; when I'm in surgery, she'll work days. That will mean alternating between a hundred and twenty Surgical Resident hours and eighty alternate weeks. That will augment your usual ED coverage.

"The times when neither of us is on would be covered through the old consultation protocol until we add another Resident. Eventually, you'll always have a surgical Resident in the ED. And none of those are part of your current budget, at least how things stand. You are, in effect, getting free hours."

"That was not in the Residency description."

"That's *my* interpretation of it, and nobody has told me to stop. Well, you did, but nobody from the surgical service. I felt sitting in the lounge waiting for consults

made no sense, so I handled walk-ins and filled in when there were multiple simultaneous EMS transports, and, of course, handled all surgical consults."

"Is it true that, as a PGY1, you've performed multiple appendectomies?"

"Yes. The training program has been accelerated in two ways -- first, a second Residency slot was created; and second, I'm being given the opportunity to do things usually reserved for PGY3s and above."

"That's awfully fast."

"I'm awfully good."

"Spoken like a surgeon. Your evaluations and the input I received from Doctor Gibbs, Doctor Cutter, and Doctor Mastriano backs up the claim."

"It's also the case that I know when to ask for help and know how to not get in over my head. If I didn't, nobody would let me within ten feet of an operating table."

"You're a cocky son of a bitch, Doctor."

"Blame the system. The only way most medical students or Interns are allowed to do anything other than the most basic procedures is by demanding they be permitted, which means making your case forcefully. That *has* to come across as cocky, or it's not going to work. Honestly, Casper Milquetoast would end up doing scut for years. I strongly suspect one of those doctors explained my theory of medical education."

"You do like to do your best to upset the applecart."

"When I see something wrong, I do what I can to right it. Having strong opinions should not be a disqualification so long as they're expressed properly. I'll make the point that for you to achieve your goal, you're going to express contrarian views and have to be just as cocky as I am now. Whatever happens, I won't try to undermine you. Show me that your way provides better medical care or the same level of care more efficiently, and I'll be right next to you when you try to take the hill."

"I was Navy, not Marines."

"I don't know a proper naval metaphor because 'Damn the torpedoes, full speed ahead' doesn't work. And contrary to the opinion of some, that is *not* my approach. My turn to ask for concessions."

"The lounge and the nursing schedule?"

"Yes. Taking the second one first, let the administration and the Hospital Board fight that battle. The nurses' contract expires at the end of June, and negotiations are ongoing. Make your wishes known to Doctor Nels Anderson, the Hospital Administrator, and let him fight. You'll also need to apologize publicly to the nurses."

"You can't be serious!" Doctor Wernher declared.

"Deadly," I replied. "If you do that and revoke the changes, they'll drop the grievance, and you'll avert the strike. You'll also change the dynamic so you are no longer the enemy. I will have a word with the three most influential nurses and ensure your gesture is received properly."

"I'll think about it."



## XIV. I'm Ready To Present

### **April 10, 1990, Holy Tuesday, McKinley and Circleville, Ohio**

"What's your point about the lounge?" Doctor Werner asked as we continued our conversation.

"Since I became a Resident, we've lost the Residents' office and one of our consultation rooms because we needed more treatment rooms. That leaves no place to sit and discuss cases didactically with students, so at a minimum, they should be allowed in the lounge for that purpose. As an aside, we've also lost the Attendings' office because you need an office in the ED, not upstairs, so there's no place to conduct meetings out of earshot of patients except the single consultation room.

"As for nurses, they need a place to relax, even for a few minutes, when the ED isn't busy. But even more, they *always* had access, and taking it away sends the wrong message. It says they aren't valuable members of the team and makes them second-class citizens. That's a bad thing, no matter how you slice it. The new ED has two lounges, plus an on-call room and a locker room, as well as four consultation rooms, so make the changes when we move, if you feel it's necessary."

"Do you know the intention for having two lounges? I didn't see anything in the notes Doctor Northrup left."

"From the most recent conversation I had with him about it, he intended the smaller one to be for Attendings only and the other one for everyone else, though

obviously Attendings could be in the larger lounge if they preferred. That said, none of it was cast in stone."

"I'll consider everything and decide what to do before the end of the week."

"Let me just say that the sooner you resolve the situation with the nurses, the better. The longer it goes, the more difficult it will be to get them onside."

"I'd like to ask a question I probably shouldn't ask," Doctor Wernher said.

"I ask those questions all the time!" I chuckled. "I can't object to someone else doing the same thing!"

"Why concede anything when it's likely you would win in the end?"

"Why have an enemy when I can have a friend? I didn't pick a fight with you, Doctor. Was I unhappy Loretta didn't get the job? Absolutely. But for that to have happened, we'd need a time machine to go back and prevent the February 20th incident, though that wouldn't have guaranteed anything, given there appears to have been a desire to hire from the outside.

"Once Lor was shot, there was no way they weren't bringing someone in from the outside. I accepted that and, in fact, felt your background was positive. We got off on the wrong foot; now we're on the right one. Well, assuming you agree with my proposals. And I won't gloat or lord it over you or cut you down behind your back. I want a win-win scenario whenever possible. Let's have a beer soon, Doctor. I believe we actually have a lot to talk about."

"I'll let you know," Doctor Wernher said. "Dismissed."

I got up, left his office, and headed to the surgical locker room to change into my street clothes so I could drive home. After dinner, we attended the third

Bridegroom service, and when we arrived home, we said evening prayers and put Rachel to bed. Once she was tucked in, Kris and I cuddled on the couch.

"I think I may have resolved the situation with Doctor Wernher," I said. "But to reach a win-win scenario, I had to agree to eighty-hour weeks through the end of August. In addition, I offered to be flexible about vacation days around your delivery."

"And what did you receive in return?" Kris asked.

"Détente," I replied with a smile.

"Oooh, «le Docteur» uses a French word!" Kris teased in her lovely French accent. ("the Doctor")

"A good portion of English comes from French, thanks to the Normans! In any event, the program will continue as originally designed, and Doctor Wernher will rescind the changes to the lounge and allow the nurses more flexible breaks. Well, assuming he accepts, which I believe he will."

"Why would he give up so easily?" Kris asked.

"I believe he realized that, in the end, he would lose. I'm pretty sure that realization happened on Friday at the M & M when there was a chorus calling for him to sit down. Ultimately, if he wants to achieve his goals, he needs allies, not enemies. Or, it's also possible he's following Michael Corleone's principle of keeping friends close and enemies closer. Either way, my program is back to normal, and eighty-hour weeks are the norm for PGY1s."

"It's not ideal, obviously, but we agreed that we'd make whatever adjustments were necessary for your Residency. My sister will be here every day, starting June 2nd."

"You say that like it's a good thing!" I teased.

Kris laughed softly, "You like her, even though she can be challenging!"

"Perhaps," I replied. "But she's more interested in toying with Brett than teasing me, at least for the moment! Do your parents like him?"

"He's Orthodox and a good student, so I would say they approve."

"Back to our family. Rachel will either be at daycare at the church, at Abi's, with your parents, with her godmother, or with the Kozlovs during the week. That should keep her happy and busy."

"What would your schedule be?" Kris asked.

"I suggested 5:00am to 9:00pm, Monday through Friday, and Doctor Wernher seemed amenable. That leaves weekends free for us, so we can attend church as a family, go to band practice, do our shopping, and have family time. And we can adjust Rachel's schedule so she can see me some evenings. The two of you could also come to the hospital for lunch or dinner during the Summer. We could meet at the diner across the street, if you'd prefer."

"Let's see how things go with Charlotte Michelle, but I like that idea. What happens in September?"

"Mary and I will split shifts in the ED, and I'll be on a surgical team. I'll work from 5:00am to 5:00pm on weekdays. Mary will work 5:00pm to 5:00am when I'm in the ED and 5:00am to 5:00pm when I'm in surgery. Those weeks, her first shift will start at 5:00pm on Mondays, and her last shift will end at 5:00am on Saturdays. It kind of sucks for her, but that's the life of a PGY1. Things will improve for her in a year.

"For the times when neither Mary nor I are in the hospital, other surgical Residents will cover. In just over a year, we'll add another Resident, and things will improve a bit, as I said. It'll be another four years or so before we have a full complement of trauma surgeons. A bit over a year from now, I'll be a PGY3, and I'll have better shifts because there will be two more junior trauma surgeons who'll put in longer hours."

"Are you happy?" Kris asked.

"I would have preferred not to have had the conflict in the first place, and I positively hated sitting around doing nothing for hours on end, so yes, I'd say I'm happy with work. I'm positive that's what you meant to ask, but I want to say I'm very happy in general. I have you, Rachel, and Charlotte, even though I'm not able to hold Charlotte just yet because you're monopolizing her time!"

"Not for much longer! About two months, and we'll have her in our arms."

"I enjoy having you in my arms!" I said lovingly.

"And I enjoy being in your arms!"

"Has our marriage been what you expected it to be?" I asked.

"I'm not sure how to answer that," Kris replied. "Not because I'm not happy, because I am very happy. It's that I don't know that I really had expectations of what it would be like. Of course, my expectations of how wonderful sex would make me feel were exceeded!"

"Your prediction was correct, though."

"Which one?"

"That most of our lovemaking would be like our wedding night -- slow and gentle."

"Because it fits both our personalities and meets the true need we both have for closeness. We also both very much enjoy giving pleasure, and neither of us seeks our own at the expense of the other. That said, once Charlotte Michelle is born and I recover, I might need to be ravished for hours and hours!"

"It will be my pleasure to give you maximum pleasure!" I declared.

"And all we can do now is cuddle because of our agreement about Holy Week."

"I'll always enjoy cuddling with you!"



## **April 11, 1990, Holy Wednesday, McKinley, Ohio**

"Hi, Shelly," I said from the door to the Residents' office in surgery late on Wednesday afternoon. You wanted to see me?"

"Come in and shut the door," she said.

I did as she asked and sat down across from her.

"What's up?"

"Remember how I asked you to be patient? I think things are going back to normal with the ED."

"I'll be back in the ED next week, with shifts from 5:00am to 9:00pm Monday through Friday, with Mary as my student; the lounge is now open to all; the nurses have flexible breaks; and that will cause them to withdraw their grievance."

"OK, how do you know? I just heard directly from Roth, who heard from Wernher, who hasn't made any announcements!"

"He called me in to talk to him on Monday, and we had it out. We spoke again yesterday and reached a *modus vivendi*. Well, assuming he carries through with his agreement to apologize to the nurses."

"Had it out?"

"I called him on the carpet for basically being a bull in a china shop, and I might have compared him to Captain Queeg and asked when he was going to start an investigation looking for strawberries missing from the lounge refrigerator."

"Jesus, Mike!" Shelly said, shaking her head.

"The analogy fits. He showed up out of the blue with a reputation as a nonsense leader who picked a fight with a five-year veteran and pissed off the entire crew over petty concerns."

"OK, but saying that to his face? I know you can be brash, but that's over the top."

"He said I was out of line, and I retorted he was further out of line. I called him on the carpet for knowing *nothing* about me except for what was written in my evaluations and my transcripts. He had no clue about Elizaveta, nor did he know about my ordination, or about my remarriage, or about my philosophy, or anything else. He finally asked me to tell him about myself, and I declined,

instead insisting he speak to Loretta, which he did. We negotiated a truce yesterday."

"Why didn't you wait the way you were advised to do?"

"Frankly? Because Doctor Wernher picked a fight. He called me in to see him and acknowledged that I'd outmaneuvered him at the M & M and with Human Resources.

"Human Resources?"

"I went to ask for a religious accommodation for my beard and ponytail, given Doctor Wernher had stated that he intended to enforce grooming rules that forbade long hair or beards for men. I explained the situation to Mrs. Cartwright, and she made it clear I didn't need an accommodation as I wasn't violating policy and promised to speak to Doctor Wernher."

"So how do the nurses figure into this?"

"Who do you think started the rumor about me leaving?" I asked with a grin.  
"And who encouraged me to go to Human Resources about the grooming policy?"

Shelly laughed, "Hell hath no fury like pissed-off nurses!"

"Fortunately, they all love me."

"Because they all want to *love* you!" Shelly declared mirthfully.

"They're all out of luck," I replied with a grin. "And I know they do! Part of my deal with Wernher was he has to apologize to them for the unilateral changes."



"Can I ask how you convinced someone like Wernher to apologize to the nurses?"

"I simply pointed out the advantages of doing so if he wants to achieve his goals."

"His goals?"

"I figured out what he wants and gave him advice on how to have a chance to succeed."

"I'm curious..."

"Sorry, that's between Doctor Wernher and me. I'm sure if you think it through, you'll be able to work out what he wants and why."

"You're OK with working eighty hours past the end of May?"

"Yes. The payoff is ensuring Mary is fully capable of performing all the necessary procedures by the end of August. That helps the surgical team and helps me in the long run. I'll go on the alternating rotation as planned in September."

"Watch your back, Mike."

"I hear you," I said. "But he's not after me personally, and he never was. His concern was with what I represent. He made a mistake by going after the man, not the implementation. He won't make that mistake again. Besides, who do you think will ensure the nurses drop their grievance against him? That will earn me brownie points with the nurses, with Doctor Wernher, *and* with the administration."

"Paging Doctor Machiavelli!" Shelly teased.

"Of course," I said with a note of concern, "the Hospital Board could blow it all apart by not agreeing to better wages for the nurses. Resident salaries were increased last year, and nursing salaries haven't been increased for three years. I'm just happy I'm not the one who has to find the money."

"Money has been a struggle since Cutter was a Resident here thirty-two years ago when it was a regional medical center with emergency medicine, such as it was, provided by surgeons in two rooms of the original building that are now the daycare center."

"I didn't know that bit of history."

"The cafeteria used to be internal medicine, and the entrance doors next to daycare were the main entrance to the building. The hospital was expanded in 1964 and again in 1973 to what we currently have. Money has always been the problem, and it's worse now with escalating costs for just about everything."

"Including medical school," I said. "A nearly 20% increase in tuition for new students in the Fall. And I hear they're eliminating subsidized meals for medical students."

"If you had to cut something, what would you cut?"

"I fully understand why that was chosen - it's low-hanging fruit. We're getting hit from every side, and it doesn't bode well for the future. A big part of the problem is political, and I'm not sure there's a solution that would fly with enough people to be passed over what would be vocal and determined opposition."

"All we can do is find a way to provide the best care we're able to provide with the resources available."

"Oh, I know," I agreed. "We'll be bitching about the same stuff in twenty years, I'm sure."

Shelly nodded, "That's what Cutter told Roth when he hired him as an Attending eight years ago."

"No surprise. In any event, keep what I told you to yourself, please. There's no need for Owen or anyone else to know. I promised Doctor Wernher not to undermine him."

"Part of your negotiated truce?"

"Yes. For the sake of patient care."

"Two and a half more days in purgatory, and you can return to Hell!"

I laughed, "In Orthodox thinking, Heaven and Hell are the same place and the same experience, it's our reaction to the outpouring of God's love that makes it either Heaven or Hell. So, for you, the ED is Hell; for me, it's Heaven. Oh, and Orthodox Christians don't believe in purgatory."

My pager went off, showing '111', so I asked to be excused, found Penny, and she accompanied me to the ED.

"Where is Nick?" she asked. "He disappears for an hour around this time every day."

"You'll need to ask him or Shelly Lindsay," I said.

Our consult resulted in an admission for a cholecystectomy due to acute cholecystitis -- inflammation of the gall bladder. It wasn't emergency surgery, so once he was moved to the surgical ward, Penny and I returned to the lounge. The

rest of the afternoon was quiet until 4:30pm, when Doctor Wernher called to let me know I had a shift starting Monday at 5:00am, in line with what we had discussed.

At 5:00pm, I headed home for dinner, and after dinner, we attended the Service of Holy Unction at Saint Michael with Kris and Rachel.



## **April 13, 1990, Great and Holy Friday, Columbus, Ohio**

Thursday had been a typical day for me, with four consults in the ED and a lot of time in the lounge, plus the Service of the Twelve Gospels at Saint Michael. On Friday morning, Kris, Rachel, and I left the house early so we could drive to Columbus, where we would basically spend the day in church.

The Prayers of the First Hour began promptly at 7:00am and lasted about forty minutes, with the Prayers of the Third Hour beginning at 9:00am and those of the Sixth Hour at noon. In between, we'd sat quietly on benches in the nave, though after the Sixth Hour prayers, we joined the congregation for a very light fasting lunch.

I ate only sparingly, and it would be the last food I ate until after the Pascal celebration. I had mostly kept my usual strict fasting rule for the week with the blessing of Father Luke and Father Nicholas, though Kris had eaten regular meals to ensure Charlotte Michelle did not suffer in any way.

After we finished our lunch, I met with Vladyka JOHN in his office.

"How are things at work, Mischa?" he asked. "I know there is ongoing conflict."

"I think it's mostly resolved now, and I'll be back in the Emergency Department on Monday, though I have a tougher schedule of five sixteen-hour days. On the plus side, it's Monday through Friday, so I'll only miss Vespers during the week and have weekends for the family. Things improve in September."

"It sounds as if you're happy with this development."

"I am because I was going stir crazy sitting in the lounge doing nothing while waiting for calls for surgical consults. I did tangle with the new Chief of Emergency Medicine a few times, but the result of those difficult conversations was positive."

"I'm sure you discussed it with Father Roman, but were those conversations conducted in love?"

"Not the first one, certainly, as I behaved cynically to achieve my goal. For the others, I had the best interests of patients, nurses, and the hospital in mind, placing those before my own interests, though mine mostly lined up with theirs. I had considered simply surrendering to Doctor Wernher to be able to spend my time caring for patients, but that turned out not to be necessary."

"Surrendering?"

"Leaving the trauma surgery program for a pure emergency medicine program. I'm not cut out to be a pure surgeon, and everyone knows that. My other option would be to invoke my right to leave based on an abrogation of my Residency contract by the hospital. The problem with that would be that my only real option would be to move to Chicago, something I'm not prepared to do."

"I will say I'm glad you didn't need to exercise that option. How does Kris feel about the extended hours?"

"She's fine, and we agreed before we were betrothed that my Residency had to take precedence. It's also the case that since the shooting, I've been on reduced hours compared to most PGY1s. That was mostly because I was covering for a more senior surgeon who is back now."

"That was one of the doctors who was shot, right?"

"Yes. The other one is slowly recovering and is going through intense physical therapy for her legs. I expect she'll need leg braces at least for a time, if not permanently, but she'll be able to walk and most likely return to duty at the hospital."

"That is good. How are you doing?"

"I'm fine," I replied. "Yes, it was traumatic to see my friend shot and killed, but, and I know this may sound wrong, but what happened with Elizaveta, my friend Lee, and my friend Sandy prepared me for that."

"It's rare that someone your age who is not in active military service to see friends and loved ones die so often. Things are OK at home?"

"More than OK. Kris is exactly the 'helpmate' I needed, and our relationship is in very good shape. I'm sure you've seen the obvious evidence of our love for one another."

Vladyka JOHN laughed, "It becomes more obvious each day! Mid-June, right?"

"Yes, around the 20th. I have time off scheduled, but obviously, Charlotte Michelle will have her own timing!"

"Babies always do!" Vladyka JOHN agreed. "And not just before they're born!"

"True!"

"Will we see you here tomorrow evening?"

"Yes. Weekday services are so much easier to attend at Saint Michael."

"Do what is best for your family, Mischa, but I wish to maintain our close relationship."

"As do I."

I left his office after receiving his blessing, then joined Kris and Rachel outside in the small shaded churchyard. I sat on a bench with Kris while Rachel played with two other girls.

"How was your talk with Vladyka?" Kris asked.

"Just catching up on what happened at the hospital. I know he and Father Roman speak, but it's better for His Grace to hear it from the horse's mouth."

"And the horse's arse?" Kris teased.

I laughed, "I haven't had anyone use that phrase, but Clarissa used to use a Russian equivalent all the time!"

"«Глупец» (*glupys*)? Kris asked with a smirk. ("blockhead")

"That's the one! Though she occasionally used an earthier term that Anicka taught her."

"Hmm...«ГОВНЮК» (*govnyuk*)?" ("shithead")

"Right again!" I chuckled. "Though Clarissa usually would say she couldn't leave me alone for more than about five minutes without me finding a way to get into some kind of trouble. At one point, she said 'one second!'"

"So, like most men, then?" Kris asked lightly. "Leave them to their own devices, and they could get in trouble in the nave of the church!"

"There might be some truth to that!" I chuckled. "Just look at the grandfathers!"

"I do like how you tease your mom about turning into your grandfather out of self-defense! He's a wonderful man and someone I would be happy for you to emulate at that age. Especially given your grandmother seems very happy!"

"TMI!" I declared with a grin.

"I didn't mean THAT, you «глупец» (*glupys*)!" ("blockhead")

I laughed hard, "I know, but it was funny to say. And I would have expected you to say that in French!"

"Given we had just discussed that word, I felt Russian would be more effective!"

"What would it be in French? «Imbécile»?"

"That would work, though something like «être bouché à l'émeri» -- not have two brain cells to rub together -- would be more typical. Or «fleur de nave» -- which is numbskull or dimwit."

"I'm curious what your sister would call Brett when she was upset with him?"

"She'd use English. She only uses French with you to torment you!"



"French with you is NOT torment!" I smirked.

"Michael Peter Loucks!" Kris reprimanded with a smirk. "It's Great and Holy Friday!"

"Sorry. I'll reserve the thought for Sunday!"

She leaned close, "When 'He is Risen' will have a VERY different meaning!"

I laughed hard because Kris saying something like that was a real surprise, especially on Holy Friday.

"OK, then," I chuckled. "I love you very much."

"I love you, too."

At 3:00pm, we were back in the nave for the Prayers of the Ninth Hour, and at 4:30pm, we celebrated Great Vespers for Great and Holy Friday. That evening, beginning at 7:00pm, was my favorite service of the entire liturgical year -- the Lamentation Service of Great and Holy Friday. When that service ended, we quietly left the church and headed home to Circleville.



## **April 14, 1990, Holy Saturday, Circleville, Ohio**

Early on Saturday morning, Kris, Rachel, and I attended the Holy Saturday Divine Liturgy at Saint Michel the Archangel, then went to practice with Code Blue, though an hour later than usual to allow for church. After band practice, we made our usual shopping trip to Kroger and the bakery, then headed home for lunch.

After lunch, we put Rachel down for a nap, and Kris and I went to the great room, where I put on one of her classical albums -- a collection of Mozart sonatas.

"How will you handle Holy Week next year?" Kris asked.

"The easiest solution is to schedule my vacation for Holy Week and Bright Week. I believe that's the first two weeks in April. Western Easter is the previous week, and I believe that's your Spring Break week, so we could go somewhere, if you wanted."

"You and me? Or as a family?"

"Either one would be OK with me. Charlotte will be about ten months old, so she could travel. Rachel did pretty well with being carted over most of southwestern Ohio for her first year."

"Let's discuss it after Nativity, if that's OK?"

"It is. I was basically resigned to having no real vacation for at least two years after graduation. How old do you want the kids to be before we go to Paris? Or would you want to go just as a couple for a belated honeymoon?"

"Both, I think! The challenge will be our second baby, who I think would be born in 1992. That almost means we would have to go next year."

"Get the academic schedule for next year, and we'll decide the dates, I'll make arrangements at the hospital to have someone cover. It would probably be easiest if it were in August, as then I'd have Mary and a second Resident, who would have had his basic training. Once we have the dates, I'll request the time off, and then we can book tickets."

"And I can show you the *real* Paris! As for a family trip, I think when our second child is at least four, so probably six years from now? And then every few years?"

"I'm OK with that, and we can worry about it in a few years. Out of curiosity, what name would you want if he had another girl?"

Kris laughed, "You'd be terribly outnumbered!"

"Russian men are used to it! So, a name?"

"I love Noémie, which is my great-grandmother's name."

"I like it. And a patron is easy - Naomi, Ruth's mother-in-law. There's an icon of her at the cathedral. Are you still OK with John for a boy?"

"Yes. Do you know what names Clarissa likes?"

"I have no idea," I replied. "We haven't discussed it because it's still several years away. If I had to guess, 1994 or 1995 so that she's established as an Attending before she has to take maternity leave."

"She's very pretty," Kris said, "and I know you considered her as an option! Hypothetically speaking, if she were straight, would you have married her?"

"As I've said before, a straight Clarissa would have been a very different person, just as a healthy Angie would have been a different person. And remember, Clarissa's lesbianism is what led to our close bond. I'm not sure we'd have ever been that close otherwise."

"What would you do if there was what my American friends call a 'hall pass'?"

"Another hypothesis contrary to fact like a straight Clarissa and a healthy Angie! And what possible answer could I give?"

"I'm teasing you, which I'm sure you know."

"Of course. The honest answer would be that if I were single, and she asked to conceive that way, I would likely say 'yes'. But I'm not single, so nothing else in that hypothetical matters. And with regard to your teasing about a 'hall pass', I can't imagine a worse idea. The number of things that could go wrong boggles the mind."

"I agree, obviously. And you seem very satisfied in the bedroom!"

"And in the great room, too!" I chuckled.

Kris laughed, and given the time, we decided to take a short nap so we'd be fresh for the Paschal services, which would begin at 11:00pm.



## **April 15, 1990, Great and Holy Pascha, Circleville, Ohio**

We arrived home just after 4:00am on Sunday morning, with me carrying a sleeping Rachel into the house and putting her in her crib before Kris and I went to bed to try to get some sleep before Rachel woke up wanting breakfast.

I managed about three hours before she came into our bedroom to ask for breakfast. I suggested Kris stay in bed as she was sleeping for two. She didn't argue, so I quickly dressed, and Rachel and I went downstairs to have breakfast together. Rachel's breakfast was yogurt, fruit, and a waffle, while I made a cheese, mushroom, and sausage omelette for myself.

"Papa?"

"Yes."

"Play guitar?" she asked.

"How about if we wait until Mama gets up? You and I can take a walk after breakfast."

"Yes!" Rachel agreed.

We ate, and after I cleaned up, Rachel and I went for a walk in the crisp Spring air. When we returned to the house, Kris was just getting out of bed, so I made her breakfast, and after she ate the three of us went to the great room so I could play my guitar.

"What time will you go to bed tonight?" Kris asked.

"I need to be up around 4:00am, so probably by 9:30pm because of last night. I figure the norm will be about 10:30pm, so I can spend some time with you before I need to be asleep."

"I should be able to adjust Rachel's schedule so we can say evening prayers together. I know that's important to you."

"It is. I wish we could say morning prayers together, but that's impractical because we'd have to wake the Tsarina very early."

"Papa!" Rachel said insistently. "Play guitar!"

"His master's voice," I chuckled and began to play.

About an hour later, I put the guitar away, and we all changed clothes so we could go to Agape Vespers at Saint Michael. After the service, we joined the Korolyovs for lunch. We had a nice time, and we headed home when it was time for Rachel's afternoon nap. After we put her down, Kris and I went to bed to take a nap.

"Perhaps a kiss or two before we sleep?" she suggested impishly.

It was quite a few kisses and other forms of pleasure before we fell asleep.



## **April 16, 1990, Bright Monday, McKinley, Ohio**

"Morning!" I said to Ellie when I walked into the ED on Monday morning.

"Hi, Mike!" she exclaimed.

I noticed the restrictive sign on the lounge had been removed, which showed that Doctor Wernher had followed through on our conversation.

"Did Doctor Wernher relent on the breaks?" I asked.

"Yes."

"Good. You're dropping the grievance today, right?"

"The fact that he rescinded the changes doesn't change the fact that he did it, and we had to work under those conditions for two weeks!"

"You missed my meaning. I wasn't inquiring, I was confirming. You need to drop the grievance. By all means, use it in your contract negotiations, but drop the grievance."

"I don't get why you would support him!" Ellie protested.

"It's not about supporting him; it's about the deal I made to put things back the way they were."

"You made?"

"Yes. I had a 'Come to Jesus' meeting with Doctor Werner and then a fairly blunt conversation. He did what I asked. Now, you do what I ask. You know I support the nurses, and I want to see you get a good contract. Withdraw the grievance and use that as an example of a concession to show how reasonable you are. Doctor Wernher apologized, right?"

"Yes. There's a memo on the bulletin board in the lounge that contains an apology."

"Then you do your part, please."

She frowned, "I'll have to speak to the other nurses."

"Becky and Kellie will agree with me."

"I could be *very* agreeable!" Ellie said sexily.

"You get permission from my wife, and I'll consider it!"

"As if *that* will ever happen!"

"So you understand *my* position! I prefer to live to age twenty-eight and see my second daughter born! Anyway, is Mary here?"

"She just went into the locker room. She's assigned to you, but I suspect you knew that. You don't have a Third Year."

"I understand. I'll have my own students from surgery starting in July."

"Hi, Mike!" Kylie said, coming over to us. "Welcome back to the ED!"

"Thanks. Are you coming on or going off?"

"Coming on."

"Doctor Baxter?" Nate called out. "EMS four minutes out with an MI."

Kylie went to find her students as Mary came out of the locker room all smiles.

Mary came over to greet me, saying, "Morning, Doctor Mike! It's a beautiful day in the neighborhood!"

I chuckled, "But can you tell me how to get to Sesame Street? Grab a chart, and let's start seeing patients. H&P, then come get me."

"Will do!"

She grabbed a chart and went to the waiting room while I went into the lounge, where Ghost was pouring himself a cup of coffee.

"Don't you have a baby yet?" I asked.



Ghost laughed, "Oksana handled Pascha better than I did, and she was due on Great and Holy Friday!"

"Russian women are indomitable!"

"That's for sure! I'm glad to have you back. Things worked out in the end."

"They did."

"I also heard you had a tense conversation with Wernher."

"He and I had several private conversations," I replied. "Let's leave it at that and be happy things are more or less *status quo ante*."

"Except you stole the best Fourth Year in the hospital from me!"

I rubbed my thumbs with my forefingers and smirked, "The world's smallest violins playing just for you. In stereo!"

"So, between you, me, and the Mr. Coffee, did you start the rumor?"

"No. I also had no contact with Doctor Barton in Chicago. That said, I will speak to him in the near future because he's presenting at the conference we're going to in Indy next month."

"I'd be happy to drive together and kick in for gas, if you're interested."

"The only caveat is that I'm speaking at Career Days at Harding County High on the 18th. I'd be there for the school day, then at 2:30pm, head to Indianapolis. We'd arrive after five, but late registration is from 5:00pm until 7:00pm. We'd be there in time for dinner, though we'd potentially miss part of cocktail hour."

"How about we plan to meet at Harding County High at 2:30pm? I can leave my car there, I suspect."

"Better would be to park at the hospital and meet there. I can let my friend Deputy Nelson know so they don't bother your car, but it's also not in the middle of pasture land with nobody around like the High School lot."

"OK. We'll plan to meet at the Rutherford Hospital. 2:45pm should work, right?"

"Yes. It's about five minutes from the school, so that allows me to stay right until the end of the school day."

"Who are you talking to?"

"Juniors who sign up to hear a doctor, and I'll also have lunch in the cafeteria."

"Surrounded by teenage girls!"

"I'll remind you I'm married to a teenage girl! One who would NOT be amused!"

"Neither would her cousin, so we're in the same boat."

"One in which we both willingly chose to be."

"For sure."

The door to the lounge opened, and Mary came in.

"Doctor Mike, I'm ready to present."

## XV. Back in the Saddle Again

**April 16, 1990, Bright Monday, McKinley, Ohio**

"Let's go see your patient."

"I think I should present here," Mary said.

"Go on."

"Stacey Hamilton, sixteen; reports discomfort on urination; irregular menstrual periods after being regular; temp 39.6°C; BP 118/62; pulse 74; PO<sub>2</sub> 99% on room air. Reluctantly admitted having unprotected sex on several occasions since her fourteenth birthday. Last gynecological exam was in October."

"Your proposed diagnosis?"

"PID resulting from an untreated STD."

"Differential?" I inquired.

"Ruptured ovarian cyst, appendicitis, ectopic pregnancy, or endometriosis would be the most likely alternatives."

"Your proposed diagnostic plan?"

"Full-spectrum STD test series; pregnancy test; pelvic exam to test for cervical motion pain; blood test for erythrocyte sedimentation rate (ESR) and C-reactive protein; ultrasound to check for edema and rule out the differentials."

"What do you think, Ghost?" I asked.

"I think you have the best med student in her class, and you stole her from me; that's what I think! I'd let her proceed with supervision."

"Mary, what is your proposed treatment plan if your diagnosis is confirmed?"

"Immediate antibiotics for a potential STD, which also is standard for suspected PID. Gynecological consult or referral to personal physician."

"Which would you do and why?"

"Consult; PID can require intensive in-hospital treatment and may need laparoscopy to confirm."

"Good. What did you miss?"

Mary thought for a second, "Social worker; first sexual encounter at fourteen, followed by an admission of multiple instances of unprotected sex. Of course, we have to report any STDs to the County Health Department, too."

"Are you comfortable completing your proposed diagnostic plan?"

"Except for the pelvic exam; I've observed, but I've never done one."

"Mike, on the other hand, has delivered babies!" Ghost declared.

"Something I hope to avoid for the rest of my career!" I replied. "Did she come in alone?"

"Yes. She has her driver's license."

"Then carry out your diagnostic plan, Miss Anderson."

"Yes, Doctor!"

I followed her out of the lounge to Exam 2, where she introduced me, then spoke to the patient.

"Stacey," Mary said, "we're going to perform several tests, which include drawing blood and taking swabs from your mouth, your vagina, and your anus, as well as performing an ultrasound and a pelvic exam. You have a right to have a female doctor supervise me if you prefer."

"You're going to do the exams?"

"Yes, I'm a trainee until May, as I explained, so Doctor Mike will directly observe because he's my teacher."

"It's OK," Stacey said. "Are you going to tell my parents? I wanted to go to the Free Clinic, but it's closed."

"So long as you don't need to be admitted to the hospital, no," I said. "Once you turned fifteen, you have medical autonomy over reproductive health. Mary, proceed."

"Stacey, you'll need to change into a gown," Mary said. "Everything comes off, though you can leave your bra on. Doctor Mike and I will step out. If you need help, push the purple call button on the wall, and a nurse will come to help you."

Mary gave Stacey a gown, and we stepped out into the corridor.

"Where are the gynecological trays?" Mary asked.

"Ask Ellie, and she'll have one of the nurses retrieve it from the supply room and assist you."

"It really sucks that the Free Clinic closed!" Mary declared.

"If the young woman has no need for admission, it's going to cost her or her family or her insurance several thousand dollars versus it possibly being free at the clinic."

"Uhm, if she has to pay, what happens? I mean, it's not like a sixteen-year-old will have a few thousand bucks!"

Lara had that kind of money at sixteen, but she was an anomaly.

"That's all left to Social Services and the County Health Department. The hospital is unlikely to send her a bill if she states she doesn't want her parents to know, but they might try to collect from her parents' insurance company, which would potentially have the effect of them finding out. But again, that's not on you or me, and the social worker will manage it."

Mary went to speak to Ellie, who asked Amy to get the gynecological tray and assist Mary. We waited another two minutes, then Mary knocked on the door to Exam 2. We waited five seconds, then the three of us entered to find Stacey sitting on the exam table dressed only in an exam gown.

"Stacey, this is Nurse Amy, who's going to assist me," Mary said. "First, Nurse Amy will draw blood, then I'll perform the swab tests and the pelvic exam."

"OK, Stacey agreed.

Amy drew the necessary tubes of blood for the STI, ESR, CRP, and pregnancy tests, then Mary swabbed Stacey's mouth. Once that was completed, she and

Amy got Stacey into position with stirrups. Mary swabbed Stacey's vagina and anus, then looked to me. I guided Mary through the pelvic exam and, once that was completed, through an ultrasound.

"We're going to step out for a moment," Mary said. "We'll be right back. Amy will stay with you."

"OK," Stacey agreed.

Mary and I went out to the corridor.

"OB/GYN consult," Mary said. "She has all the signs. Do we do that first? Or call the social worker?"

"We can let OB/GYN handle that. Call for your consult, and we'll discuss it with the OB/GYN Resident before we speak to Stacey. What's your diagnosis?"

"I'd say she has PID attendant to a chlamydia infection. There's an off chance she's pregnant, but there was no indication of an implanted embryo in the uterus or Fallopian tubes. Recommend ceftriaxone IM and oral azithromycin."

"Agreed. Give the antibiotics then call for your consult. Did you ask about alcohol or drug use?"

"She denied both, and I saw no signs of IV drug use nor any physical signs of alcohol or drug abuse. Also, no signs of any physical abuse."

"OK. Let's go back in."

We went into Exam 2.

"Amy, ceftriaxone IM and oral azithromycin," Mary said.

She wrote those on the chart, and I signed it, then Amy went to get the antibiotics, taking the blood with her so it could be taken to the lab.

"Stacey, we're going to give you two separate antibiotics," Mary said. "The test results can take some time, and it's much safer to administer the antibiotics now rather than wait. We're also going to call a gynecologist to come speak to you because we believe you have PID -- Pelvic Inflammatory Disease. That can result from sexually transmitted diseases or from sex without condoms."

"How bad is that?" Stacey asked.

"Usually, it's treated with antibiotics, and you would follow up with your gynecologist. We just want to confirm with a gynecologist before we release you."

"OK."

Amy returned two minutes later and administered the antibiotics, then Mary called for a consult. We stepped out of the room, and about ten minutes later, Marilyn Cartwright from OB/GYN walked up to us. I nodded to Mary, who presented.

"Already seeing the effects of closing the only clinic in the country to provide reproductive services, I see," Marilyn observed. "Let me examine her and ensure we aren't missing something."

"OK. If you don't take her, we're going to call a social worker."

"Make your call," Marilyn said. "I can't imagine you missed anything, Mike. You've delivered one hundred percent of the babies in the ED in the past three years!"



I laughed, "One out of one is a hundred percent!"

"All kidding aside, antibiotics are the standard, barring complications. Let me examine her."

The three of us went back into the room, Mary introduced Marilyn, and Marilyn conducted an exam. Once that was completed, Mary let Stacey know she could dress, and we stepped out.

"I agree with your preliminary diagnosis of PID attendant to a chlamydia infection."

"Thanks, Marilyn," I said. "Mary, use the phone at the nurses' station to call for the social worker."

"What do we say to Stacey?"

"That with a suspected STD, it's required. If she balks, simply say the social worker will contact her, and we let her leave because we don't have a medical reason to keep her."

"OK."

She made the call, and because Amelia Clinton, a new social worker assigned to the hospital, was immediately available, we waited for her to join us, which she did two minutes later. Mary presented the case to her, then the three of us went into the room.

"Doctor Mike will sign your discharge papers," Mary said. "You'll need to take the antibiotics for the next ten days, but your symptoms should begin to clear up by the end of the week. Please don't stop taking the antibiotics. This is Ms.

Clinton from Hayes County Family Services, who would like to talk to you. I'll come back with your discharge papers in a few minutes."

"Hi, Stacey," Amelia said.

Mary and I left and went to the nurses' station to fill out the paperwork.

"What's your private take on a fourteen-year-old having sex?"

"That depends," I replied. "At fifteen, I'd have been for it; as a dad, not so much!"

Mary laughed, "I think that's a fairly universal opinion amongst both teenage boys and fathers."

"Your dad?"

"Would have sent me to a convent if the Evangelical Free Church had convents!"

"Swedish, right?"

"Blonde? Check. Blue eyes? Check. E-Free Church? Check. Last name Anderson? Check. I have ancestors on both sides who emigrated from Sweden during the European Potato Famine. Somewhere along the line, they dropped the double S in Anderson, which is a dead giveaway for being a Swede."

Mary completed the discharge paperwork and notes, and I signed the chart and discharge sheet, and we returned to Exam 2 where Amelia and Stacey were talking. Mary presented the discharge instructions, then we left to allow Amelia to continue the conversation.

"Very good work, Miss Anderson. Write those procedures in your book for my signature."

"Thanks! I was wondering if, as your student, I should be 'Doctor Mary'?"

"That's up to you," I replied. "But I do find that kids respond much better to using my given name rather than my surname."

We went to the triage desk, but before we could get a patient, Ellie called for us.

"Mike," she said, "EMS two minutes out with a multiple MVA. Ghost needs you in the ambulance bay!"

"Thanks, Ellie."

Mary and I grabbed gowns, goggles, and gloves and headed to the ambulance bay, where Ghost and Kayla were waiting with three nurses and three medical students.

"Mike, you take the first one to Trauma 1 with Kellie, Kayla will take the second. I'll take the third. Isabella is admitting a patient and is available to help."

An EMS squad turned into the driveway, and I heard at least one more following, but probably a mile away, based on the air horn, which was usually used at the dangerous intersection that might finally be fixed in a year. The squad rolled to a stop, and Bobby jumped out.

"Male, mid-thirties; unrestrained driver in a head-on MVA; GCS 3; BP 80/50; tachy at 120; PO<sub>2</sub> 92% on five litres; facial lacs and contusion due to windshield; severe crush injuries to lower extremities; backboard and cervical collar; IV saline, TKO."

"Trauma 1!" I ordered.

Bobby, Sam, Kellie, Mary, and I rushed the patient to Trauma 1. Given the extent of the injuries, I knew I'd need help, so I called out to Ellie for an additional nurse and Doctor Mastriano, then quickly gave orders to Mary and Kellie. The five of us moved the patient to the trauma table, and Bobby and Sam left. As Mary, Kellie, and I got to work, Amy came in, followed by Isabella Mastriano and Peggy, a Fourth Year.

"Peggy, call neuro; stat consult!" I ordered. "Isabella, primary exam while I check neuro status."

"PVCs!" Mary announced.

"CSF in the left ear," I announced.

That signified it was probably hopeless, but we had to try.

"Crush injuries to the chest," Isabella announced. "Absent breath sounds left side."

"Left pupil is blown; right sluggish."

"V-tach!" Mary announced as the monitor blared.

"We can't wait for neuro; Amy, mannitol, IV push!"

"Are you sure, Mike?" Isabella asked.

"It's not indicative of tamponade, so the logical conclusion is swelling of the brain causing the arrhythmia. It can't hurt."

Amy hadn't paused but had acted on my orders and injected the mannitol as I continued my exam.

"Cervical swelling," I announced. "Mary, Babinski; Peggy, check the urine bag?"

"Urine in the bag, pink-tinged, indicative of blood."

"Positive Babinski!" Mary announced.

The monitor blared.

"V-fib!" Isabella announced. "Paddles to me and charge to 150!"

I moved to double-check for tamponade and didn't detect any muffled heart sounds.

"CLEAR!" Isabella commanded.

Everyone moved away, and she shocked the patient to no avail.

"Charge to 200!" Isabella ordered.

The second shock also had no effect. She ordered another charge, but before the machine chimed to show it was ready, the patient flatlined.

"Asystole," I announced. "His injuries are too severe; we should stop. CPR is contraindicated due to chest compromise."

I prayed a silent 'Lord have mercy' as Isabella reached over and pressed the button that would safely discharge the capacitors in the defibrillator.

"Time of death: 07:38," I announced. "Amy, would you get the death kit, please."

Mary turned off the monitors, and Kellie stopped the oxygen flow. I filled out the chart, signed it, then had Isabella counter-sign for the time of death.

"Lost him?" Lucy Vanderberg asked as she came into the room.

"Head versus windshield. CSF left ear; left pupil blown; right sluggish; positive Babinski; PVCs, then V-tach, then V-fib, and finally, asystole. A pair of shocks didn't work. IV mannitol was given prophylactically."

"Unrestrained, high-speed MVA?" Lucy said. "He was dead before the paramedics put him in the squad, his body just didn't know it."

"Pretty much," I said. "Mary, check his pockets for a wallet with ID, please."

She found a wallet, pulled it out, and opened it.

"Mark Ramsey from Massieville," she said.

That name sounded familiar, but I couldn't place it, and might just be because of *The Hunt for Red October*.

"OK. Let's go find the officer or deputy."

We left the room, and I saw Deputy Kenseth, so I walked over to him.

"Morning, Deputy. Good to see you here without some kind of trauma!"

"Good to be here without some kind of trauma. I take it from the exodus from the trauma room he didn't make it?"

"Correct. Head versus windshield; windshield wins. Someday, people are going to figure out why the safety belt is installed in their car."

"Tell me about it, Doc. You don't actually see the worst ones. Any ID?"

"Mark Ramsey from Massieville. His wallet is on the gurney with him."

"That matches the registration for the car. Let me make a call and have someone get in touch with next of kin."

Mary and I removed our gowns, gloves, and goggles and went to the triage desk to get the next patient.

"I'm still not used to that," Mary said.

"I'm not sure you ever get used to it," I replied. "If it ever stops affecting me, I'll seek spiritual and psychological counseling. The best we can do is cope."

"What do you have, Jenny?" Mary said to the nurse at the triage desk.

"L-O-L, weak and dizzy all over; shortness of breath; no chest pain," Jenny said, handing Mary the chart.

"Mary, what do you need to be aware of for an elderly female patient with dyspnea?"

"MI, even with no chest pain."

"Jenny, in the future, any female patient over sixty-five with those symptoms should be treated the same as an EMS run."

"I'll need written orders for that, Mike."

"I'll make it happen. Mary, bring the patient in and get her on a monitor and five-lead, please."

"Right away, Doctor."

She went to get the patient, and I went to Doctor Wernher's office. The door was open, so I knocked on the jamb.

"Good morning, Doctor," Doctor Wernher said.

"Good morning. I have a request to improve patient care."

"What's that?"

"When geriatric female patients present at triage with vertigo, weakness, and dyspnea, they should be brought in immediately and put on monitors, even absent chest pain."

"Hidden heart attacks?"

"Yes. A male patient would present with chest pain and be brought right in, but females are different. I'd like the standing orders modified."

"I'll consider it."

"Thank you."

"Tell me about the patient you lost."

"As I said to Deputy Kenseth head versus windshield, windshield wins. Unrestrained high-speed MVA, transported by EMS. Upon exam, CSF left ear;



called for a neuro consult; left pupil blown, right sluggish; positive Babinski; EKG showed PVCs, so I ordered mannitol IV push..."

"Not waiting for Neuro?"

"The patient didn't have the time, and mannitol wasn't contraindicated; we could manage the side effects if he lived long enough."

"Continue."

"Isabella and I continued to assess..."

"Please refer to Doctors by their surnames when reporting."

"Doctor Mastriano and I continued to assess; no muffled heart sounds; EKG showed V-tach, then V-fib. Shocked twice, 150 and 200, with no conversion. EKG showed asystole, but chest injuries contraindicated CPR. I concluded further lifesaving measures were futile. Doctor Mastriano concurred. I called 'time of death', and she countersigned the chart."

"No epi?"

"It was my opinion that would have been futile, and Doctor Mastriano did not protest. When Doctor Vanderberg from neuro arrived a few minutes later, her observation was that with his head having struck the windshield at high speed, he was, and I'm quoting her -- dead before the paramedics put him in the squad, his body just didn't know it."

"Good report. In the future, when you lose one, I'd like an immediate report, please. That goes for all physicians in the ED."

"Will do. What's the procedure if you aren't here?"

"I'll review the chart and ask if I have questions."

"Doctor Mike?" Mary said. "I need you. The monitor shows A-fib."

"Your geriatric patient?" Doctor Wernher inquired.

"Yes."

"Go. I'll approve the change."

"Thank you."

I left with Mary, and we went to Exam 3, where Becky was with the patient.

"Helen Campos, sixty-eight," Mary said. "Presented with near-syncope, vertigo, weakness, and shortness of breath. BP 150/100; pulse 120; PO<sub>2</sub> 98% on nasal canula."

"Hi, Mrs. Campos," I said. "The EKG is showing that you're having what's called atrial fibrillation, often called 'A-fib'."

"A heart attack?" she gasped.

"No, it's an arrhythmia, that is, an abnormal heart rhythm. It's common in patients over sixty-five and is not generally life-threatening. It's easily treatable. We're going to run some tests and perform a complete exam, OK?"

"Yes. Can someone tell my husband?"

"I'll bring him in, if that's OK?"

"Yes."

"Mary, H&P and write your proposed tests on the chart for my signature."

"Yes, Doctor."

I left the exam room and went to the waiting room.

"Mr. Campos?" I called out.

A man, who I guessed was about seventy, stood up and came over to me.

"I'm Gus Campos. How is Helen?"

With their names being Helen and Gus, which was likely a diminutive for Constantinos, the strong odds were they were Greek Orthodox.

"Come with me, you can see her, and I'll explain."

I escorted him to Exam 3, where Mary was conducting the H&P.

"Mr. Campos, your wife is suffering from atrial fibrillation, which means her heart isn't beating properly. It's not a heart attack, and it's generally not life-threatening. It's common in people over sixty-five. It's treatable with medication, but we want to run tests before we do that, and we'll call for a cardiologist to come see your wife to confirm. You can stay, just please sit in the chair by the desk."

"Thanks, Doc."

"You're welcome."

He sat down, and I moved over next to Mary and listened to her complete her history, then perform a physical, and she called out her findings so Becky could scribe them.

"Ears clear; pupils reactive; good movement; nasal passages clear; throat normal; no edema or distension in the neck; lungs clear; heart sounds conform to EKG; brachial and radial pulses strong; femoral pulse strong, but posterior tibial pulse weaker; muscle tone consistent with age. CBC, Chem-20, ABG, cardiac enzymes, and a cardio consult."

"Approved," I said. "Any medication?"

"Non-smoker, light drinker, weight appropriate; stroke risk is minimal, so anticoagulants are not indicated; recommend 0.5mg oral digoxin to control A-fib."

"Proceed."

She had Becky draw the blood and administer the digoxin tablet, then placed the call for a cardiac consult. About ten minutes later, Leila Javadi arrived for the cardiac consult. Mary presented the case, and following an exam, Leila confirmed our diagnosis and agreed on discharge and a referral to a cardiologist who could see her later in the day. She and Mary explained everything to Mrs. Campos, and once the blood test results were back, I signed the discharge form.

"Good job," I said to Mary. "You'll be ready in six weeks."

"Thanks, Doctor Mike! Next patient?"

"Yes."

We treated another seven patients before lunch -- six walk-ins and one MI, the latter being admitted to cardiology. There was a brief lull, which allowed me to arrange my break to meet Clarissa in the cafeteria.

"You look happier than you've been in a month!" Clarissa declared.

"I'm back where I belong," I replied. "And Wernher actually acted on a suggestion I made for improving patient care."

"What?"

"For female patients sixty-five and older who present with vertigo, weakness, and dyspnea are brought in right away because women often don't have chest pain associated with MIs the way men do."

"What brought that on?"

"Geriatric patient with persistent A-fib."

"What did Cardiology say?"

"Agreed with a referral to an outside physician as risk assessment for stroke was low."

"Any interesting cases?"

"High-speed MVA with forehead versus windshield. Even an Internist can work out how that ended."

"Badly. And what's this 'even an Internist' crap?"

"I have to give you a hard time, Lissa! You've spent the best part of eight years giving ME a hard time, so a bit of payback is warranted!"

"You really are happy to be back in the ED."

"More than words can say. And I have Mary Anderson as my student, so right now, I'd say everything is perfect."

"How is that going to work starting in June?"

"I'll have a Fourth Year assigned to me by Surgery and a Third Year from Emergency Medicine, while Mary will have the usual pair of Emergency Medicine students."

"Some Fourth Year is going to be ecstatic!"

"Once September rolls around, we'll both have Fourth Years from Surgery and Third Years from Emergency Medicine."

"Because surgeons need *someone* to do ED scut for them in the ED!"

"That wasn't expressly stated, but I believe that's the thinking. How are things in Medicine?"

"Calm. Exactly as I like it! You know me, I prefer methodical medicine. You and Mary are both freaking adrenaline junkies! No thanks!"

"Kris and I talked about going to Paris next year on a belated honeymoon."

"Did you ask the Tsarina for permission?"

"No, but she'll have her choice of places to stay."

"Abi Greene wins that competition every time!"

"Probably. I'll also take Holy Week next year; Owen said he was positive that would work OK, as Mary will be trained by then."

"Mary will be giving you a run for your money by October, and it'll be your doing! Before I forget, any word on Oksana?"

"According to Kris, if Oksana doesn't deliver by Sunday, they'll induce or perform a C-section on Monday. Oksana will be eight days late at that point. Speaking of babies, Kris wondered if you had come up with names?"

"I like Aleksandr Mikhailovich. I'd spell it the Russian way and would call him Alexi."

"That was my uncle's name, but he legally changed it to Alexander Michael just before he graduated from college. Nobody calls my uncle 'Alexi' except my grandmother, and I don't have a problem if that's the name you like. It's interesting that you're more Russian than I was in naming my daughters!"

"Your reasons were that you wanted to put being American over Russian, and I totally get that; I want our child to know his Russian heritage, along with his English heritage."

"What's the origin of 'Saunders'?" I asked. "Do you know?"

Clarissa smirked, "It's derived from 'Sander' and is basically the Scottish equivalent of Sasha!"

"So, if you have a boy, he's going to be, in effect, Aleksandr Mikhailovich Aleksandrov?"

"Yes, but how many people are going to know that?"

"Probably none unless you tell them. What about a girl?"

Clarissa smirked, "Alexandra, so she could be Sasha Mikhailovich Saunders, so Sasha Mikhailovich Sasha!"

"You're a nut, Doctor Saunders!"

"I'm teasing. I think for a girl, either Svetlana or Yekaterina."

"What English name would you use for Svetlana?"

"Lana; and Katey for Yekaterina."

"Are you going to teach him or her Russian?"

"Just enough to be able to greet your grandfather. I think he'd very much appreciate it. Oh, and the words I use for his or her dad!"

"I'm just waiting for Lyuda to teach Rachel those in French! Not!"

"I thought she was busy frustrating a fifteen-year-old boy from the Cathedral!"

"Brett. And speaking of girls that age, I had a young woman come in today who we diagnosed with PID, likely attendant to a chlamydia infection. Multiple instances of unprotected sex starting at age fourteen."

"And rather than going to the Free Clinic and paying maybe \$35, she racked up at least \$500 in tests and exams she'll have to pay for, or the hospital will have to eat."



"We did make that observation."

"I spoke to Lara about it, and even she couldn't fund it on her own."

"A million bucks is not as much as it seems," I replied. "You have to figure salaries alone account for about a third of mil a year. Then add in rent, utilities, supplies, and malpractice insurance, and you get to the \$1.1 million grant they received each year from the Kelsey Foundation."

"Any word from Gale Turner or his attorney?" Clarissa asked.

"No, but I expect something to happen this week."

We finished our lunch, shared a hug, then returned to our respective services.

"What do you think of Wernher requiring us to present any losses," Kylie, who had come on at noon, asked quietly when I returned to the ED.

"I don't think it's about 'gotchas', if that's your concern. Loretta's style was more hands-off, and Brent Williams followed her lead when he was Acting Chief. They both basically allowed everyone to work without direct supervision except the Residents who didn't attend McKinley Medical School. There was really only one exception."

"Mastriano, when she countermanded your treatment plan for the battered patient. Otherwise, it was...ah, yeah...people she didn't know and with whom she didn't have any experience. Wernher has none with any of us."

"Exactly. And, in my opinion, he learned an important lesson about using a lighter touch with all of us prima donnas!"

Kylie laughed, "Says the man in surgeon's garb who appears to have browbeaten the new Chief into submission."

"I simply appealed to his self-interest," I replied. "But I'm still going to follow the ancient Russian proverb -- «Доверяй, но проверяй» (*Doveryai, no proveryai*)."  
("Trust, but verify")

"I'm surprised you didn't say it in Klingon!"

I chuckled, "As much as I enjoy *Star Trek*, I'm not about to try to learn Klingon!"

"I did find it amusing they sent the Russian to the military base in *The Voyage Home*."

"That was fun, but I liked McCoy's interaction with the doctors practicing twentieth-century medicine."

"Even you wouldn't call cramps '*immediate postprandial, upper-abdominal distention*'!"

"True, but dialysis *is* barbaric when you think about it. Anyway, Wernher will come around. As I said, it's in his personal best interest. That doesn't mean things will be peachy-keen or nothing will change; just give it a chance. He got off on the wrong foot, and a wise man figures that out and changes his approach."

"What about the nurses?"

"If I were a betting man, I'd wager they're going to strike at midnight between June 30th and July 1st."

"That's going to be ugly."

"It certainly is."



## **April 17, 1990, McKinley, Ohio**

"How did things go yesterday?" Shelly Lindsay asked when we met in the locker room just before 5:00am on Tuesday morning.

"Heavenly!" I declared, recalling my discussion with her about Heaven and Hell.

Shelly laughed, "I'll leave the insanity to you!"

"And I'll leave 'cut along the dotted line' to you!"

"Which is, of course, why we each selected our chosen specialties. We're both OCD, it's just I live for randomness, and it's your enemy, just as it is for Clarissa."

"Variety is the spice of life?" Shelly asked with a smirk.

I chuckled, "Yes, when I was single. Now, as Clarissa put it, I've done something nobody's done since Napoleon's early days -- surrendered to the French!"

Shelly laughed, "Nice. How are things at home with the new schedule?"

"Rachel will be unhappy, but with weekends off, she'll be OK. Kris is understanding, and she knows I'm very happy to be back in the ED. How are you doing now that you've been back two weeks?"

"I still get a bit stiff standing at the table, but it's better now than my first day back. I never understood how some of the old-time senior surgeons did it --

overweight, smoking, drinking, and generally being out of shape. You, I get -- you stand for days on end in church!"

I chuckled, "It does seem like that, especially during Holy Week. Sorry to cut this short, but I have about forty-five seconds to get to the ED."

I left the surgical locker room and hurried to the stairs, bounded down them, and then quickly walked to the ED, walking through the doors with about five seconds to spare.

"Morning, Doctor Mike!" Mary called out. "I'm going to get a patient!"

"Please do," I said.

She was clearly champing at the bit and very much enjoying the semi-autonomy I'd given her. I was handling her much the way Doctor Gibbs had handled me because I trusted Mary to ask for help when she needed it and not get in over her head by being overconfident. She went to the triage desk, and I went into the lounge.

"Morning, Mike," Doctor Mastriano said.

"Morning, Isabella. Anything interesting overnight?"

"Nope. The board is clear, so I let Paul go home five minutes ago."

"You're on until noon, right?"

"Yes. Rumor has it Wernher is going to completely revamp the schedule starting July 1st when we have our new Residents and the new Attendings."

"How so?"

"Staggering them more than they are now."

"That makes sense for continuity of care, and we're going to need more people on in the morning because of losing the Free Clinic."

"Do you know what Trina Carlisle is doing?"

"She was hired by my GP's physicians' group to handle their 'sick visits'. And I know two of the nurses were hired by Medicine. Not sure about the others. And Gale is cooling his heels while his attorney works on having the bogus charges dismissed."

"You're confident about that?"

"Very."

"Doctor Mike?" Mary called out from the door. "I'm ready to present."

"What do you have?"

"Man versus bagel knife."

I shook my head and followed her to Exam 1.

"Mr. King, this is Doctor Mike," Mary said.

"Hi, Doctor.

"Hi, Mr. King. Mary, present, please."

"Mark King, twenty-three; five-centimetre incised wound of the left palm; BP 110/70; pulse 70; PO<sub>2</sub> 99% on room air. Recommend irrigation and suturing; no tendon or other damage."

I checked the wound had instructed Mary to suture, and when I left the room, Ellie called out to let me know Naveen needed a surgical consult in Exam 5.

"Hi, Naveen," I said when I walked in. "What do you have?"

"Kevin Brown, nineteen. Accidentally kicked during karate practice last night. Presents with pain in the upper left quadrant, tenderness on palpation, and Kehr's sign. Reported near-syncope on rising this morning. Suspect splenic injury. BP 100/60; pulse 80; PO<sub>2</sub> 97% on room air."

Kehr's sign was a classic sign of splenic injury and was one of the odd features of human anatomy -- referred pain. It was caused by blood in the peritoneal cavity and before imaging, was considered fairly conclusive evidence, though ex-laps might find other causes.

"Good morning, Mr. Brown," I said. "I'm Doctor Mike, a surgical resident assigned to the ER. What form of karate do you practice?"

"Shōtōkan."

"Dōjō Kobayashi Hikaru?" I inquired.

"Yes. I'm an orange belt. You know it?"

"Before medical school, I had earned a brown belt. What happened?"

"Sparring practice. A blue belt didn't pull their kick properly."

"No pads?"

"No. It wasn't supposed to be full contact."

Naveen's student Trish had the ultrasound ready, so after a basic exam, I performed the sonography and detected free fluid in the peritoneal cavity as I had expected.

"The new protocol is a CAT scan rather than an ex-lap," I said to Naveen. "I'll sign off on the CAT scan, and then, once we have the images, either Surgery or Medicine will take him. Keep an eye on his pressure, please."

A serious drop in blood pressure would require an emergency ex-lap, something I hoped to avoid.

"Will do," Naveen said. "Trish, make the call, please."

"Mr. Brown, the ultrasound shows what appears to be blood in your stomach cavity. We're going to send you for a CAT scan, which will help us determine exactly what needs to be done."

"CAT scan?"

"Computed Axial Tomography -- it's a very sophisticated X-ray that will provide a detailed picture of what's going on. I'll come back to see you after the scan."

"Thanks, Doc."

I wrote the orders on the chart, signed it, then left the room. I went to the nurses' station and filled out the form for the CAT scan, signed it, and put it in Doctor Wernher's box. I reconsidered, retrieved the form, and went to his office. I knocked, and he looked up and waved me in.

"There's a new protocol from surgery for certain abdominal injuries. We have a suspected splenic lac with confirmed free fluid in the peritoneal cavity. In the past, that would have called for an ex-lap, but now Doctor Roth wants a CAT scan. I wrote the order on the chart and signed it, but there's also a form to fill out, and instructions were to put it in your box. I felt I should notify you directly for this first one."

"I saw the memo yesterday. It's OK to just put the form in my box, as it's purely a surgery thing at the moment. Did you see my memo on the board in the lounge that I need to sign off for any scans that aren't ordered by surgery? Or the most senior Attending on duty if I'm not here."

"I did see that, yes."

"What's your take on shotgun lab tests?"

"Do you want my answer as a diagnostician or as a bean counter?" I asked.

Doctor Wernher laughed, "Opposite answers, of course."

"Yes. Fundamentally, what is colloquially called a 'trauma panel' is the single best diagnostic tool we have, and, at least the last time I checked, inexpensive compared to pretty much everything else. Are you getting pressure?"

"From two directions -- risk management wants every test known to man run; cost management wants no tests run. OK, that's an exaggeration, but you get the point."

"Whatever the bean counters say, we're required by EMTALA to assess and treat any patient who presents at the ED or asks for help on the hospital campus. It's precisely those patients where we need 'defensive medicine' to protect ourselves.



And, those are the patients least likely to have health insurance. It's a no-win scenario."

"Permission to speak freely -- what do you think about EMTALA?"

"Overall, a good idea. Where it breaks down is the understanding our legal department has that the law does not allow us to direct patients to a clinic or private physician if they don't appear to need emergency services. Of course, with the Free Clinic closed, that's basically moot."

"Coming from Chicago, I was surprised at the lack of availability of family planning services here."

"You're in a rural, socially conservative county," I replied with an exaggerated drawl. "We like our guns loaded and our women-folk pregnant!"

"I didn't take a role in Georgia or Alabama!"

"You might as well have. This may not be Harlan County, Kentucky, or, to use a fictional reference, Hazzard County, Georgia, but it has many of the same features. I was born one county west, and my little sister's best friend's dad was in the Klan and a member of the White Patriot Party before he was convicted of murdering a black kid for dating a white girl."

"We aren't that far from Columbus."

"Cleveland is the most liberal big city in Ohio," I replied. "Democrats who win statewide elections have to carry Cuyahoga County by wide margins. In any event, back to EMTALA, I don't see how we have any choice but to run 'shotgun' labs. Remember, the law gives patients a private right of action against the hospital AND the treating physicians and nurses."

"I don't envy your position or Owen Roth's. I just want to treat patients to the best of my ability. Sadly, we have limited resources, and no system, no matter how it's funded or who runs it, will have resource constraints. We just have to figure out how to manage those constraints.

"Doctor Northrup had more than a few run-ins with insurance companies about what they claimed were 'unnecessary' tests or procedures. Medicare is rough, and Medicaid is, well, a disaster. Basically, a study in Oregon showed literally no difference in outcome between uninsured patients and Medicaid patients, and there were some indications that uninsured patients fared better."

"I read that study," Doctor Wernher said. "Reimbursement rates are so low that Medicaid patients get the minimal care that is medically defensible. If you have any bright ideas about saving money, I'd like to hear them."

"We could start by eliminating most of the admin paperwork," I said with a grin.

"Yeah, good luck with that! I thought the Navy was bad; Medicare is worse."

"Maybe the new computerized record system that we'll begin using in the new ED will help," I suggested.

"I heard you hated computers."

I chuckled, "They are infernal machines, but it was programming I hated. They're useful for writing reports and keeping track of information."

"OK. Let me know if you have any ideas, Doctor."

"I will."

I left his office and decided to check on Mary, who was just finishing her sutures. She had good margins, so I instructed her to dress the wound and discharge the patient. I signed the chart, then filled out the discharge form and signed in.

Ten minutes later, Mary let me know she was ready to present the next patient.

"I'm not sure what to do for this one," she said. "Can we speak privately?"

"Who's with your patient?"

"Becky."

"OK. Consult room."



# XVI. Getting To Know You

**April 17, 1990, McKinley, Ohio**

"What do you have?" I asked.

"Nineteen-year-old female with multiple contusions and a significant abrasion on her forehead. Claims the injuries are from Rollerblading, but I don't think so based on her demeanor and the VERY controlling vibe I get from the boyfriend who brought her in."

"Don't take this the wrong way, but by vibe, you mean intuition?"

"Girls know," Mary replied. "I know that's not medically defensible, but it's real. There are guys who give off a very creepy vibe. This guy sure does."

"I take it he insisted on coming into the room with her?"

"She insisted he come in, but her eyes kept darting to him as if she were seeking approval."

"Are they alone in the exam room?"

"No. Jamie is in the room with them. I figure if the six-foot black belt in Taekwondo can't control the situation, we'd need the Sheriff's HRT."

"What do you want to do?" I asked.

"Call the cops, but I don't have any actual evidence yet. I'm concerned that I won't get truthful answers from her, and I certainly won't with him in the room."

"If he won't leave and she doesn't want him to leave, we try a bit of subterfuge. Perform your exam and say that we want to send her to Radiology for a CAT scan. I'll call Jeannie Wilders or Amelia Clinton and ask them to put on a lab coat and meet us in radiology. We've used this ploy in the past because nobody is allowed in the room with the scanner or in the control room except medical staff. If the patient admits the abuse, the social worker can call the Sheriff. If not, all we can do is treat her injuries."

"That sucks," Mary declared.

"One lesson I had to learn, and with some difficulty, is that we have to leave things outside medicine to other professionals. There were times when I was still a clergyman when I wanted to do clerical things, but that wasn't my job as much as I wanted to do that. Doctor Gibbs made the point starkly -- if I wanted to be a chaplain, then I had to be a chaplain and not a physician. It took quite a few whacks on the nose with a rolled-up newspaper for that to sink in, but it finally did. Let me make the call to the social worker now."

I picked up the phone and dialed the number for the on-call social worker, and Jeannie Wilders answered. I explained the situation and she agreed to my plan and asked me to call when we were ready to go to Radiology.

"All set," I said. "I'll call her when you take your patient to Radiology. Let's go see her, and be very careful how you present. We don't want to spook the boyfriend."

"Defib set to 300 to the groin will do it," Mary said.

"Ouch?" I said, shaking my head.

"Never thought about doing that?"

"Only to Residents or Attendings," I chuckled.

Mary laughed, "I promise not to do that to you! Rosenbaum...never mind."

"Did he act inappropriately towards you?"

"Yes, but before the new rules went into effect."

"Not since?" I asked.

"Not since," Mary confirmed.

"Then, sadly, there is not much I can do. Let's go."

We went to Exam 4, where Mary presented.

"Jill, this is my supervisor, Doctor Mike."

"Hi, Jill," I said.

The boyfriend, who was standing close to the bed eyed me suspiciously, and I had to admit to myself I had the same vibe Mary had. A quick look with Jamie confirmed he agreed.

"Hi, Doctor," Jill replied.

"Mary?" I prompted.

"Jill Morrison, nineteen. Multiple contusions and abrasions to arms, hands, and temple due to Rollerblade accident. BP 120/70; pulse 70; PO<sub>2</sub> 99% on room air.

Reports significant right shoulder pain, and shoulder is tender to the touch, but does not appear dislocated."

"Jill, mostly your injuries don't appear to need more than irrigation - cleaning them with saline -- and topical antibiotic. Your forehead scrape doesn't appear to be serious enough to require plastic surgery to prevent a scar. May I listen to your heart and lungs and examine your shoulder?"

"The lady doctor already did that!" the boyfriend protested.

"Mr...?" I prompted.

"Crowe. Drew Crowe."

"Mr. Crowe, Mary is a Sub-Intern, so I'll need to confirm her findings. She believes the shoulder injury is serious enough to require a CAT scan, and that will require my signature, and approval from the Chief of Emergency Medicine. In order for me to sign off on the test, I need to do an exam. Jill, may I?"

"Yes," she agreed, but only after looking for approval from her boyfriend.

Her heart and lungs were unremarkable on auscultation, but I was actually concerned about the shoulder, given how Jill winced when I touched it. I suspected some kind of deep ligament injury or possibly a ball-and-socket injury of some kind that hadn't resulted in a dislocation.

"She needs an X-ray and very likely a CAT scan," I announced. "Mary, please call Radiology, and I'll have Doctor Wernher sign off on the CAT scan."

"Why does it need three doctors?" Mr. Crowe asked.

"The hospital, like the military, thrives on red tape," I replied. "I'll be right back."



Mary went to the phone, and I left the room and walked to Doctor Wernher's office. He wasn't there, so I checked the board and saw he was in Exam 1, so I went there.

"Excuse me, Doctor Wernher, may I interrupt?" I asked.

"What do you need, Doctor?"

"Could you step out for a moment for a private conversation?"

"Two minutes," he replied.

I stepped back into the corridor and waited for him to come out, then explained what I wanted to do.

"Is that the usual protocol here for this kind of thing? In Chicago, we just called in a female police officer and social worker."

"We tend not to call law enforcement until we have some actual evidence, and usually it's left to the social workers to place those calls when we're treating battered women."

"X-ray first, and if it's not sufficient, then a CAT. Unless there's a break, it's most likely going to be treated outpatient, not by admission to Ortho or Surgery. Agreed?"

"Agreed."

"Proceed."

He went back into the room, and I returned to Exam 4.

"All set," I said. "Jill, we'll do an X-ray, you'll wait in Radiology while we wait for the film to be developed, and if it's inconclusive, we'll do an immediate CAT scan."

"OK," she agreed.

"Mr. Crowe, because both scans use ionizing radiation, nobody is allowed in the room except medical staff and the patient. There's a waiting room outside Radiology, or you could go to the cafeteria and get some coffee."

"I want to stay with Jill."

"The best we can do is the waiting room outside Radiology. It's simply unsafe for anyone to be in the room. Mary and I aren't allowed in there; only Radiology techs and the Radiologist, and they wear badges to measure the X-rays they receive despite the protective systems for the equipment."

He looked very unhappy, and I wondered if he'd insist Jill leave AMA.

"My shoulder really hurts, Drew," she said. "Please?"

"OK," he agreed. "I'll stay with you every second until they take the X-rays."

"Mary, go ahead and walk them down to Radiology, please."

They left, and I went to the phone and called Jeannie Wilders, who promised to go straight to Radiology wearing a medical coat.

"That asshole is beating her," Jamie said after I hung up.

"Mary figured that out. Hopefully, she'll talk to Jeannie. If she doesn't, our hands are tied."

"I'm a pacifist like you, Mike, but guys like that who abuse women..."

"Yeah."

We left the exam room and waited for Mary to return, which she did about five minutes later.

"The social worker is with Jill, but I'm not confident Jill is going to talk."

"All we can do is wait. You can get another patient while we wait."

"Mike?" Ellie called out. "EMS three minutes out; GSW to the chest."

"Mary, let's go. Ellie, I need two nurses."

"Jamie and Kellie."

All of us hurried to the ambulance bay for what was guaranteed to be a surgical admission.

"Mary, use the phone just inside the bay doors to call Surgery and let them know we have an inbound GSW."

"Right away, Doctor!"

The EMS squad pulled up, and Randy, a new paramedic, hopped out.

"Male, twenty-six; single gunshot wound to the right chest with no exit wound; BP 90/60; tachy at 110; PO<sub>2</sub> 94% on five litres; IV plasma and saline; 3mg morphine."

When he opened the back of the squad, Deputy Kenseth jumped out first, followed by Julie, the County's lone female paramedic.

"Trauma 1!" I ordered. "Jamie, type and crossmatch; Kellie CBC, Chem-20, ABG surgical stat! Mary, intubation, then five-lead."

We rushed the patient towards Trauma 1, with Deputy Kenseth following closely.

"Your handiwork, Deputy?"

"He drew on Scott Turner. That never ends well."

When we reached the room, we moved the patient to the treatment table, and I began my assessment. I moved the pressure bandage, observed the wound, then covered it again.

"Entry wound just below the right nipple," I said, then auscultated and announced, "Absent breath sounds. His PO<sub>2</sub> is OK, so I'll wait on a chest tube."

"O positive," Jamie announced."

I continued my exam, and once Mary had intubated the patient, she hooked up the EKG, and I didn't like what I saw.

"V-tach," I said. "And I don't like that pressure. He's going right up. Mary, make the call and tell them we're coming now. Kellie, get that blood to the lab stat. Jamie, we need a gurney."

Three minutes later, we were on the way to the elevators.

*"Code Yellow, Radiology! Code Yellow, Radiology!"*

In the past, that would have brought unarmed hospital security guards; now, it was going to have an armed response by the off-duty police officer or deputy assigned to the hospital.

"He's not going anywhere, right Doc?" Deputy Kenseth asked, unsnapping his holster.

"Surgery then recovery," I said. "He couldn't get off the gurney if he wanted to."

"OK!"

He sprinted towards Radiology while we moved the patient into the elevator.

"That appears to have gone badly," Mary observed.

"Yeah. Let's get this guy to the OR."

"Will we scrub in?"

"Doubtful."

I turned out to be correct, and once the patient was in the OR, Mary and I returned to the ED.

"Mike," Ellie said, "Jeannie Wilders is in Exam 6. The patient's boyfriend punched her in the face."

"Wonderful. Mary, let's go."

Mary and I went into Exam 6, where Nurse Amy was with Jeannie, who was holding a chemical cold pack to her eye."

"Hi, Jeannie."

"Hi, Mike."

"What happened?"

"He was becoming belligerent, and I tried to calm him. I think he guessed who I was and punched me, then tried to break into the Radiology room. An orderly helped me here after the Deputies responded."

"OK. Let me take a look."

I performed a basic eye exam, then carefully touched around her eye.

"I don't think there's an orbital fracture, and I don't appreciate any injuries to your eye, but you're going to have a hell of a shiner."

"Eight years of school, and that's your diagnosis?" she asked with a slight grimace.

"Fine," I said flatly. "Periorbital hematoma of the *ocularis dexter* due to blunt force trauma. Happy?"

Jeannie laughed softly, "Yes. Can I get something for the pain?"

"Can I get something for the pain in the butt you're being?" I teased.

"I'll ask Doctor Saunders for pointers so I can do better next time!"

"God help me," I chuckled. "Amy, two tablets of Tylenol 3 for analgesia. Ask one of the Attendings to countersign the chart for the Schedule Drug, please."

"Right away, Mike."

"Mary, go check on your patient and report back, please."

"Will do."

Mary left, and because Amy had left, I had to step out of the room until Amy returned.

"Did she admit he's beating her?" I asked once Jeannie had taken the Tylenol.

"No, she was sticking to her story, but it was obvious she was lying. Fortunately, the SOB showed his hand, so, at a minimum, he's going to jail to cool his heels, and I'll swear out the complaint. If she's admitted, Amelia or I will try to talk to her; if she's discharged, we'll send someone to talk to her. That'll be easier if the boyfriend is spending quality time with the Sheriff."

"OK. I'll sign the discharge form, but stay as long as you need. At home, you can take Tylenol or Advil for pain, and come see me on Thursday morning to check, sooner if you suffer any vision problems or dizziness."

"Thanks, Mike."

"You're welcome."

I filled out the paperwork, signed the chart and discharge form, then left the room. Mary arrived back in the ED about two minutes later.

"She'll need an Ortho consult," Mary said. "The Radiologist says he sees ligament damage consistent with hyperextension. I'd say she was yanked hard by the arm."

"While it's possible to hyperextend a limb by falling, that kind of shoulder injury is absolutely consistent with your observation that she was yanked hard by the arm. What happened to the boyfriend?"

"Per the tech, a nightstick to the back of the knee got his attention. Cuffed and dragged away. I'm sure the off-duty cop who responded will come to talk to Ms. Wilders."

"She said she'd press charges. Where's Jill?"

"An orderly will bring her back, accompanied by the off-duty cop."

Just as she'd said that, an orderly brought Jill back in a wheelchair and the off-duty McKinley Detective came over to me.

"Where's Ms. Wilders?"

"Exam 6. She said she'll press charges."

"Good. That'll keep the asshole off the streets for a bit."

He went to Exam 6, and I went to Exam 4.

"Mary, call Ortho, please," I said. "Then irrigate and apply triple antibiotic ointment and a clean dressing."

"Right away, Doctor."



"Jill, according to the radiologist, you have ligament damage in your shoulder. Mary will clean and dress your forehead abrasion, and then a doctor from Orthopedics will come talk to you after reviewing the images of your shoulder."

"What about my boyfriend?"

"You'll need to talk to Detective Miller. I'll let him know you asked."

I left the room and went to Exam 6 to let Detective Miller know Jill was asking about her boyfriend. He promised to see her as soon as he finished taking Jeannie's statement.

The rest of the morning was thankfully uneventful, and Mary and I saw a steady stream of patients. Clarissa wasn't available for lunch, but I ran into Sophia in the cafeteria, so I sat down with her. We had a good chat, and I expressed how much I was going to miss her and Robby when they moved to California. She had similar feelings, and when we parted, we hugged. I returned to the ED, and sent Mary for her lunch, then decided to call Gale Turner.

"It's Mike Loucks," I said when he answered.

"Hi, Mike. Back in the ED yet?"

"Yes, as of yesterday. How are things with you?"

"They offered a plea bargain -- a single count of misdemeanor battery. I rejected it out of hand. They *know* they were had and are looking for a way to save face. I'm not going to give it to them."

"That's good. What about work?"

"Once this is settled, I'm joining a practice in Cincinnati with a friend from medical school. He's like you -- never believed a word of it, and there wasn't really any publicity in Cincinnati. Just one article about the clinic being shut down after allegations of sexual abuse. They didn't name me."

"That's good. Will there be any problems with the Medical Licensing Board?"

"My attorney doesn't think so. There's a chance someone will file a complaint, but if the police drop all the charges, it won't amount to much. I believe the protestors got what they wanted, and now they'll back off. At least they didn't firebomb the clinic."

"Thank God for small favors," I replied. "We're already seeing the results of the clinic closing."

"I knew that would happen, but without the grant, there's no way I could re-open. And you know the protestors would be back, making the same vile claims, or worse. And the pressure on the County Prosecutor would be intense to get me for *something*, and know how that works, I'm sure."

"'Show me the man, and I'll find you the crime'," I said disgustedly.

"I don't recall who it was who said that. J. Edgar Hoover?"

"It fits, but it's attributed to Lavrentiy Beria, the head of the Soviet Secret Police. It's drawn from a Russian proverb -- «Была бы шея, а хомут найдётся» (*Byla by sheya, a khomut naydotsya*) which is roughly translated, 'If there is a neck, there is a collar', meaning the metal collar they used to put on slaves, and was about summary judgment by the Tsar's secret police. As they say, the more things change, the more they stay the same."

"I think you understand why I don't want to attract any attention."

"For sure. GP or OB/GYN?"

"GP. I can practice and basically be anonymous except to my patients. No hospital privileges necessary."

"Sadly, that makes sense. I hope you'll keep in touch."

"I will. You heard that Trina was hired by Medical Practice Associates, right?"

"Yes. My GP, John Smith, is the Medical Director there. I also heard two of the nurses were hired here. Do you know what happened to the other two?"

"Michelle found a spot in Cleveland, and Patty found one in Cincinnati."

"Good. What about Tamara?"

"Decided to move to Indianapolis, where her parents live. I'm sure she'll find a job there."

"What happens with all the equipment and supplies?"

"There are companies that specialize in winding down medical practices. They'll sell everything they can, and the proceeds will pay any outstanding bills. Anything that might be leftover will go to charity."

"And the medical records?"

"To the County. They'll be sealed so nobody can see them unless a patient requests copies or law enforcement obtains a warrant. After seven years, they'll be destroyed."

"So if a patient comes into the ED and says they were treated at the Free Clinic, they can request their records?"

"Yes. Call the County Health Department and ask for their release forms, so you can just have the records faxed, if necessary."

"I'll mention that to Doctor Wernher. Let's have lunch next week."

"Sounds good. Diner across the street from the hospital?"

"Yes. How about 11:30am on Thursday of next week?"

"See you then."

We ended the call, and when Mary returned, we resumed seeing patients.



## **April 18, 1990, McKinley, Ohio**

"I have another difficult case," Mary said early on Wednesday evening.

"Consultation room?"

"Yes."

She and I went to the consultation room, leaving the door partway open.

"I have a male, forty-three, who claims he has severe back pain and lost his medication. I'd swear he's lying."

"What did he say?"

"That he lost his bottle of Percocet."

"Is he local?"

"I actually didn't ask. There was no red dot on the chart."

"Go to the chart room and look to see if there are previous charts for him, then we'll go see him together. Just follow my lead, OK?"

"Sure. I'll be back in a few minutes."

I went to the nurses' station to wait for Mary, who was back about five minutes later.

"No patient with that last name and first initial."

"OK. Which room?"

"Exam 2."

I followed Mary to Exam 2, where she introduced me to the patient and presented.

"Jeremy Bledsoe, forty-three. Presents complaining of significant lower back pain. States he has a prescription for Percocet but lost his pills. BP 130/80; pulse 96; PO<sub>2</sub> 98% on room air; slightly diaphoretic."

"Hi, Mr. Bledsoe," I said. "How did you originally injure yourself?"

"Does that matter?"

"In order to prescribe Scheduled Drugs, we need a thorough medical history."

"I was working construction and threw it out about five years ago; ain't been the same since."

"May I ask what doctor you initially saw?"

"It was in West Virginia; I moved here about six months ago."

"Who prescribed your pills?"

"The Doc at the Free Clinic. I'd have gone there, but they closed."

He was lying, and I was sure of it because Percocet was a Schedule II drug. To my knowledge, Gale Turner had never once prescribed anything stronger than Schedule III drugs, and even those were rarely prescribed. Schedule II drugs also couldn't be refilled, as a new prescription was required each time, and the pharmacy had to keep the original on file. But, I needed to follow EMTALA and conduct an actual exam.

"OK," I said. "I need to examine you before I can dispense any Schedule II drugs. The exam is similar to a physical."

"OK."

I washed my hands, put on gloves, then performed the usual exam, finding nothing remarkable.

"Would you remove your shirt and lie on your stomach the table, please?" I requested.

He complied, and I felt no tension, guarding, or other trauma to his lower back or spine, though he made grunting noises whenever I pressed on his lower back.

"Would you stand, please?" I asked.

Mr. Bledsoe moved gingerly from the exam table.

"Try to touch your toes, please," I requested.

He nodded and began to bend over, grimacing, and stopped before his hands were level with his knees.

"That's as far as I can go," he said.

"OK. Would you lie on the table again, this time on your back?"

He did.

"OK. Would you please bring your right knee up towards your chest?"

Mr. Bledsoe did so without any obvious problems.

"And your left, please?" she requested.

He did that, too.

"Just relax, Mr. Bledsoe. Let me go speak to my Attending, as they have to countersign any orders for Schedule II Drugs. It might take a few minutes."

"Thanks, Doc."

Mary and I left the room, and I went to the nurses' station, consulted my address book, and dialed a number.

"Gale Turner."

"Gale, it's Mike Loucks. Sorry to disturb you, but I have a patient claiming he obtained his Percocet from the Free Clinic."

"He's lying. You know we never prescribed anything stronger than Tylenol 3, and even that was rare. What's the guy's name?"

"Jeremy Bledsoe."

"Never heard of him, and he would have had to have come in sometime in the past thirty days because those scripts have to be renewed, not refilled. Trina's license didn't allow her to prescribe Schedule II or III drugs."

"Thanks. That's all I needed. I was positive he was lying, but I needed to check."

"You're welcome. See you for lunch next week."

We said 'goodbye', and I hung up.

"Lying?" Mary asked.

"Big time. I was positive that the Free Clinic had never prescribed Schedule II drugs, and Gale Turner confirmed that. The guy tried to take advantage of the fact we couldn't check."

"Or so he thought! Now what?"



"Psych consult, but he'll refuse. Let's go tell Mr. Bledsoe he's a liar, though not in those words."

We returned to Exam 2.

"Mr. Bledsoe," I said. "I verified that the Free Clinic never prescribed any Percocet, and Doctor Gale Turner does not know you."

"It was another doctor!"

I shook my head, "Only Residents worked there, and they don't have DEA numbers which authorize prescribing Schedule II drugs. I know because I worked there. Now, care to tell me the truth?"

"I am!" he protested.

"I'm sorry, but nobody here will write you a prescription for Percocet based on the information I have. Your only chance is to tell me the truth. If you want, I can have someone come speak to you about overcoming drug addiction."

"I'm no addict! My back really hurts."

"I can bring in my Attending to evaluate you, but even then the most that will happen is you'll be given two tablets of Tylenol 3 and directed to see your personal physician."

"You have to treat me!" he protested. "It's the law!"

"The Emergency Medical Treatment and Active Labor Act requires an examination and evaluation, and stabilizing treatment. Your vital signs are stable, you have no obvious injuries, no irregular heartbeat, and no fluid in your

lungs. In other words, you don't qualify for treatment under EMTALA. Would you like me to call someone from Family Services or Psychiatry?"

"FUCK YOU!" he growled.

I picked up the chart, made notations, and filled out a discharge form with instructions to see his personal physician. He refused to take it from me and left the room as soon as he had his shirt on.

"Let's go talk to Doctor Wernher," I said.

Mary and I left the exam room and went to Doctor Wernher's office. We had to wait until Kayla finished before we could go in. Once we did, I related the facts of the case.

"He tried to pull a fast one on you," Doctor Wernher observed. "Good catch."

"Mary caught it," I said. "She came to me and said she was sure he was lying. I simply figured out how to prove it, given pain cannot be measured."

"Flag that chart. What's the protocol?"

"A red circular sticker on the inside of the binder for the patient's file."

"OK. Who signed the chart?"

"I did. Doctor Gibbs authorized me to sign charts for discharge late last year. I only need signatures for Scheduled Drugs and countersignatures for 'time of death' notations. I discuss any complex or difficult cases with Attendings."

"Miss Anderson, would you give us the room, please?"

"Yes, Doctor," Mary said.

She left and closed the door behind her.

"How hard are you going to push back if I ask you to clear discharges and admissions with Attendings?" Doctor Wernher asked.

"Me? I won't. The Attendings, on the other hand, will push back."

"Let me deal with them. This isn't about you, Doctor, but about not playing quite so fast and loose with the rules. You haven't given me a single reason to doubt your abilities, but if I don't apply the rules across the board, there will be dissension. You're the only one who basically operates as an Attending."

"I'm not going to fight you on that, Doctor," I said. "I do have a question about surgical procedures."

"If Owen Roth has cleared you, then do them. I'm simply asking you to have your charts signed by an Attending before you discharge or admit a patient."

"OK. Effective immediately?"

"Let's call it next Monday so I can speak with the other Attendings. You shouldn't be the one to tell them."

"Starting Monday."

"Thank you, Doctor."

"You're welcome."

"Do you have another moment to discuss your student?" he inquired.

"Yes, is there a concern?"

"You allow Miss Anderson to operate as if she has her MD and is a Resident."

"I know her very well and have taught her during several rotations. As you know, she's my student full-time as of June 1st. I trust her the same way Doctor Gibbs and Doctor Casper trusted me when I was in my second trauma Sub-I immediately before graduation."

"How will she react if I ask you to stay in the room with her?"

"Same answer as before. She'll follow whatever rules you set. I'm the one who would push back."

"And?"

"It's your ED, Doctor. Our conflict centered around...may I speak freely?"

"Yes, and you don't need to ask if the door is closed."

"The conflict centered around what I considered pettiness and unclear thinking. Neither of the things you just proposed are petty nor unclear. You also didn't ask me to violate Osler's principle of medical education. As much as it might seem like I don't know; I do know I am a Resident and I do know the limits."

"That said, it's my basic principle that medical students and Residents are responsible for their own training, and they need to be proactive and aggressive in ensuring they are properly trained. I think medical training moves too slowly from classroom to clinical, and that is exactly what Doctor Osler said about training."

"Do you truly feel you're ready to perform appendectomies?"

"Under close, direct supervision, I do. But more importantly, so do Doctor Roth, Doctor Anniston, and Doctor Lindsay. Doctor Roth cleared the training program with Doctor Cutter, and it is absolutely accelerated. It'll be accelerated for Miss Anderson as well. She, too, is capable. You saw my transcripts; did you ask yourself why I would select a Pathology Sub-I?"

"That one made no sense at all to me. Owen Roth explained it. A counter-intuitive idea that appears to have succeeded despite going against the flow. But then again, so does the entire program."

"You might call Al Barton at University of Chicago Hospital and ask him about it. He was one of the first to use Preceptorships, as well. We should do more and have students in the hospital for more than four hours a week. It was during my Preceptorship when I learned to read EKGs."

"Doctor Gibbs says you read them as well as most cardiology Residents."

"I probably spent sixty hours studying strips and flashcards. I still review them. I have a deck in my pocket at all times."

"May I see?"

I pulled a deck of fifty cards from the back pocket of my scrubs and handed them to Doctor Wernher, who removed the rubber band and flipped through them.

"How many of these do you have?" he asked.

"Just over 3500 across just about every possible topic. I started the first day of medical school. I haven't gone anywhere without a sample of the deck with me

since then. Doctor Saunders in Medicine has done the same thing, as did the other members of our study group."

"Where are they?"

"Doctor Maryam Khoury is a cardiology Resident at Edward Hospital in Naperville; Doctor Fran Fredericks is an OB/GYN Resident at Riverside Methodist in Columbus; Doctor Peter Baldwin is a surgical Resident at Emory; Doctor Nadine Cross is a surgical Resident at UCLA. All of us except Doctor Cross graduated in the top ten, and she was in the top fifteen. She wasn't with us from the start and only joined us after Sandy Pierce took her own life near the end of First Year."

"Who chose the members of your group?"

"Effectively, it was Doctor Saunders when she, Doctor Fredricks, and I were undergrads at Taft, along with Sandy Pierce. Doctor Khoury recognized me as a Russian Orthodox clergyman and asked to join our group. Peter Baldwin and I met at the banquet for incoming students and asked to join. Then, after Sandy took her own life, Doctor Mertens suggested Nadine join our group because the group she was in was dysfunctional."

He put the rubber band around the cards and handed them back.

"We'll talk more. I'm sure you have patients to see, and I need to get home. Dismissed."

I got up, left his office, and went to the lounge.

"Let's take a quick walk," I said to Mary.

She followed me out to the ambulance bay, and we turned left towards the parking lot.

"What's up?"

"Starting Monday, I need to have an Attending sign all my discharges or admissions. It's not directed at me, but will apply to all Residents. Also, starting immediately, I need to supervise you more closely. Again, it's not about you; it's about medical students in general."

"So, fewer procedures?" she asked with a frown.

"No. He didn't say anything about what I allow you to do or not do; it's simply about adhering to the letter of the policy. Technically, the only thing medical students are permitted to do unsupervised is suture. As Doctor Wernher noted, I've been allowed to effectively work as an Attending, and I've permitted you to effectively work as a Resident.

"My strong suspicion is that he has concerns about other Residents and other students. He expressly said he did not have concerns about my abilities. I expressly said I have none about yours. Fundamentally, it's his ED, and he is the one who has to answer for anything that happens. That's especially true because you and I are both working on the license of the Attending who is supervising us. How much actual supervision do we have?"

"Honestly? None. Other than narcotics, you barely speak to Attendings about cases unless there's something very odd, and even then, you call for consults and decide treatment with other Residents."

"And if something goes wrong, it'll be Doctor Wernher left holding the bag. All of this came about because Northrup was completely hands-off. Doctor Wernher is not. Fundamentally, all that's going to happen is I'm going to sit in on your

H&Ps and your discharges or admissions. I'll still be allowed to train you the way I see fit."

"You're sure there isn't a problem?"

"As sure as I can be. Nothing Doctor Wernher is doing is out of line with how things are normally done and how they were done during my Third Year."

"You know everyone hates him, right?"

I nodded, "I do, and I understand why. I simply chose to take the bull by the horns and figure out how to get what I wanted. I did that by appealing to his self-interest, a tactic that works with people like him. What he learned was that to appeal to my self-interest, he has to think about patient care first and foremost. I have what amounts to my dream job, and I have ZERO ambition to have his job! Or Doctor Roth's. Or Doctor Cutter's.

"The only question I ever ask is how what we're doing helps patients. That should be your only guiding factor. In six weeks, you're going to be a teacher, and I hope you'll instill that same attitude in your students. That means, at least to some extent, giving up procedures for your students the same as I've given up procedures for you. Keep Doctor Osler's precept for training students in mind at all times."

"Thank you for telling Doctor Wernher I detected the patient's lie."

"You're welcome. He needs to be confident in your abilities because you'll be seeing patients of your own starting June 1st."

"How will that work, exactly?"



"You'll have your students, and I'll have mine, and we'll both effectively be emergency medicine Residents similar to what I'm doing now. When there are surgical consults, we'll divide them, and I'll teach you the procedures. That means we have about six weeks to ensure you can read a sonogram or an X-ray so that you can handle consults."

"Twenty years of education, and I'll finally achieve my goal!"

"And still have another eight as a student, albeit you'll be Doctor Mary Anderson at that point. And the minute you have your diploma, you call me Mike."

"That's going to be really weird."

"It was for me, too. Attendings will tell you if they want you to call them by their given names or nicknames, but Residents always call each other by first name. One important thing -- if you present to Doctor Wernher, or even just talk to him, don't use first names. He specifically corrected me on that. So it's 'Doctor Casper' not 'Ghost', even if every other time you use his nickname."

"Thanks for the tip."

"I have the utmost confidence in you, Miss Anderson. You're going to make an excellent physician."

"Thank you, Doctor."

"You're welcome. Shall we go find some patients?"

As we turned back towards the ambulance bay, I heard the telltale air horns and sirens of multiple EMS squads heading for the hospital.

"Sounds like patients are coming to find us," Mary observed.

We quickly walked back into the ED, and Ellie let us know that there were three MVA victims being transported. Mary and I gowned and gloved, then put on goggles and headed back outside to wait for the patients.

# XVII. Tell Me About This Patient

**April 19, 1990, McKinley, Ohio**

"Doctor Roth needs to see you before you head downstairs," Kelly, the surgical charge nurse, said as I came out of the locker room on Thursday morning.

I checked my watch, and if the meeting lasted more than five minutes, I'd be late for my shift.

"Would you call downstairs and let Ellie know Doctor Roth requested a meeting and I'll be there as soon as possible."

"Of course. It's not disciplinary, but knowing you, you'll wish it was!"

"Wonderful. Thanks."

I hurried to Doctor Roth's office and rapped on the open door.

"Come in, Mike. Shut the door and sit, please."

I did as he requested.

"What's up?" I asked.

"I know for a fact you're going to hate this, but you were specifically requested by Cutter and Nels Anderson, and I can't think of a good reason to say 'no'. They want you as one of the two Residents on the oversight committee for the construction of the new surgical wing."

"Is someone *trying* to drive me to drink?" I asked.

"Shelly wasn't happy, either. Nor were Bob Aniston or Penny Nichols. I figure if I have to do it, so should you four!"

"Misery loves company," I said, shaking my head. "What's involved?"

"Making sure that everything is completed to our satisfaction. Consider it similar to a building inspector. That's what your dad does, right?"

"He's the Director of the Property Division now, but yes."

"So, what do you say?"

"Nothing like being 'voluntold'," I chuckled.

Owen laughed, "That's awesome. Did you just make that up?"

"No. I heard it from Kellie Martin. In the Navy, officers would say, 'I need a volunteer!' then say, 'Martin! Thanks for volunteering!'. That meant she was being told to volunteer -- 'voluntold'."

"Think she'll mind if I steal that?"

"Nope. Anything else, I do need to get to the ED."

"No. That's it. Thanks, Mike."

"You'll forgive me if I don't thank you for this assignment."

"I will, but you and I both know that you will make damn sure everything is done right and working right before you sign off. Just as the others will."

"You can count on it."

I left his office and hurried to the ED, where Mary was waiting. She looked at her watch, raised her eyebrow, and tapped her foot.

"You need to put your hands on your hips to have any effect," Ghost said to her. "Russian women have it down pat!"

"Speaking of Russian women, my cousin by marriage seems to be in no rush to have whatever my wife's cousin's kid would be."

"I think first cousin, once removed," Mary suggested. "But only by marriage, so not sure it's a thing for you, and I guess technically not for Rachel because there are no common ancestors, except by adoption or marriage."

"Thank you for the genealogy lesson, Miss Anderson!" I said with a grin. "Perhaps you'll practice medicine now?"

Mary laughed, "I'll get a chart from the rack."

"Kris said Oksana thinks she's going to have to be induced," I said.

"Me, too," Ghost replied. "So does Candace. She already scheduled us for Monday."

"Sorry to cut this short, but I need to supervise my soon-to-be Intern."

Ghost rolled his eyes and shook his head, clearly agreeing with me that Mary was capable of working with oversight, rather than supervision.

I followed Mary pushing a patient in a wheelchair into Exam 2. She helped the patient onto the treatment table, then moved the wheelchair out of the way.

"Jackie, I'm a Sub-Intern in training, and this is my supervisor, Doctor Mike. Doctor Mike, Jackie Barkhurst, seventeen, complaining of an ankle injury."

"Good morning," I said. "Mary, proceed."

"What caused you to come to the hospital today?" Mary asked the patient.

"As I told the nurse, I tripped last night when I was jogging. My ankle hurt, but I could walk on it. This morning, I couldn't put any weight on it, so I had my dad bring me in."

"Did you twist it or roll it?"

"I think I rolled it, if you mean my foot bent sideways, not rotated around my leg."

"Yes. Any previous injuries?"

"I had a pulled hamstring about six months ago."

"Did you see anyone about that?"

"My regular doctor, but his office doesn't open until 9:00am, and I couldn't walk."

"Do you know what grade he or she assigned the injury?"

"Grade 2. I just had to ice it and rest and wear an ace bandage. I was allowed to start walking longer distances after about a week and allowed to resume jogging after four weeks."

"Are you an athlete?"

"Volleyball, but it's a Fall sport."

"Any other complaints?"

"Besides my little brother?" she asked.

Both Mary and I laughed.

"They haven't taught me a procedure to resolve that," Mary said with a smile.

"Me, either," I chuckled. "And I'm a trauma surgeon. In my case, it was a little sister."

"Any other injuries or sickness?"

"No."

"Are you taking any medications, vitamins, or supplements?"

"I took Tylenol right after I hurt it last night; then again this morning. It helped last night but not much this morning. Otherwise, just birth control pills."

"Is there any chance you might be pregnant?" Mary asked. "I need to know because we'll most likely need to X-ray your ankle."

"I just said I'm on the Pill!" Jackie protested.

"Yes, but even with perfect use, three women in a thousand will become pregnant over the course of using the Pill. Have you had intercourse since your last period?"

"That's the point of the Pill, right?" Jackie asked with a smirk.

"Usually," Mary replied. "I started taking them at fifteen for bad cramps. That was convenient a year later when I needed them for their primary purpose! If you've had sex, we'll need to run a rapid pregnancy test before we X-ray you."

"Oh, that would simply make my day," Jackie said, shaking her head.

"I'd like to examine your ankle, please."

"Sure."

Mary washed her hands, put on gloves, then pulled the stool over and carefully examined Jackie's ankle. I saw severe ecchymosis, and even from where I was standing, I could tell the ankle was swollen. Mary carefully examined the injured ankle, then the healthy one for comparison.

"Doctor Mike, I suspect an ankle fracture," Mary announced. "I recommend an ankle series."

"Please verify no high fibula fracture," I requested.

"I'm not sure how to do that," Mary said.

"Palpate the calf proximally and check for pain or movement of the bone."

"Both legs, right? For comparison?"



"Correct."

Mary examined both legs in a manner I was confident was sufficient.

"Grossly normal," Mary said. "Rapid pregnancy test then ankle series. Once complete, orthopedics consult."

"Proceed," I said.

Mary wrote everything on the chart and handed it to me to sign.

"Jackie, can you give us a urine sample?" Mary asked. "That'll be quicker and easier than a blood test."

"If someone can help me," Jackie said.

"We'll send a nurse to help you. Once we see the results, we'll send you for your X-rays."

"OK."

Mary and I left the exam room, and she asked Ellie for a nurse to help Jackie with her urine sample. Ellie sent Becky and a student nurse to help, and six minutes later, Becky came out with the test container.

"Negative," she said.

"Thanks," Mary replied.

Mary called Radiology, and they could take Jackie right away, so Mary called for an orderly. Once the orderly arrived, Mary escorted Jackie to Radiology. Mary was back two minutes later and went to the waiting room to update Jackie's dad.

"They said about twenty-five minutes," she said when she returned to where I was waiting. "They'll send her back."

"OK. Good job on your assessment."

"I missed the high fibula check."

"No, you simply hadn't been taught it yet. I've seen enough ortho consults that I check right away so we don't have to send the patient back for further X-rays. Technically, it's an ortho thing, but it's simple enough to check that I prefer efficiency for the patient's sake. Nobody would have said a word if we hadn't done that, but it's better for the patient."

"Next chart?"

"Next chart."

Mary went to the triage desk, retrieved a chart, and went to the waiting room to call the next patient. We treated a toddler with an ear infection, and once he was discharged, Mary called to check on Jackie's X-rays.

"The radiologist says the wet read is a non-displaced fracture."

"Call Ortho for a consult. Non-displaced fractures almost always result in wrapping the ankle and referral to an orthopedic specialist for out-patient treatment."

That was the end result, and after showing Jackie how to use crutches, we discharged her. I could still do that on my own for two more days, so I simply signed the chart and returned it to the nurses' station.

"Mike," Naveen said. "I need a consult, please."

Mary and I followed him to Trauma 1 and confirmed the patient needed a cholecystectomy for significant gallstones. Unfortunately, Mary and I didn't get to scrub in, as it wasn't emergency surgery and would be done after the day's scheduled surgeries were completed.

"You did a good job on the ultrasound," I said. "And before you object, I didn't find gallstones the first two times without guidance. It's easier with the CAT scanner, but if we can diagnose with ultrasound, we do that because there is no ionizing radiation. It's also less expensive. Next time, you'll be more likely to find them. But remember, sonography has limits that CAT scans do not. What I'd *really* like is a Magnetic Resonance Imaging scanner -- MRI. They don't use ionizing radiation, so they're much safer."

"I've read about those; how long before we get one?"

"Ten years, I'd guess. First, we won't have room for one until the new surgical wing is built and the old building is remodeled. The surgical wing is scheduled for completion in 1993, and remodeling is expected to be completed around 1996. They'll leave space for an MRI scanner in the remodeled radiology area, but someone will have to come up with the money to actually purchase one."

"It always comes down to that, doesn't it?" Mary asked.

"Sadly. I've had this conversation with several doctors and friends. In the end, there are limited resources, and we have to figure out the best way to use them. My wife's solution is for all doctors to work for the government, all hospitals to be government hospitals, and all care to basically be free at the point of service, with everything paid for by taxes. But even then, there are limited resources, and you still have to ration care."

"Mike?" Ellie said. "Bounceback abdominal pain in Exam 3. He was seen by Paul last night around 10:00pm. Kellie is with him."

"Thanks, Ellie. Mary, how would you handle this?"

"Review the chart, then ask the patient questions."

"Reverse that."

"Why?"

"If you read Paul's notes, you'll have Paul's view and risk pre-forming an opinion. Conduct a full H&P and perform an exam. The patient may well tell you what Paul said, and that's fine. But do your own exam. Think about how consults work."

"They always do their own exam, even though we've already done one. I've never seen a single bounceback done the way you just said."

"But does it make sense?"

"Absolutely."

"Then let's go see him. You take the lead."

We went to Exam 3, where Kellie was waiting with the patient.

"Doctor Mike, this is Ken Webber, thirty-six," Kellie said. "He was in last night and saw Doctor Lincoln. Pulse 72; BP 120/70; PO<sub>2</sub> 99%; temp 38.1°C."

"Good morning, Mr. Webber," I said. "This is Mary, a Sub-Intern who I'm supervising."

"Hi, Mr. Webber," Mary said. "What brings you back to us?"

"The pain in my gut got worse. The doc last night said to come back if it did."

Mary conducted a proper H&P, then examined Mr. Webber, finding guarding when she palpated his abdomen, increased pain when he was on his left side, and increased pain when he coughed. She finished her exam, and only then did she look at the chart.

"CBC, Chem-20," Mary said. "Then ultrasound."

"Approved," I replied. "Also, type and cross-match, please."

Kellie drew the blood while Mary went to get a portable ultrasound machine. The sonogram revealed exactly what I had expected -- a seriously inflamed appendix.

"7 points on the scale and obvious inflammation," Mary announced.

"Agreed," I replied.

"Mr. Webber," Mary said, "you're going to need immediate surgery to remove your appendix."

"Why did they send me home last night?" he asked.

"I'll have to speak to Doctor Lincoln," I interjected. "Right now, let's focus on treating you. Mary, call upstairs. Kellie, a gurney, please."

They both did as I'd directed.

"Twenty-five minutes," Mary said. "She needs to page Doctor Flynn. It's OK to bring the patient right up."

"Do you have someone with you, Mr. Webber?"

"My girlfriend brought me in."

I discussed the procedure with Mr. Webber and had him sign the consent forms. With his approval, I went to the waiting room and found his girlfriend.

"Hi, I'm Doctor Mike. Ken is going to need emergency surgery to remove his appendix. I'll have a medical student escort you up to the surgical waiting room."

"Can I see him?"

"We're transporting him right now, so no. Just wait here, please."

I went back into the ED and borrowed Naveen's Third Year, Katy, and asked her to escort Mr. Webber's girlfriend upstairs. Five minutes later, we wheeled the patient into OR 4, the smallest and oldest of the operating rooms at Moore Memorial, which was only used for emergency surgery. But, given it was early in the morning, scheduled surgeries were in progress and couldn't be pushed.

"Doctor Roth said to scrub in," Nurse Julie said. "Both you and your student. Anesthesia will be here in five minutes, so you'll need to prep."

"OK. Blood type should be available in five minutes or so; remaining blood work in about fifteen minutes."

Mary and I quickly put on fresh scrubs, scrubbed in, gowned, and gloved. We quickly prepped the patient with help from two nurses, inserting a saline IV,

affixing EKG pads, and administering IV antibiotics. The anesthesiologist, Doctor Ross Burnside, arrived as we finished prep.

"Doctor Roth instructed me to put him under," Doctor Burnside said.

"Doctor Flynn should be here in ten minutes. I'll intubate as soon as you do that. Mary, connect the EKG leads, please."

Doctor Burnside asked the patient a series of questions, then administered IV anesthetics. Once the patient was under, I quickly intubated and connected him to the ventilator.

"Temp is up to 39°C," Nurse Barb announced.

That did not bode well.

"Etomidate and ketamine, then propofol, right?" I asked Doctor Burnside.

"Yes," he confirmed. "You have him on vancomycin, right?"

"Yes," I said. "Barb, call the lab. I want to know his white count."

"Right away, Doctor!" she replied.

"Let's get ahead of this," I said. "Deb, chemical cooling packs both underarms, please."

Nurse Debbie did as I asked, just as Doctor Flynn came into the OR.

"What do we have, Mike?" he asked.

"Ken Webber, thirty-six; bounceback abdominal pain from last night. Pulse 66; BP 110/70; PO<sub>2</sub> 99%; temp 39°C, up a degree after administration of vancomycin and anesthesia. Cooling packs in both underarm areas."

"I have the lab results," Barb announced. "Neutrophilia; everything else in range. A-positive."

"How high is that white count?" Doctor Flynn asked.

Barb spoke into the phone, then announced, "8.8."

"Mike, you're familiar with the procedures, right?"

"I've done two," I replied.

"As in assisted?" he asked.

"No, as in performed two. I recently assisted with one that ruptured, so I'm familiar with the lavage protocol."

"OK. Let's do this. Are you cleared to Bovie?"

"Yes."

"Who's your student?"

"Mary Anderson; she Matched here for trauma surgery."

"Miss Anderson, have you operated suction before?"

"Only once," she replied.



"I'll guide her, Josh," I said.

"Bobbie, I'll need you on retractors then," Doctor Flynn said to the most senior surgical nurse in the room. "Deb, hang a unit of A-positive."

"Ready, Ross?" Doctor Flynn asked.

"Vitals are stable, he's under. We need to keep an eye on his temp."

"Then let's go," Doctor Flynn said.

We worked quickly with Doctor Flynn cutting, Mary suctioning, and me using the electrocautery.

"Rupture," I observed when the appendix came into view."

"Peritonitis protocol," Doctor Flynn said. "Deb, hit him with another dose of antibiotics. Mike, let's get this out and clean him up."

"SVTs!" Doctor Burnside announced. "Run of six. Don't dawdle. Pressure and sats are still good."

"Deb, have adenosine ready, please," Doctor Flynn ordered.

He and I quickly removed the ruptured appendix, then I used three pitchers of saline for lavage, with Mary suctioning it away.

"PVCs!" Doctor Burnside announced. "Run of ten. Get this done, Josh!"

We worked quickly to close, and Mr. Webber didn't have any further cardiac events.

"Cease anesthesia," Doctor Flynn ordered. "Mike, I want you to sit with him in recovery, please. Keep him on the EKG and call cardiology if you see anything. Usual antibiotic protocol."

Before I could respond, the monitor blared.

"V-Fib!" I declared. "Paddles to me; charge to 150! Mary, pads!"

She quickly put the pads on Mr. Webber, and I positioned the paddles.

"CLEAR!" I commanded as soon as the machine chimed.

Everyone moved, Doctor Burnside disconnected the vent, and I pressed the buttons, causing Mr. Webber's body to spasm.

"No conversion!" Mary announced.

"Charge to 200!" I ordered, and as soon as the machine chimed, I called, "CLEAR!" and pressed the buttons.

"No conversion!" Mary announced.

"Begin compressions!" I ordered. "Charge to 250! Epi, IV push!"

Mary started chest compressions, Doctor Burnside re-connected the vent, and Deb injected the epinephrine.

"CLEAR!" I commanded

Everyone moved, and I shocked the patient again.

"Nothing," Doctor Burnside said as he re-connected the vent.

"Resume compressions," I said. "Charge to 250."

"CLEAR!" I commanded once the machine chimed.

"No conversion," Doctor Burnside announced.

"Deb, bicarb and epi!" Doctor Flynn ordered.

"Mary, continue compressions! Bobbie, atropine with a cardiac needle to me."

"Not usually indicted for V-fib, Mike," Doctor Flynn countered.

"Can it hurt?" I asked.

"No. Debbie, atropine to Mike."

I had Mary stop compressions and injected atropine directly into Mr. Webber's heart, but it had no effect on his arrhythmia.

We worked on Mr. Webber for ten minutes, to no avail.

"Asystole," Doctor Burnside announced. "No electrical activity."

"Six shocks, three doses of epi, one of atropine," I said. "I don't think we're getting him back."

Doctor Flynn checked the patient's eyes and auscultated to his chest.

"Absent heart sounds; pupils fixed and dilated; time of death, 08:33am."

"Bobbie," I said. "Death protocol."

"Tell me about this patient," Doctor Flynn requested.

"Bounceback abdominal pain from last night, as I said. The chart showed a typical H&P for abdominal pain. Patient denied any medication or use of illicit drugs. No indication of alcohol on his breath. Patient was discharged with instructions to return if the pain increased."

"No surgical consult?"

"There wasn't one on the chart," I replied. "My shift ended at 2100, so it would have been Bob Hodges who was on call. Patient returned this morning at 06:18, and vitals were taken by both triage and Nurse Kellie Martin. Miss Anderson and I were called, a complete H&P was performed, and we observed Dunphy's sign and Sitkovskiy's sign. Appendicitis score was 7 indicating acute appendicitis.

"Ultrasound confirmed an inflamed appendix, and surgery was scheduled. Mary and I prepped, including saline IV and standard prophylactic antibiotics. Doctor Burnside administered anesthesia. Patient's temperature rose about 1°C post-anesthesia, so I ordered chemical cooling packs under each arm. That's when you arrived to begin the surgery."

"Why the cool packs?"

"I was concerned about an adverse reaction to the antibiotic or one of the anesthetic drugs."

"OK. McKnight will have to tell us what happened, if he can. Does he have anyone with him?"

"His girlfriend, Val. She's in the waiting room."

"You met her, right?"

"Yes. I had a student bring her up after explaining Mr. Webber needed emergency surgery."

"Then you and your student come with me to speak to her."

We removed our surgical gowns but left on our caps and masks, though we pulled down the masks. We walked as a group to the waiting room.

"Ms. Cartwright?" I said. "This is Doctor Flynn, the senior surgeon. Can we step into the consultation room so we can discuss the surgery?"

The three of us went to the consultation room, and as was the norm, Doctor Flynn and I sat down, and Mary stood behind us.

"Ms. Cartwright," Doctor Flynn said. "Your boyfriend was rushed to emergency surgery from the Emergency Department. Doctor Mike and I, together with Doctor Burnside and a team of nurses, performed an emergency appendectomy. Ken's appendix had ruptured, and we removed it.

"Just as the surgery was being completed, his heart began beating irregularly. We did everything in our power, but we were unable to correct the irregular heartbeat. Eventually, his heart stopped, and we were unable to revive Ken, and he died."

"NO!" she gasped. "NO! He was here last night, and you sent him away!"

"Neither of us were here last night," I said gently. "So we can't say for sure why that was. Is there someone I can call for you? The chaplain, a social worker, or a friend?"

"No," she said, tears streaming down her face. "Just leave me alone!"

"Mike, you and Mary can return to the ED," Doctor Flynn said.

I stood up and indicated the door with a nod. Mary followed me out of the consultation room, and we went to the locker room.

"Are there blue scrubs here?" she asked.

I smiled and nodded, "In the cabinet marked 'Rags'."

"Wow!" Mary said, shaking her head.

"I'm not sure who added the masking tape and the note covering the actual sign. But you'll get to wear red full-time in six weeks."

We both changed, I put on my baptismal cross and the chain with my wedding ring, and the two of us began walking towards the stairs.

"What do you think happened?" Mary asked.

"Some kind of adverse reaction to one of the drugs or an undetected heart problem. It's also possible the patient lied to Paul and to us, or there was some family history of which he was unaware."

"Lied?"

"Illicit drug use. We didn't run a tox screen because one wasn't indicated. That's not part of the standard protocol for pre-surgical labs."

"You sound as if you think it should be."

"It's one of those things that might catch something, but how often have you been fooled about illicit drug use?"

"It's almost always obvious."

"Even to a med student," I said with a goofy smile as we exited the staircase and turned left to head to the ED.

"You're a real sweetheart, Doctor Mike!"

"I know!" I grinned. "But in all seriousness, we could use the logic that we have to account for every possible scenario, no matter how rare, but at what cost to patient care? At that point, we'd be paralyzed and inefficiently using our limited resources. Did you detect *any* signs of illicit drug use?"

"No. His eyes were clear, his nose did not show any signs of inhaled stimulants, there were no lesions or anything in his mouth, and there were no track marks. He was well-groomed, his clothes were clean, he had good hygiene, and his speech was clear."

"Exactly."

"What did you mean by paralyzed?"

"Unable to act because we can't account for rare outcomes. Tell me about the use of etomidate for intubation. Why do we use it, as opposed to other drugs?"

"It has a standard, well-understood dosage for adults, it's fast-acting and fast-metabolizing, and allows for quick sedation. When combined with suxamethonium, it allows for rapid sequence intubation. Etomidate is one of the few sedation drugs that doesn't cause a drop in the patient's BP."

"Do you know the contraindications?"

"Basically none," Mary replied. "That's why it's the drug of choice for RSI."

"And that one patient in 100,000 who has a severe anaphylactoid reaction?"

"Of those, 90% are successfully resolved, leaving one in a million who die. The odds are that Moore Memorial will never see someone die from the use of etomidate, and an adverse reaction would happen once every fifty years or so given the number of intubations we perform in the ED and surgery."

"So, do we waste time and resources trying to prevent that?"

"No. I'm surprised you have that position."

"I had this conversation during Third Year. You and I briefly discussed it, though, with regard to innovation and progress. What would happen in an M & M if that one-in-a-million chance occurred."

"Everyone would agree it sucked, but there is literally nothing we could have reasonably done differently."

"Which is a lesson that had to be beaten into me in medical school. You have the advantage of me taking the beatings and transferring the knowledge."

"For which I'm grateful! How many patients have you lost?"

"At one point, I could have told you the number and recount literally every second of their treatment. I've had to compartmentalize it to stay sane enough to continue working. A few do stand out, either because of the victim or because



something went wrong, and I wrote details into my notebook so I could make flashcards."

We arrived in the ED and went to Doctor Wernher's office. I rapped on the open door, and he beckoned us to enter.

"Bounceback abdominal pain, diagnosed with appendicitis, coded on the table."

"Name?"

"Ken Webber."

"Who saw him?" Doctor Wernher asked.

"Doctor Lincoln around 22:00 last night."

"Surgeon?"

"Doctor Flynn, assisted by me; Doctor Burnside was the anesthesiologist."

He made notes on a pad on his desk.

"OK. I'll get the chart and a report from McKnight. Was there anything obvious we missed last night?"

"Not from what I could see from the chart. There was no surgical consult, but that's a judgment call."

"I'll speak to Doctor Lincoln. Dismissed."

We left Doctor Wernher's office, and I asked Mary to get a chart.

"Is Doctor Lincoln in trouble?" she asked.

"The only thing with which I could quibble is the lack of a surgical consult. That might have caused the surgery to occur ten hours ago, but I'm a surgeon, and I know the outcome, so it's easy to say Paul should have asked for one. But that's me speaking with knowledge Paul did not have last night. That's not to say there won't be changes to mitigate the risk, but from what we saw on the chart, Paul followed protocol."

"One more question -- you asked Kellie to type and cross-match. How did you know?"

"Bounceback abdominal pain is almost always surgical. Let's see another patient; I'm sure the waiting room is backed up because we were gone for ninety minutes."

The rest of the morning was routine, with two admissions, and at noon I had lunch with Clarissa, and I recounted what had happened with the appy.

"Why wouldn't he call for a consult?"

"You know it's a judgment call," I replied. "Wernher will talk to Paul and to Chuck Boyd, as well as whoever was on triage and the nurse or medical students. There was, in my mind, no medical reason to expect him to code, nor any indication from the H&P. Mary was extremely thorough, and I was in the room with her the entire time. I told you about that protocol, right?"

"No. What?"

"Wernher is more by the book, so I have to have an Attending sign-off on admissions or discharges; the only exception being emergency surgery. You know I'm the only one who was allowed to skate on that. Medical students have

to be observed, not just supervised, except for suturing. That's not directed at Mary or me, and Wernher acknowledged we're exceptions, but he can't make exceptions if he wants to enforce the rules strictly. I honestly can't object to that."

"You were basically treated like a PGY1 when you were a Fourth Year, and like an Attending since graduation. How do you feel about that?"

"It doesn't bother me. Wernher and I are working well together. He's just more formal and, as I said, by the book, than Loretta or Brent. Doctor Simons was closer to Wernher, and Northrup was as hands-off as anyone could possibly be. That said, he was spending forty hours a week on the new ED, so it's hard to criticize him objectively. It's not how I would have done the job."

"How did Mary take it?"

"She's fine. She did get a kick out of the handwritten label on the cabinet with blue scrubs I told you about."

Clarissa shook her head, "That is SO like surgeons! Egotistical a-holes who cut first and ask questions later!"

"Says the doctor who pushes pills for a living!"

"Yeah, yeah. All kidding aside, you seem to be doing better with losing patients."

"As I said to Mary, it's about compartmentalizing. And adults don't affect me nearly as much as teens or younger kids."

"It's good to see you not obsessing. Anything from Oksana?"

"No. She and Ghost are frustrated with the ghostling refusing to be born!"

Clarissa laughed, "Nice. Induction?"

"Monday if the little guy doesn't accept reality by Monday."

We finished our lunches, then returned to our respective services.



## **April 20, 1990, McKinley, Ohio**

"Ghost and Oksana are in OB," Ellie said when I walked into the ED on Friday morning.

"I'm married to her cousin, so guess who was called at 3:41am?"

Ellie laughed, "Did Kris go to be with her?"

"Yes. Miss Rachel is being spoiled rotten by her maternal grandparents today."

"That's their job!"

"Or so they believe," I chuckled. "Who's covering for Ghost?"

"Doctor Boyd is working a double."

"Morning, Doctor Mike!" Mary said, coming up to me. "Ready?"

"Never!" Ellie smirked.

"Do you think she'll ever stop?" Mary asked after Ellie walked away.

"No, and so long as it's only occasional flirting or teasing, I let it go. Get the first chart."

She went to the triage desk and came back empty-handed almost immediately.

"Nobody waiting. That scares me."

"Me, too!" I chuckled, "Let's go sit in the lounge."

We moved to the lounge, where we each got a cup of coffee, then sat down on the couch.

"I meant to ask yesterday, but who covers when you scrub in?"

"Whichever PGY1 or PGY2 is covering the ward. Most PGY1s do not get to scrub in."

"But we do?"

"Different job, different training regimen. Doctor Roth has considered giving PGY1s more chances, but our ORs are fairly small compared to what's considered appropriate for a modern ER with equipment they probably didn't even dream about when two ORs were built in 1964 and one in 1973. Think about what happened with the ED."

"We outgrew it long before the planned expansion, so they took away the Residents' office and one of the consultation rooms; and created the triage cubicles in the waiting room, but that made the waiting room cramped."

"I assume you've seen the plans for the new ED, right?"

"Six dedicated trauma rooms, fourteen beds in an open ward separated by curtains, two private exam rooms, a dedicated suture room which doubles as a treatment room, a centralized nurses' station, a waiting room that is twice as big as our current one, and a dedicated clerk's station. The new surgical wing will have eight ORs, four of which will be configured amphitheatre-style. We'll be able to do six simultaneous elective surgeries and two emergency surgeries. Of course, we have to be staffed for that, which won't happen right away."

"Money, right?"

"It's always money," I said resignedly. "The construction funds come from bonds, so that's covered. Operating funds come from taxes and payments for services. The more elective surgeries we do, the more services we can provide. It's the biggest profit center in the hospital, and makes up for the money we lose running the ED, and then some. Of course, EMTALA and the Free Clinic closing are going to have a serious impact."

"Limited resources every time."

"Yes. If you think about it, Hayes County lost about a million dollars in healthcare funds thanks to the false accusations against Gale Turner, which led to the grant being withdrawn."

"I hadn't thought about it in that way," Mary replied.

"Those protesters didn't either, or if they did, they felt wrecking healthcare in the county was an appropriate price to pay for eliminating reproductive health services."

"You're pro-life, right?"

"Yes, but that doesn't mean I should force my views on anyone. And despite claims to the contrary, abortions were less than 5% of what the Free Clinic provided. They performed more employment physicals for Hayes County and the City of McKinley than they did abortions. And for birth control, again, contrary to the protestors, more than 80% were for women eighteen and older."

"They claimed it was encouraging teen sex, right?"

"Among other counterfactual claims. Going back to the question of abortion -- you're going to be a physician in less than six weeks. Do you think anyone other than your patient and you should decide on treatment?"

"Hell no! I've heard the horror stories about insurance companies and Medicaid."

"That's my point. It's not my place to interfere in a patient's relationship with another physician and their joint choices of how best to care for the patient's health. As I've said to a few people, I don't approve of abortion, so I won't have one. What anyone else does has to be up to them."

"What about counseling one?"

"My firm rule is to not participate in an elective abortion; beyond that, I will discuss the options but not recommend an abortion. My strategy in the past was to refer them to the Free Clinic, but that's no longer possible. The closest clinics are in Cincinnati, Columbus, or Dayton, and who knows how long those will last. The problem with the Pro-Life movement is they don't consider the overall ramifications of their actions."

"The needs of the many?" Mary asked.

"Close, but more throwing the baby out with the bathwater. The problem is that many in the Pro-Life crowd object to teen sexuality and think denying them birth control will stop it."

"Right, because no teenagers ever fucked before 1960!" Mary said, rolling her eyes. "It's not like condoms were impossible to get, either. My aunt said men's rooms usually had a machine, so you didn't even have to go to the pharmacist!"

"Yes, but I'm sure you know about *Griswold v. Connecticut*, right?"

"I do, and I bet you anything teens in Connecticut were fucking anyway!"

"I suspect you're right," I replied.

"Mike?" Becky said from the door. "The triage desk has walk-ins."

"Be right there!"

Mary and I got up, and she retrieved the first chart and brought in a broken arm who, after an ortho consult, was admitted to have the bones properly set. That began a steady stream of patients which didn't let up until 2:30pm when Mary and I took a late lunch. When we returned to the ED, Ellie told us that Oksana had finally delivered.

"John Gregory Casper was born at 2:24pm," she said. "Mom is tired, but otherwise, everything is fine."

"Fantastic!" I said. "I'm going to go up to OB and see Oksana and Ghost. Mary, you can tag along if you want, given you can't take an H&P without me observing."

"Dumb rules," she grouched quietly.



"I sympathize, but it's not directed at you."

We left the ED and took the stairs up to the floor with OB/GYN. We made our way down the corridor, I checked the board and saw which room 'Baby Ghost' was in, and we walked towards it.

"Baby Ghost?" Mary tittered.

"I suggested 'ghostling' to Clarissa yesterday."

I rapped twice on the door, waited a few seconds, then went in.

"Many years!" I exclaimed.

I walked over to Father Nicholas and asked his blessing.

"Mary and I just popped in to say 'congratulations'," I said.

"Thanks, Mike," Ghost said. "Finally!"

"Oh, stop!" Oksana exclaimed. "You just had to sit there! I did all the work!"

"He did help about nine months ago," I chuckled.

"Yes, only fun for him! Work for me!"

"Was Kris here with you?"

"Until she had to leave for class. She'll be back in about an hour. She said she'd stop in and see you."

"OK. We won't disturb you further! Is 'Baby Ghost' in the nursery?"

"Yes, and the nurses are having fun with the nickname."

"We'll stop and see him."

Mary and I left the room and went to the nursery, where we saw John Gregory wrapped in the typical hospital baby blanket, sleeping quietly.

"What was the thing you did with the priest?" Mary asked when we left the nursery a few minutes later.

"It's the usual way of greeting major clergy," I replied. "One supplicates by cupping one's hands, the priest or bishop makes the sign of the cross, and we kiss their hand. It's a cultural tradition that is just second nature to me after twenty-seven years. Think about how Russians greet each other."

"Do you do that?"

"I have, in the past, but most of my mom's family has Americanized and has mostly American sensibilities."

"I think my pastor would have flipped out if someone tried to kiss his hand!"

"Different traditions," I replied. "You know, like Lutherans and Jell-O molds!"

Mary laughed, "For the Free Church, it was always a hot dish -- some kind of casserole usually, but it could also be in a crockpot."

When we reached the ED, Nate let me know I had a visitor in the waiting room. I walked out, saw who it was, and walked over.

"Hi, Jenny! What's up?"

"Do you have a few minutes?"

"I do. Come on in."



## XVIII. I Have A Friend

**April 20, 1990, McKinley, Ohio**

The consultation room was occupied, so I walked with Jenny Leonard to the ambulance bay, as the weather was sufficiently warm to stand outside to talk. Fortunately, neither of the two smokers on duty were outside, giving us some privacy.

"How is school going?"

"Great! All A's. I'm really glad you weren't hurt in the gunfight."

"Me, too."

"How are the two doctors?"

"Doctor Lindsay, my surgical mentor, is working again. Doctor Gibbs, my mentor in the Emergency Department, is undergoing rehab and probably won't be back to work for at least six months, possibly longer."

"That's terrible!"

"It is, but she's alive, and she's recovering, unlike the Sheriff's Deputy."

"That was so sad."

"It was. What's up?"

"I know how this will sound, but it's really true. I have a friend who had sex with her boyfriend, and they didn't use protection. I would have suggested she go to the Free Clinic, but they're closed. What should I tell her?"

I believed Jenny, as she didn't strike me as irresponsible, though I also knew that teenage hormones were one of the strongest forces in the universe.

"Unfortunately, the closest clinics are in Cincinnati, Columbus, or Dayton. Does she have a driver's license?"

"No. She's fifteen."

"You have yours, right?"

"Yes, but I don't have my own car; I borrowed Mom's to come see you. There's no way I could drive to one of those other cities without her knowing and asking questions."

"And your friend doesn't want to say anything to her parents?"

"No. They're pretty strict, and they'll lose their minds because they don't like the guy."

"Is he at Hayes County High?" I asked.

"No, he goes to the Catholic school; he's a Senior."

"And she's a Sophomore? Or a Freshman?"

"Sophomore. Her birthday is next month."

"Has she taken a home pregnancy test?"

"No. She's afraid her parents would find out 'cause you're supposed to use them first thing in the morning."

I considered what to do, and I couldn't reasonably have her bring her friend to the ED for a pregnancy test without a valid medical complaint of some kind. On the other hand, I could probably ask Candace Forsberg to see her as a favor.

"The rules won't let me care for your friend," I replied. "Let me speak to a friend who is an OB/GYN at the hospital and has offices in the medical building. If I can arrange for her to see your friend, that would be her first step to deciding what to do."

"When can you ask?"

"Right away, though, I want to ask you some questions first, OK?"

Jenny laughed, "I know what you want to ask! No chance. I have a boyfriend, but only kissing. I am not even close to being ready to do that with him or anyone, for that matter."

"Is he a good student?"

"Yes. He's a Senior and is interested in doing research. He'll start at Taft in the Fall uncommitted, but some kind of science."

"When the time comes, you need to be very careful, both about birth control and sexually transmitted diseases."

"I promise!" Jenny declared. "But as I said, not even close!"

"Hormones have a way of changing teenage minds. Adult minds, too!"

Jenny laughed, "I totally get that, but I have a goal, and I'm not going to do anything to mess it up!"

"Good. How do I get in touch with you?"

"You can call the house. Mom and Dad know I talk to you, and Mom knows I'm here right now. I just said I needed advice about school."

"Science, math, and computers, plus psychology and philosophy, besides the requirements for English. What foreign language did you choose?"

"French."

"God help us all!" I chuckled.

"Why? You're married to a French girl!"

"It's not her; it's her annoying sixteen-year-old sister who revels in teaching my daughter to speak French to annoy me!"

"Too funny! I'd like to meet your wife and daughter."

"I'll speak to Kris, and we'll have your family over for dinner soon."

"Great!"

We walked back inside and I walked her to the door to the waiting room. She gave me a quick hug and left, and I went to the nurses' station to use the phone.

"What's with the jailbait?" Nurse Amy asked with a smirk.



Jenny was sixteen, so she wasn't 'jailbait', but I wasn't going to get into a debate with Nurse Amy, and I wasn't going to stand for rumors or innuendo about *Days of Our Lives* or *General Hospital* shenanigans.

"Do not say that again," I said firmly. "There is nothing untoward going on, and I won't stand for rumors. Got it?"

"Er, uhm, sorry, Doctor."

"Don't let it happen again."

She frowned, but I didn't care if she was upset. I picked up the phone and dialed OB to discover that Candace was in her office. I ended the call, then dialed Candace's office. She was between patients, so she took my call, and I explained what Jenny had said to me,

"You're sure it's really a friend?" Candace asked.

"I've known her for about two-and-a-half years, and I don't believe she's lying to me. I did counsel her about birth control and safe sex, and she made the point that she has a boyfriend, but all they've done is kiss."

"Is this girl a relative?"

"No. Her brother died in a rollover MVA on the way to school in October of 1987. She had a fight with him just before he left. Otherwise, she'd have been in the truck with him. I helped Psych calm her down and she expressed interest in being a doctor."

"How old was she?"

"Thirteen. I've seen her about half a dozen times, always in the hospital, to give her advice or encouragement. She's a smart kid, and is making straight A's. I know that's no guarantee against risky behavior, but I trust that it really is a friend."

"OK. Have her call my office, and I'll see her friend. Something has to be done about the lack of family planning resources in McKinley."

"I'm open to ideas, but per Gale Turner, their budget was about \$1.3 million, of which \$1.1 million came from grant money."

"I heard they offered him a plea deal for simple battery."

"And he told them to pound sand. His attorney expects the charges to be dropped. It appears to have been about forcing the Free Clinic to close."

"Well, we aren't going to solve that problem today. Have your young friend call me, and I'll see her friend."

"Thanks, Candace. I owe you one."

I ended the call, and Mary came over to me.

"There are three in the waiting room now," she said.

"Sorry for the interruption. I was helping out a friend."

"Pregnant?" she asked quietly.

"No, she was here about a friend who might be pregnant. She came to me for help because the Free Clinic closed. Unfortunately, there wasn't anything I could do except connect her friend with Doctor Forsberg."

"The effects of that disaster are multiplying daily."

"And I don't see a remedy anytime soon because who would risk it?"

"That sucks. How do you know her?"

I explained my history with Jenny Leonard, then asked Mary to get a chart. After we treated the first patient, I called Jenny to provide her with Doctor Forsberg's phone number. Mary and I treated five more walk-ins before dinner, and after dinner, there were two EMS runs that resulted in admissions but not emergency surgery.



## **April 21, 1990, Southern Ohio Correctional Facility, Lucasville, Ohio**

"Is there anything I can do for you?" I asked Frank Bush as we sat down in the visitor's room.

"Other than reading material, no, unless you know some way to legally get me out of here."

"That's a question for an attorney. I assume you've exhausted your appeals?"

"The worthwhile ones, anyway. I'd need a pardon or parole, and parole is off the table."

"I daresay a pardon is likely off the table as well."

"There's no chance of that."

"Then, short of a time machine to go back and make a different choice on February 22, 1986, I don't know of a solution.

"I probably should have just let them kill me. I can't handle another twenty or thirty years of this mind-numbing routine."

"I can't provide a complete answer, but I do know where it begins -- repentance."

"To what end? The state won't care, and you know the Scriptures: *'Do you not know that the unrighteous will not inherit the kingdom of God? Do not be deceived. Neither fornicators, nor idolaters, nor adulterers, nor homosexuals, nor sodomites, nor thieves, nor covetous, nor drunkards, nor revilers, nor extortioners will inherit the kingdom of God.'*"

"Neatly stopping before Paul gives the Corinthians hope: *'And such were some of you. But you were washed, but you were sanctified, but you were justified in the name of the Lord Jesus and by the Spirit of our God.'*"

"I did it after I was baptized."

"Well, given you don't believe baptism is efficacious, my response is -- so what? If the water does nothing except make you wet and is merely a symbol devoid of any substantive meaning, then it means nothing. You can't, in effect, have it both ways. The Christian West erred gravely when it resorted to academics over mystery and abandoned the historical faith in favor of modernism."

"You think Jesus and the apostles went around in fancy robes?"

"No, they didn't. They went around in plain street clothing, similar to what I'm wearing, though mine has 'modern' wooden toggles and buttons. I can trace a direct line from the early days to now. And that's the key to understanding the

Scriptures -- tracing a clear line from the early Church to today. Let me put it this way -- there was never a time when the New Testament existed, and the Church did not."

"That sounds like sophistry."

"Well, unless you can show me where the list of Scriptures was handed down on tablets or revealed to Martin Luther or John Calvin, you have a significant problem. You only know what the Scriptures are because the Church told you."

"How about we just play chess?"

"That's fine," I replied.

We played our usual three games, and when we parted, I felt that I'd made some progress, but I wasn't going to push or belabor the point. He returned to the day room while I went to the chapel to lead a prayer service and met with the men. There were two new men, and after I had spoken with Kurt, Nick, John, Sean, Nate, Mark, and Clifton, Nick introduced the others.

"Doctor Mike, these two men are Vasily Drugov and Glen Rodgers. Vasily was chrismated as a baby but hasn't been to church since he was five."

"Nice to meet both of you. Vasily, you should attend the Typika next Saturday when Protodeacon Ivan is here."

"I plan to."

I sat down with him to speak privately and discovered he'd been involved with organized crime in Cleveland and was serving life without parole for three 'hits' committed in the '70s. Unlike Frank Bush, he seemed to have adapted to prison life and was in reasonably good spirits, all things considered. Nick had been

working on him to return to the faith and was having some success. I verified he had no significant health concerns. Unlike some of the others, he had regular visits from his younger brother and his nieces and nephews, all of whom were in the Cleveland area.

After I spoke with him, Glen Rodgers sat down with me.

"Are you religious at all?" I asked.

"I went to church on Easter while I was married, not much after that."

"Which church?"

"High church Episcopal, you know, smells and bells. Not all that dissimilar to your church, I think."

"There's a lot of common ground, for sure. What did you do before you were incarcerated?"

"I taught High School math and science in Ohio and Illinois."

"How long are you in for?"

"Twenty-five years. I was too friendly with teenage girls."

That fit the general pattern of the men -- young girls or murder.

"When were you convicted?"

"1984. I served five years of federal time on *Fugitive Felon Act* and *Mann Act* charges, but the sentences weren't concurrent."

"Did they charge you with statutory or the new sexual assault statute?"

"Statutory, because it was before the new law passed."

"Twenty-five years is a long sentence for statutory rape. How many girls?"

"Six. One of the girls became pregnant, and I took her for an abortion. That made things far worse."

"Students?"

"Yes."

"All under sixteen, right?"

"Fourteen or fifteen, except for the mother of my daughter, who was seventeen."

He was not just foolish, he was reckless and careless if two of the girls had become pregnant.

"Do you see the young woman or your daughter at all?"

"It's a complicated mess, and, well, I haven't really spoken about it with anyone. I think, for now, I'll just say that my parental rights were terminated because of the sex charges, but also because I tried to flee to Canada with the child's mom, and they ruled that was putting her in extreme danger."

"Why did you come to the prayer service today?"

"Curiosity and encouragement from Kurt Bowman. He said you were a sympathetic ear and were the only one who helped him."

"If you're curious about the Orthodox Church, there are books in the prison library. Nick can show you."

"I think I'll just attend the services for now."

"That is our best form of evangelism -- 'Come and see'. Is there anything I can do for you?"

"Find out how my daughter is doing. I obviously can't contact her, but maybe you could."

"I'd have to check with Family Services about that," I said.

"Actually, you could go through a secretary at Goshen High who was a neighbor and would probably know how she's doing."

"If you give me her name, I'll speak to my stepfather, who's an attorney in Cincinnati, and make sure there isn't a problem. He's actually an expert in child custody cases -- one of the best in the city -- so he'll know. What's your contact's name?"

"A woman I dated briefly -- Linda Kane."

"I know her," I replied. "She's the contact for a band I'm in that plays for some Proms and Harvest Balls. What's your daughter's name?"

"Heather Newton. What's your stepfather's name, if it's OK to ask."

"Stefan Chojnicki."

"He was Bev's attorney and later the attorney for the Newtons. I'm not sure he's a good choice, given the circumstances."



I considered what to do and decided it was safe to ask Linda Kane.

"Let me think about the best course of action," I said. "You just want to know how she's doing, right? No correspondence or anything like that?"

"I'd be in violation of the court order Family Services obtained if I did that before she turns eighteen."

"No promises," I said.

"I understand."

We shook hands, and as he was the last person in the group, I made my way out of the prison and headed home to Kris and Rachel.



## **April 22, 1990, Circleville, Ohio**

On Sunday morning, Kris, Rachel, and I attended Matins and the Divine Liturgy at the Cathedral, then headed home to prepare for a dinner we were hosting for Subdeacon Mark, Alyssa, Elias, Serafima, John Elias, Nathan, and Lara. Once we had everything in the oven or in a pot, Kris and Rachel went to take a nap and used the time to see if I could reach Linda Kane.

"Directory Assistance. What city, please?" the operator inquired.

"Goshen. A Mrs. Linda Kane."

"I have no listing for a Linda Kane in Goshen."

"What about any listing for Kane in Goshen."

"There are no listings for anyone with the surname Kane in Goshen."

"OK. Thanks."

I hung up and considered my next step. I decided to call Kim and ask her.

"I have her home number," Kim said. "You didn't find it because it's in her husband's name."

"She didn't change her name when she married," I said. "Just like Kris."

"Not quite. Her story is more interesting. What do you need to ask her?"

"Someone asked me to speak to her but didn't have her number."

Kim read it out to me and I repeated it back. Once I had it, I flashed the switchhook and dialed the number.

"Judge Pierce," a man's voice said.

"Good afternoon. My name is Mike Loucks. I'm the lead singer for Code Blue. May I speak with Linda, please?"

"One moment."

She came to the phone about thirty seconds later.

"Hello?"

"Hi, Mrs. Kane; this is Mike Loucks from Code Blue."

"Hi, Mike! Is there a problem with the Prom?"

"No. In addition to being a doctor, I'm a prison chaplain. Do you know a Glen Rodgers?"

"I do," she said flatly.

"I believe your tone of voice answers the question I was about to ask," I said.

"Probably, but I'd like to know the question."

"Glen asked me to find out how his daughter Heather Nicole is doing. He doesn't want to contact her, just to know about her."

"That is a very, very, very bad idea," Mrs. Kane said. "Jim and Julie Newton would absolutely lose their minds, and I don't see how any good could come from it."

"OK. I only promised to ask; I didn't promise any results. I'll drop it. On a related note, I believe you might know my stepdad -- Stefan Chojnicki."

"I do. He handled the case, first for Bev, then for her parents."

"I'll tell Glen that I was unable to get any information. I won't mention I spoke to you."

"I'm not concerned about him for me; I'm concerned about him for Heather. You know his crime, right?"

"He provided the basic details."

"Actually, tell him you spoke with me, and I told him to stay away and never try this again. If he does, I'll ensure a restraining order is issued immediately."

Given she was apparently married to a judge, that would be simple, even if he had to ask a fellow judge to issue the order.

"I'll relay that message. I won't take any more of your time, and I'll see you on the 11th."

We said 'goodbye' and ended the call. I wasn't really surprised at that outcome and decided I should mention the contact to my stepdad out of an abundance of caution. I picked up the phone again and dialed my mom's house. Elaine answered and after a brief chat, she called Stefan to the phone. I explained what had transpired.

"Linda Kane is absolutely correct," he said. "And your response should be precisely as you proposed -- you spoke to Mrs. Kane, and she stated clearly that we'd seek a restraining order if he makes any further attempts to contact or even inquire about Heather. All his parental rights were terminated, and he was ordered to not see her."

"Understood."

"You know I can't reveal any details of a client situation, and both Heather's mother and her grandparents were my clients."

"I completely understand," I replied. "Medical confidentiality is similar, as we've discussed. While I have you, are you still planning to stay the night when you play at Goshen?"

"Yes. Rachel will stay with you, and Kris and I will come back to the house after we play. We'll drive home on Saturday morning after breakfast. We have a gig for Hayes County High on Saturday."

"Then we'll see you on the 11th."

We said 'goodbye', and I ended the call. Kris and Rachel were still sleeping, so I went to the kitchen to check on the food, then sat down on the couch with *JEM*. I read for about an hour before Kris came down the stairs.

"Did you reach Mrs. Kane?"

"I did, and she was clear that no contact, including even asking about the little girl, was welcome and suggested she'd obtain a restraining order against Glen Rodgers. Stefan basically confirmed that."

"Are you surprised?"

"Not at all. I just wonder what they've told the little girl about her dad. I do sympathize with him about not being able to see his daughter or even know anything about her, but I understand why that is."

"Forgiveness comes very easy to you, Mike, and you're always looking for a solution founded in love. Sadly, that's a rare thing. If everyone behaved the way you do, we wouldn't need socialism; it would be just like the Book of Acts!"

I chuckled, "Leave it to my wife to find a way to inject politics!"

"Am I wrong?"

"In an ideal world, no, but the lesson of Ananias and Sapphira makes it clear that there will always be those who claim to follow the community agreement but

cheat for their own profit. And, now you'll tell me that's why government is needed to ensure everyone coöperates. But my visit to the prison confirms that passing laws does not prevent crime, it only punishes it. So, while the answer is 'no', the premise is flawed. Therefore, given both socialism and capitalism are flawed, I prefer social democracy, which attempts to incorporate the best features of both. Does that satisfy the family «замполит» (*zampolit*)?" ("Political Officer")

"No!" Kris said with a goofy smile. "But we have our entire lives ahead of us!"

"Wonderful," I said deadpan.

Kris laughed, "I believe the benefits outweigh the negatives!"

"They do! And you know I'm teasing."

"And you know I'm teasing!"

The doorbell rang, indicating that our first guests were arriving, so I got up to let them in.



## **April 23, 1990, McKinley, Ohio**

"Mike, Doctor Wernher would like to see you," Ellie said just after 7:00am on Monday when Mary and I left Exam 2 after she'd sutured an arm lac.

"I'll go see him right away," I said. "Mary, take a break, please."

I left Mary and walked to Doctor Wernher's office.

"You wanted to see me?" I asked.

"Come in, Mike, and close the door."

I did as he had requested, then waited for him to tell me to sit.

"What can you tell me about the Match process here?"

"I was assigned to conduct interviews for both surgery and the ED," I replied. "I can discuss that or the conversations I had with Doctor Gibbs, but with regard to surgery, you should speak to Owen Roth."

"I was concerned about the ED. Were the candidates all ones you wanted or would have chosen?"

"I agreed with Doctor Gibbs on the order we listed the students. The only surprising thing was that the last position didn't fill and had to be filled with a Scrambler. I have to surmise that none of the students in what I called 'the field' listed us or listed us so far down they matched elsewhere."

"Do you have evaluations of each student in one of your notebooks?"

"I do."

"Would you be willing to share? I realize I can't do anything about the list at this point, and I'm not saying I would, but with no input, I'd like to know what I'm getting. What surprised me the most was that the first choice wasn't a local student."

"What I'm going to say next has to be received and noted, but no action taken because of it."

"Why did the hairs on the back of my neck suddenly stand up?"

"Because I'm in the room," I chuckled.

Doctor Wernher laughed, "You do have that reputation. But you also back it up. What?"

"Leticia Jefferson is here because of me," I replied. "Her cousin, Clark, was my roommate for the first two years at Taft. I was his first white friend, and he and I learned a lot from each other. He's also a bigger troublemaker than I am."

"I find that hard to believe!" Doctor Wernher declared.

"Ask Doctor Saunders from Medicine; she'll tell you. Clark's idea of troublemaking was to send his cousin here to interview for the Match because we have exactly zero black female Residents or Attendings and very few black Residents. That said, she was also head and shoulders above everyone except Jake Green, Callie Newsom, and Karl Schmidt.

"Jake chose not to apply here because his girlfriend wanted to Match in Virginia, so he did the same, and they both Matched at Alexandria Hospital. Callie Matched at The Christ Hospital in Cincinnati. Karl Schmidt is local and a very good candidate. Julie Plemons is from UC. Mai Liu is from OSU, Mike Jorgensen is from Indiana, and Nicole Caton is the Scrambler; she's local."

"It sounds as if we lost some good local talent."

"We did. I've argued that every hospital should have two 'local talent' draft choices who don't have to Match. It would save time and effort in a case like Mary Anderson, where we knew she'd list trauma surgery first, and she was convinced we'd list her as our first choice. But she had to interview elsewhere just in case."



"So did you, right?"

"Yes. I knew I would put Moore first and was positive I'd be the choice for the trauma surgery slot. The only risk was a married couple, but that didn't happen."

"What happened with the Scrambler?"

"She was middle of the pack and wanted Medicine. She overshot on her first choice and was unlucky with her backups. She didn't do an emergency medicine Sub-I, which was an error on her part, but I also hold the medical school responsible for not giving her good advice."

"Who was her advisor?"

"Doctor Crane. She took a pediatric Sub-I instead of emergency medicine, and he was OK with that. The problem Nicole had was that most Medicine programs wanted to see that emergency medicine Sub-I, and with very good reason. That said, I did have two committees look askance at my pathology Sub-I despite it making perfect sense. They couldn't see it as anything other than two wasted months."

"I lean in that direction, but it appears to have worked for you."

"It did. And it's why I've been able to perform procedures as a PGY1 that most PGY3s in surgery aren't able to do."

"That's Owen's problem, not mine. Messing with standard training plans is fraught with all manner of danger."

"I don't disagree, but this is a new program and gives us a chance to test changes without affecting the overall program. Mary is every bit my equal, only a year behind."

"Again, that's Owen's concern, at least for now."

"May I give you some advice?"

"Could I stop you?" Doctor Wernher asked.

I laughed, "Loretta has asked that same question many times! And yes, you can."

"Go on."

"To win the battle you want to win, you're going to need the entire trauma surgery team on your side. Privately, I will say that I do not agree that only a surgeon can supervise surgeons, though they do need to be trained by them. If you want to be Medical Director, you're going to need someone to tell the Hospital Administrator that it will work. If you want us to do that, you have to show us that it works, which was my point when we negotiated our truce. An alliance is in the cards, but that's more on you than it's on me, Mary, or Al Baker."

"Al Baker?"

"He's intending to apply for the trauma surgery slot next year. He's similar caliber."

"You surgeons are a cocky lot."

"Would you want a tentative, unconfident surgeon cutting into you? Or working in the ED when lives are on the line without split-second action?"

"I understand the point, Doctor, but you surgeons put your pants on one leg at a time like the rest of us."

"I'm positive surgical services screen for ego and eliminate candidates without a strong one. I don't think you could survive the training without it. Bedside manner isn't all that important when your patients are all unconscious."

"And yet your evaluations spoke of spending too much time bedside."

"I'm an emergency medicine specialist at heart and always have been. That's what I would have done without the trauma surgery Residency. That's why an alliance is possible. I want the ED to be the best in the country, and will do whatever it takes to make that happen."

"Will you leave your notes with me?"

"That notebook is at home. I'll bring it tomorrow. It's only evaluations, so you'll see every student I've taught, plus the interviews."

"That should make interesting reading."

"Anything else? My student is cooling her heels and there are charts in the walk-in rack."

"Dismissed,"

I got up, left his office, and went to the lounge to find Mary.

"Sorry. Get the next chart, please."

"I could have had at least one patient ready for you."

"I know. Stick to the program for now. In nine weeks, you'll have some autonomy. Wernher's program is not poor; it was just poorly presented. Go."

She left, and I got a drink of water, then met her in the corridor with the patient. The three of us went into Exam 2, and Mary completed the H&P.

"I propose the usual procedure for a dog bite," she said. "Irrigate, topical antibiotic, and update tetanus, then dress."

"Proceed," I instructed.

That was the first of a dozen routine walk-ins, after which I took my lunch break to meet Clarissa and Sophia in the cafeteria.

"How did apartment hunting go?" I asked Sophia.

"We found a place about equidistant from Stanford and the hospital," Sophia said. "Rents are pretty insane in the Bay Area, but we can swing it. Fortunately, both the hospital and Stanford offer a housing subsidy via grants."

"That's good," I said. "Are you psyched?"

"We're both psyched about our jobs but not about leaving you guys. The Proms will be our last gigs, and that's bittersweet."

"We're going to miss you guys. We'll need to find a way to get everyone together in the future, but I know that's a tall order, at least for another year."

"We'll come home to see our families, so maybe we can work around that," Sophia said.

"Let us know," I said, "and I'll move heaven and earth to get everyone together, including Maryam and Peter."

"How's he doing?" Sophia asked.

"Good, last time I spoke to him. I'll give him a call this week and call Maryam, too."

And Melissa Bush, I thought, just to check on her.

"What day do you actually leave, Sophia?"

"June 2nd. We're driving our cars which is kind of a downer, but my sister is riding with me, and Robby's cousin is riding with him. They'll fly back."

"So let the cousin or your sister drive part of the way," Clarissa suggested. "That allows you and Robby to ride together."

Sophia laughed, "I think I need to refuse my medical degree! I didn't even think of that!"

Clarissa and I both laughed as well. When we finished our meals, we each headed back to our respective services.



## **April 26, 1990, McKinley, Ohio**

On Thursday, Antonne and the study group joined me for lunch. Kris had brought Rachel to the hospital at 8:00am, and the Kozlovs would pick her up right after lunch so that Conchita could have her 'Rachel time'. I stopped at daycare to get Rachel on my way to the cafeteria and saw the study group waiting for me.

"Hi, «amorcita»! Conchita said when I helped Rachel into a booster seat in a chair next to Conchita.

"Hi!" Rachel exclaimed. "Papa? Hot dog?"

I laughed because it was a repeat of exactly what had happened the previous time I'd met with the study group.

"Yes," I replied. "And French fries."

I got our lunches and sat down with the group.

"How is Doctor Gibbs?" Antonne asked.

"Slowly improving with rehab. It's probably going to be close to the end of the year before she has enough leg strength and muscle tone to be able to work. She might need leg braces for the rest of her life."

"The other doctor is fine, right?" Jordan asked.

"Doctor Lindsay, and yes, she's back to work and has no lasting physical effects. How are classes going for everyone?"

Everyone was making A's in all subjects, and none of them were struggling with anything. Of course, they were only finishing their Sophomore year, and it would become more difficult in the Fall. I didn't expect any of them to falter, as they were all very serious students.

"How is your training going?" Danika asked.

"I've done additional appendectomies, start to finish."

"That's just crazy for an Intern!" she declared.

"I resemble that remark!" I declared, causing the six students to laugh.

"When do you usually start doing those things?" Julius asked.

"PGY3 is the usual point where surgeons are allowed to begin performing surgeries," I replied. "The trauma surgery program is an experiment, and the changes may or may not spread to other programs. Fundamentally, it requires a student who has the skills, mentality, discipline, and confidence to do it without crossing lines."

"So, you're just that good?" Jordan asked with a smirk.

I chuckled, "You'll need to ask Kris *that* question!"

"Ask Mama what?" Rachel inquired.

All the others laughed.

"If Papa is good at kissing," I replied.

"Papa and Mama kiss lots!" Rachel declared.

"Obviously," Jordan agreed with a smirk.

"She's due in June, right?" Conchita asked.

"Yes. Rachel will have a little sister in late June."

"Yay!" Rachel exclaimed. "Boys are noisy!"

"Her cousin is a bit too rambunctious for her taste," I clarified. "Back on topic, is there anything any of the six of you need from me at this point?"

None of them did, so we finished our lunches, and I took Rachel back to daycare before returning to the ED.



## **April 27, 1990, McKinley, Ohio**

On Friday afternoon, just before 3:00pm, Mary and I went to the M & M for the patient who had coded on the table following the successful removal of his ruptured appendix. Surgical consults would be covered by the on-duty PGY1s and PGY2s, as both Mary and I might be called to discuss the case.

"What do you think?" she asked.

"In the end? Just one of those things. The one area of concern was drugs, but the post-mortem tox screen was negative. There were metabolites for acetaminophen, but we knew that from your H&P. The only other things in his blood work were the anesthesia drugs. My only quibble was Paul not calling a surgical consult, but that was a judgment call. Tell me why."

"His Alvarado score was 1, and any score below 5 is indicative of it not being appendicitis."

"So, what are your options?"

"Ex-lap, ultrasound, monitor, or street."

"Spoken like a surgeon," I chuckled. "Cut first!"



Mary rolled her eyes, "You're a surgeon! I went from most aggressive to least!"

"I know, but I could give you a hard time, so I did! Do you feel ready to speak on our behalf?"

"Yes, so long as you're there to back me up."

"Remember the goal of these proceedings."

"To improve medical care."

"Exactly. If someone starts giving you a hard time, just respond calmly and clearly, explain why you made the decisions, and point out that you were directly supervised during the entire process."

"Suddenly, I'm thankful for Doctor Wernher's rule."

"One benefit to us is that it moves any responsibility from you to me and from me to my supervising Attending, which in this case would be Doctor Roth because it was an emergency surgical admission."

"I'm ready."

"Good!"

We entered the auditorium and took seats towards the front of the room, as we'd be called to present on the admission and prep of the patient.



# XIX. Shit Happens

## April 27, 1990, McKinley, Ohio

"Good afternoon," Doctor Cutter said promptly at 3:00pm. "Our first case today is Mr. Ken Webber, who coded immediately following emergency surgery for a ruptured appendix. Doctor Paul Lincoln was the initial receiving physician. Doctor Lincoln?"

Paul got up and moved to the lectern.

"Good afternoon," he said. "Mr. Paul Webber, a Caucasian male aged thirty-six, presented at the triage desk at 21:49 on April 19 complaining of abdominal pain. Triage vitals were normal. I and my students brought the patient to Exam 3 thirteen minutes later at 22:02. A complete H&P was performed, and vitals were all within the normal range for a healthy thirty-six-year-old male.

"No nausea or vomiting were reported. Patient had last eaten just after 18:00. Gross exam revealed tenderness in the umbilical region but no other signs. Given he was afebrile and his Alvarado score was 1, I concluded that the best course of action was to send the patient home, asking him to return if he felt febrile, nauseated, or the pain increased. I conferred with Doctor Boyd, who signed the chart, and the patient was discharged. I went off shift at 06:00 the following morning."

"Were any blood tests run?" Doctor Collins from Medicine asked.

"No. Our protocol for afebrile, non-specific gastric pain is to wait unless a bowel obstruction is indicated. Palpation did not reveal any of the signs, and auscultation revealed normal bowel sounds."

"And you didn't think to run an ultrasound or call for a surgical consult?"

"I did, but again, neither of those are indicated where there are no symptoms or signs except for a generalized complaint about peri-umbilical pain."

"Thank you, Doctor Lincoln," Doctor Cutter said. "Doctor Boyd, do you have anything to add?"

"No. Paul relayed all of that to me, and it is reflected on the chart."

"Thank you. Doctor Mike?"

I touched Mary's arm, and she came with me and we stood together at the lectern.

"Go ahead," I said quietly.

"Good afternoon," Mary said.

"Excuse me," Bill Lawson from Psych said, standing up. "Why is your student presenting?"

"She performed the intake H&P under my direct supervision. With Doctor Cutter's permission, I'd like to use this as a teaching exercise for her."

"Proceed," Doctor Cutter said.

Doctor Lawson glared at me and sat down.

"Thank you," Mary said. "Mr. Webber returned to the triage desk the following morning at 06:08 and was seen four minutes later at 06:12 by Doctor Mike and

me. Vitals were taken by both the triage nurse and Nurse Kellie Martin and showed a BP of 120/70, pulse of 72, temp of 38.1°C, and PO<sub>2</sub> of 99% on room air. Mr. Webber complained of a significant increase in abdominal pain, now in the lower-right quadrant.

"Doctor Mike instructed me to take a complete history and physical under his direct observation. Gross exam revealed Dunphy's sign and Sitkovskiy's sign. Alvarado score was 7, indicating acute appendicitis. I proposed CBC, Chem-20, and ultrasound, and Doctor Mike confirmed. Nurse Martin drew blood, and Doctor Mike added a request to type and cross-match."

"Mike?" Clarissa prompted. "Why?"

"Because bounceback abdominal pain is nearly always surgical, and with that Alvarado score, it was obvious to me we were dealing with acute appendicitis, as Miss Anderson indicated. Mary?"

"I performed an ultrasound under Doctor Mike's direct supervision and confirmed an inflamed appendix. Given the obvious condition, Doctor Mike made the decision to send Mr. Weber up for immediate surgery."

"Before the labs came back?" Doctor Baker asked.

Mary looked to me, and I nodded.

"Yes," I said. "Time was of the essence, and we could prep the patient and have him in the OR when the labs came back."

"No tox screen?" he inquired.

"The patient denied any use of illicit drugs and admitted use of Tylenol to Miss Anderson. I did not feel he was being deceptive. His eyes were clear, his nose did

not show any signs of inhaled stimulants, there were no lesions in his mouth, and there were no track marks. He was well-groomed, his clothes were clean, he had good hygiene, and his speech was clear."

"Continue, Miss Anderson," Doctor Cutter directed.

"Doctor Mike reviewed the consent form with the patient, who signed it. We transported the patient to OR 4, turned him over to the nursing team, and then went to scrub. When we entered the OR, Doctor Burnside from Anesthesiology had arrived. Doctor Mike?"

"Doctor Roth had instructed Mary and me to scrub in, which we did, and then, with the assistance of the surgical nursing team, inserted saline IV, administered standard prophylactic vancomycin, and sterilized the patient's abdomen. The patient was stable, and his vitals were consistent with those taken by triage and in the exam room. At that point, Doctor Burnside arrived. Doctor Cutter, do you wish me to continue, or do you wish to hear this part from Doctor Burnside?"

"Continue, please."

"Doctor Burnside entered and stated that Doctor Roth had instructed him to put the patient under, as Doctor Flynn had not yet arrived after being called in. Doctor Burnside administered etomidate and ketamine, followed by propofol, and I intubated the patient and connected the ventilator. The patient's temperature rose almost immediately from 38.1°C to 39°C. His other vitals were consistent with anesthesia limits. I asked the circulating nurse to call for the lab results, and I ordered chemical cold packs under his arms."

"Why was that?" Shelly Lindsay asked.

"I was concerned about a sudden spike in temperature, which occurred within two minutes of the administration of anesthesia and five minutes after vancomycin."

"Did you observe any hives or respiratory problems?"

"None. At that point, Doctor Flynn came into the OR."

"Thank you, Mike," Doctor Cutter inquired. "Anything to add, Ralph?"

"No," Doctor Burnside said as Mary and I returned to our seats. "As Mike said, other than the one-degree temp spike, vitals were stable and well within safe ranges for an adult male under anesthesia."

"Thank you. Doctor Flynn?"

Doctor Flynn moved to the lectern.

"I was the on-call surgeon and was completing my morning exercise routine at home when my pager went off. I called the scheduling nurse, who informed me of the patient's condition. I immediately left home and arrived at the hospital twelve minutes later. Because I had been sweating, I took a quick shower, put on clean scrubs, and entered the scrub room at 06:58, sixteen minutes after I was paged.

"When I entered the OR, the patient had been prepped and anesthetized, and Mike gave me the bullet. Immediately after he finished, Barb Sutton, the circulating nurse, reported that the patient's white count was 8.8, indicating neutrophilia. She also reported the patient's blood type as A-positive.

"Following protocols for emergency surgery, Mike acted as second surgeon and operated the electrocautery, while Miss Anderson handled suction. Nurse

Debbie Schmidt handled the retractors. The surgery went according to plan, and when the organ was exposed, Doctor Mike immediately stated that it had ruptured, and I confirmed.

"At that moment, Ralph announced a run of six SVTs but confirmed the patient's blood pressure and sats were still in range. We quickly removed the inflamed organ, then began the peritonitis protocol of triple gastric lavage plus additional vancomycin. We had just completed the lavage when Ralph announced a run of ten PVCs and advised finishing as quickly as possible.

"I completed the closure without further incident and instructed Ralph to cease anesthesia, which he did. I then instructed Mike and his student to escort the patient to Recovery and stay with the patient. I ordered a cardiology consult and directed Mike to keep the patient on EKG.

"At that point, Mike called out V-fib and requested the paddles. He administered shocks of 150, 200, and 250, with CPR between shocks and epinephrine, IV push. With no conversion, I ordered an amp of bicarb and an amp of epi while compressions continued. Mike ordered atropine on a cardiac needle. I questioned him about it and, after a brief back and forth, concurred with his assessment that it was worth trying.

"We continued CPR for another five minutes, interspersed with three more attempts to convert his V-fib, at which point the patient had been down for ten minutes. When the monitor showed asystole and no electrical activity, Mike stated his opinion that after six shocks, three doses of epi, and one of atropine, we weren't going to get him back.

"I examined the patient and appreciated no corneal response and heard no heart sounds. I called time of death at 08:33. I asked Mike to review the case with me from the start, which he did, and then we notified the patient's girlfriend that he had expired on the table. I filled out the appropriate forms, which were turned in



to Doctor Roth. As per protocol, the patient was delivered to pathology, along with all surgical materials and the diseased organ."

"How long did you sleep?" Doctor Forth from Psych asked.

I hadn't detected any fatigue in Doctor Flynn, but I knew that was an important question to ask, even if it did come from Psych.

"I had just come off shift, but I had slept a total of six hours overnight on the couch in the Attending's office. My next shift didn't start until Sunday evening."

"And you, Mike?" Doctor Forth asked.

"About six hours," I replied. "My shift began at 05:00."

"Ralph?"

"About eight hours. I had been assisting Doctor Roth with a scheduled surgery, but it was routine, so I called a Resident to complete that surgery and attended the emergency appendectomy."

"Thank you, Doctor Flynn. Paul?"

Doctor McKnight rose and moved to the lectern.

"I'll cut to the chase, he said. 'Shit happens'. Now, let me give you my findings."

That was something Loretta had said to me near the beginning of my Preceptorship, and I'd seen it several times before. I had come to that conclusion myself -- that the patient's death was unpredictable and not something that could likely have been prevented. Doctor McKnight continued.

"The deceased was sent to Pathology at 08:48, and per our protocol, I set aside other autopsies to investigate this unexpected death immediately. Post-mortem labs were drawn, a complete autopsy was conducted, and all surgical materials and drugs were examined.

"Other than generalized inflammation of the peritoneum consistent with a ruptured appendix, the gross exam was negative. The same was true for the sections, and I discovered no lesions or tumors. Post-mortem lab test results were consistent with pre-surgical labs.

"The tox screen showed only metabolites of self-admitted Tylenol usage and drugs recorded on the patient's chart and was negative for all other substances for which we can test. All of the vials of drugs administered were correct, matched the serial numbers of vials that were in our inventory, and were uncontaminated.

"As is the norm in cases such as this one, I interviewed the patient's parents, brother, and live-in girlfriend, none of whom could shed any light on the case, nor did any family member report any significant medical conditions or family history of conditions which might have caused the negative outcome. A review of the patient's medical records held by his primary care physician, John Smith, showed no indications of any condition which might lead to arrhythmia.

"Given the symptoms reported by the physicians who attended the case, I conclude that the most likely cause of death was an adverse reaction to anesthesia. Given no physical signs and no respiratory anomalies, I do not believe it was a reaction to vancomycin. No blood was given, so a hemolytic reaction was also ruled out. In my opinion, the delay from the previous night had no bearing on the results of this case, though I cannot prove that."

"Thanks, Paul," Doctor Cutter said. "Comments? Conclusions? Lessons?"

Doctor Wernher rose.

"While I would prefer less earthy language, I believe that per Doctor McKnight's analysis, as well as my investigation, all protocols and procedures were followed. One can certainly quibble about lab tests on first presentation, but a surgical consult would not have changed anything. That said, an ultrasound might have detected the condition sooner, and as such, I intend to require an ultrasound for all cases of abdominal pain where we cannot trace a cause. As Doctor McKnight succinctly stated, earlier diagnosis would very likely not have prevented the adverse outcome."

"I concur," Doctor Roth said, standing up. "A surgical consult during his first visit was not warranted, except in hindsight, and it is unlikely any of my Residents would have ordered an ultrasound when the patient was afebrile, had not vomited, and complained of peri-umbilical pain."

"What do you think, Mike?" Doctor Strong asked.

I chuckled, "I do have the reputation of being freer with the use of lab tests and imaging, but in this case, I'd have done exactly what Doctor Roth said, and would, with the same information, have discharged the patient just as Doctor Lincoln did."

"Doctor Wernher," Doctor Baker asked. "What about lab tests which showed an infection?"

"Let me turn it around -- if I called one of your Residents for a consult with the specific report that Doctor Lincoln provided, what would the result have been? I'd like one of your Residents to answer, if you don't mind."

"Doctor Saunders?" Doctor Baker inquired.

Clarissa stood up.

"Very likely, we'd have asked the ED to monitor and run repeat lab tests after two hours, waiting to see if any new symptoms emerged. Past protocol would, in most cases, have been immediate antibiotics, but MRSA has changed that protocol. Had a Medicine consult been requested, the surgery might have occurred an hour earlier, but as Doctor McKnight opined, the results would very likely have been the same."

"Thank you, Doctor Saunders," Doctor Baker said. "I concur with my Resident."

"Then," Doctor Cutter said, "unless someone wishes to present a plausible alternate theory or point out something we've missed, this one is closed as unexplained post-surgical arrhythmia resulting in death."

That was the only case for the day, so everyone filed out of the auditorium.

"Malpractice suit?" Clarissa asked.

"Always possible," I replied, "but at every step of the way, we did the right thing. I'm sure some hotshot attorney could make hay out of sending him home, which looks bad but really didn't have anything to do with it. Wernher's response really shows that -- requiring an ultrasound for all non-specific abdominal pain. But you know why that's not a panacea."

"It's entirely possible it wouldn't have shown on an ultrasound the night before. A CAT scan might have shown it, but we can't go around giving people huge doses of X-rays on the off chance it'll find something. Not to mention we only have one machine. Mary, you did a great job!"

"Thanks, Doctor Saunders!" Mary exclaimed. "I have a great teacher!"

"Don't feed his ego, please!" Clarissa declared.

"Go push pills, Lissa! We surgeons have REAL work to do!"

"«Иди в жопу» (*idi v zhopu*)!»" Clarissa declared.

"Love you, too, Lissa!"

We hugged, and she headed to Medicine while Mary and I headed to the ED.

"What did she say?" Mary inquired.

"Kiss my ass," I chuckled. "She's taken up my old behavior where I would only swear in Russian."

"I don't think I've heard you speak Russian."

"I mostly stopped about two years ago, and really, I hadn't used it regularly since around age eight. It was always my second language, and given how highly inflected it is, I make a complete mess of it at times."

"My grandmother taught me some Swedish when I was little, and it's actually very simple. The verbs don't change for person or number, and there are only two genders with regular rules for forming plurals and for articles. Unlike English, it's spoken exactly as it's written."

"English spelling is a nightmare," I stated. "One teacher in High School pointed out that English is basically the only language where a Spelling Bee makes any sense and is any kind of serious challenge. He also mentioned that the first national spelling bee was held in Cleveland in 1908. Where did you grow up?"

"Minnesota, of course, along with the rest of the Viking maidens!"

"You do not want to know the vision that just put in my head!"

Mary laughed, "Hammered metal breastplates that are form-fitting? Ahistorical!"

"Which has zero to do with the image popping into my head! How did you land here?"

"Dad took a job in Toledo, and we moved when I was twelve."

"What's he do?"

"He's a mechanical engineer at the Jeep Toledo Assembly Complex. My mom is a private duty nurse."

"My dad is a civil engineer and is the Director of the Harding County Property Division. My mom is a secretary / paralegal for an attorney. They're divorced, and they each remarried. My stepdad is an attorney, though not the one for whom my mom works. My dad's wife is a homemaker."

"Stepdad but not stepmom?"

"She's four years younger than I am."

"Wow!" Mary observed, raising an eyebrow.

"Yeah."

We reached the ED, and I instructed Mary to get a chart so we could begin seeing patients. There was a backlog as several ED docs had been in the M & M, and that kept us busy until 7:00pm, when I was fortunate to be able to have dinner with Clarissa.

"I figured someone would try to throw you under the bus," Clarissa observed once we had our food.

"There was no opportunity to do so once McKnight made his findings. And even without them, it would have been Paul Lincoln, Chuck Boyd, Ralph Burnside, or Josh Flynn. I was the one who identified the ailment and rushed him to surgery. Lawson and Forth had nothing."

"I was surprised you threw Mary to the lions!"

"What better case for her to present? I mean, I read McKnight's report and I was positive I could let her get her feet wet without suffering withering fire from Friday Afternoon Quarterbacks! Now that she's done an easy one, the difficult ones will be easier."

"And gave you a chance to tweak Attendings and Residents about hands-on training with active participation."

"Because it's the better way," I replied. "It's not new or innovative unless you count doing what the first doctor to start a Residency program did as 'new' or 'innovative'! What I'm doing was proposed a hundred years ago by THE most influential teacher in modern history. The other members of the Big Four at Johns Hopkins were important, too -- William Stewart Halsted, a surgeon; Howard Atwood Kelly, a gynecologist; and William Henry Welch, a pathologist."

"Osler was an internist!" Clarissa declared.

"Every famous person has some weakness," I smirked. "That was his!"

"Seriously? The guy who you revere the same way you revere your icons was *weak* because he specialized in internal medicine?"

"You know I'm yanking your chain, Lissa! But the point is, what I'm asking for is to follow Osler's model. And if you think about it, that's the point of Preceptorships. There isn't much that can be done there, though I think two four-hour shifts would be better. But, once a student passes the first step of the medical licensing exams, it should be seriously hands-on, and PGY1s should practice more like I do than like the other surgical PGY1s. For you, what's the practical difference between you and an Attending besides experience and an FDA license to prescribe Schedule drugs?"

"Not much because we're more diagnosticians and as you tease, more about administration of medication. Nobody does many procedures, and that's why they're having us all do ED rotations and paramedic ride-alongs. Is Mary going to do that?"

"Yes, because I requested it. Ride-alongs will not be the norm for surgical Residents. They will have eight weeks in the ED, sometime during PGY1 or PGY2. Pedes will do the same thing, preparing for the permanent pediatrician in the ED once we're Level I."

*Doctor Mike Loucks; ED stat! Doctor Mike Loucks; ED stat!"*

My pager went off almost simultaneously with the emergency signal.

"I'll box your dinner and bring it to you," Clarissa offered. "Go!"

I got up and hurried down the long corridor, past the main lobby, and down another corridor to the ED.

"What do we have, Mary?"



"The fire department pulled someone out of a fully involved structure fire. EMS said massive third-degree burns. One minute out."

"Call and have them warm up the air ambulance. We're likely going to Columbus."

"WE?!" she asked excitedly.

"We! Make the call and join me in the ambulance bay. We may have to do an escharotomy."

She went to the phone and I hurried to the ambulance bay, grabbing a gown, gloves, goggles, and a mask, knowing it would help with the smell.

"What do we know?" I asked Isabella.

"Adult male victim, estimate sixty-percent full-thickness burns to arms and torso."

That meant a mortality rate of about forty-five percent,

"I asked Mary to have the chopper warmed up."

"Good move. You're the only qualified Flight Surgeon on duty, right?"

"I believe so."

Mary joined us just as the EMS squad turned into the driveway.

"Mary," I said, "call upstairs and let Doctor Thornton know we're leaving the hospital and why, then meet us in the trauma room."

The squad was moving faster than usual and skidded to a stop. Roy jumped out.

"Bad one, Doc!" he said as he moved to the back of the squad and opened the door. "Phil Grant, thirty-one; third-degree burns on his arms and most of his torso; smoke inhalation; ankle BP 80/50; tachy at 130; intubated; PO<sub>2</sub> 92% on portable vent; 5mg morphine; IV saline right leg."

"Trauma 1!" Isabella declared, then gave orders to the assembled team.

We quickly moved the patient to Trauma 1, and I began a burn assessment.

"Mike, he'll need a large-bore IV," Isabella said.

"I have jugular access," I said. "Burns only extend to the clavicle. He's going to need an escharotomy on both upper arms and the chest. I'll do that first, then the IV because if we give him fluids, the eschar will impede breathing and circulation."

"Do your thing!" she declared.

Mary came into the room, and I very much wanted her to help, but she couldn't use a scalpel for another five weeks.

"Mary, watch and learn, please," I said. "Rebecca, cutdown tray to me, please. I'll also need large-bore jugular IVs."

"Right away, Mike!"

"Mary, we incise the burnt skin down to the subcutaneous fat and into healthy skin lengthwise, if possible. The goal is to relieve the constriction of his chest and allow for better respiration. We're going to do his upper arms, too, to prevent circulation problems in his lower arms. When you cut, you need to take care to

avoid nerves and veins. Watch and one of us will supervise you performing this in the future. Watch very closely, please."

"I, uhm, need a mask," she said, going over to the dispenser on the wall and putting on two.

I knew exactly how she felt and thought about a second one, but I couldn't breathe well enough through a double mask for my liking.

I made the necessary incisions, one on each upper arm, along the bicep, and two vertically just outside each nipple. Once that was completed, I inserted two large-bore IVs, one into each jugular, and instructed Rebecca to attach saline.

"Billie," I said, "antimicrobial dressing, please. Vancomycin, 100mg IV push, then drip at 10mg/min via the leg."

"Vancomycin, 100mg IV push, drip at 10mg/min via the leg; antimicrobial dressing," Nurse Billie repeated.

She and a nursing student quickly and efficiently set up the IV and dressed the escharotomy.

"What do you think, Isabella?"

"EKG is worthless with those burns, but his sats are holding at 92%. I think you have to take him."

"Billie, call for the chopper. We'll meet them on the roof. Mary, with me. Isabella, see you at the helipad!"

"I'll send Billie with you; she'll bring the drug box."

Mary and I left, and we made our way to the Flight Surgeon's locker.

"Put on a blue trainee jacket and a helmet," I said.

I put on a red jacket with 'Flight Surgeon' emblazoned on the back and put on a helmet. I helped Mary select a correctly sized helmet, then we headed to the elevator.

"What do we do if the patient codes?" she asked.

"Pray," I replied.

Ten minutes later, we loaded the patient into the chopper, then Mary, Billie, and I climbed in. I hooked up to the intercom system and showed Mary what to do. We put on our lap belts, and a few seconds later, the pilot announced our departure.

"Hayes County Air Ambulance departing Moore Memorial Hospital for Ohio State University,"

I pressed the intercom button and said, "Mary, the blue button is for the medical staff; the red one is for the flight crew. Press to talk. You'll hear the flight crew in your helmet, but you can turn that off by moving the switch next to the red button."

"Got it," she said over the intercom as the helicopter lifted off the helipad.

I monitored the patient the old-fashioned way, checking his pulse manually, auscultating his heart and lungs, and using the readout on the ventilator to monitor his breathing. Using the stethoscope meant taking off my flight helmet for about thirty seconds each time, but that couldn't be helped.

I alternated with Mary so that she did every third check, and we delivered the patient to OSU without incident. As soon as the chopper departed OSU, I did what I always did -- closed my eyes and napped. This time, I wasn't rudely woken by a klaxon, and we landed safely on the heliport at Moore Memorial about seventy-five minutes after departing.

"Write this in your procedure book for my signature," I said. "This flight, combined with your upcoming paramedic ride-alongs, means you need two more flights to be certified."

"So cool!" she exclaimed. "I certainly chose the right doctor to be a mentor!"

"I told Doctor Wernher you're every bit as good as I was as a Fourth Year."

"That's high praise," Billie said. "There isn't a better doctor in the hospital than Mike. If I were injured or dying, he'd be the one I wanted. Period."

"You and every other nurse!" Mary teased.

Billie laughed, "I, like you, am no home wrecker! But I'd absolutely go for it in other circumstances!"

"Good to know," I chuckled.

"Not everyone is as obvious as Ellie!"

I snorted, "Could they be?"

The three of us went to the flight locker and returned our gear, and then, as it was after 9:00pm, I left the hospital and headed home.



## April 28, 1990, McKinley, Ohio

On Saturday morning, after a leisurely breakfast, Kris, Rachel, and I drove to Taft for band practice.

"Do you know your schedule for the Fall?" Kim asked as I unpacked my guitar and music.

"It should be a normal second-year surgical Resident's schedule, which means 5:00am to 5:00pm, Monday through Friday."

"Are you OK with Code Blue taking gigs?"

"I'd say after September 1st would work best."

"OK. I'll start looking. Would you be willing to play at Taft the last week in August?"

"That should be OK."

We had a very good practice session, and after we left, Kris, Rachel, and I went to Kroger and the bakery, then headed home. We ate lunch, I read to Rachel, then put her down for a nap.

"Do you mind if I take a nap?" Kris asked.

"No, of course not. Want some company?"

"Not *that* kind of nap!" Kris said lightly.

"I know. I can read or find something else to do."

"No, come snuggle with me, please. I'd like it."

We had a nice nap but stayed in bed after we woke up.

"Besides being tired, how are you feeling?"

"I feel good. I just hope Charlotte Michelle isn't as stubborn as her second cousin about being born!"

"Babies have minds of their own," I replied. "That's why I had to deliver Tommy!"

"How do you think Rachel will react to Charlotte sleeping in the crib?"

"I think if we emphasize that Rachel is a big girl and the big sister, she'll be fine with her little sister sleeping in the crib. In fact, I suspect the 'big girl/big sister' gambit will cover a multitude of sins."

"Sins? Charlotte?"

"Ours for introducing competition for Mama's and Papa's attention! And don't worry, in about twelve years, Rachel will be able to list all my failings as a dad, probably right around the time she has her first boyfriend!"

Kris laughed, "She's very much Papa's girl, so I don't think so."

"We'll see. Nearly every girl I know had some kind of conflict with one parent or the other."

"Who didn't?"

"Katy Malenkov is the primary one; she had no conflicts. Other girls had only minor ones, but they did have them."

"Neither I nor Lyudmila have conflicts with our parents."

"European sensibilities versus American ones, I suspect."

"Probably so. Rachel and Charlotte need to be raised as strong, independent women."

"You do realize that describes Elizaveta to a 'T', right? She simply made different choices. But one thing you could never say about her was that she was weak or dependent. I know you don't approve of her choices, but that didn't make her weak."

"Sorry," Kris said. "I didn't mean...no, actually, your criticism is warranted."

"I completely understand and respect your views, but you do have a surgeon's level of arrogance about French culture and sensibilities."

Kris laughed softly, "So we're perfect together, then!"

"We are. You are exactly the person I need in my life,"

"And you are the one I need in my life. How do you propose to limit the conflict between us and our children?"

"I think following the model Katy's parents used, and to some extent, the model Lara's parents used. Both were treated more like adults than kids as teenagers and given more freedom to make their own decisions. That was actually where the conflict with my parents began -- when they refused to see me as an adult. The weird thing was, that before I graduated from High School, they did treat me as an adult."



"Did that change because of what happened with Liz?"

"I think that was just what revealed it. Before I graduated, I more or less did what my mom wanted, not because she wanted it, but because I felt it was the best course of action. As soon as I chose a course of action which differed from what she felt was best, the conflagration erupted. The two of us mostly seeing eye to eye gave the illusion that I was being treated as an adult and had the freedom to act."

"Parents here exert far too much control over teenagers," Kris observed. "The things Tasha has told me are outrageous."

"They were. For Elizaveta, it was similar to my experience -- she saw mostly eye-to-eye with her mom but wanted to exert the freedom which she appeared to have, but actually didn't. That led to open warfare, with Viktor and me caught in the crossfire. It didn't help that Elizaveta and I were living in the cottage and that, to some extent, my options were limited because Viktor was paying for medical school."

"Could you have managed without that?"

"Yes, by using grants, scholarships, and loans, but you know how debt-averse I am. The only debt we have is your car, and it's my intent to never borrow money to buy a car in the future. That's why we're saving toward a minivan for you for when Miss Rachel has two siblings. We'll have a mortgage on our house, but that's inevitable unless you have the kind of money Lara's family has. Fortunately, interest rates are half of what they were when I was in High School and are likely to be lower still when we're ready to buy a house in about two years."

"Around the time we have our second baby together, right?"

"Yes. Things might be a little tight while you work on your Master's, but taking the tax advantages into account, it'll work because my pay increases each year according to a published schedule. Even better, once we become a Level I center, certain specialties will receive higher pay, including trauma surgeons, mainly because the hospital needs to retain us."

"What's happening with the nurses?"

"Nothing good. I don't see how a strike can be avoided unless the County comes up with more money. But you know how that goes -- either taxes will have to be raised, or something else will have to be cut. The new surgical wing will help, as it will allow for more elective surgeries."

"What are those?"

"The specific definition is surgery that is scheduled at the convenience of the doctor and hospital and in line with the patient's desires, rather than being urgent or emergency. In common parlance, it means cosmetic surgery, tubal ligations, hysterectomies, some heart surgeries, and some orthopedic surgeries. Mostly, they're quality-of-life surgeries."

"Another thing that will happen once the new surgical wing is constructed is an expansion of the cardiology department. Both of those will actually be net positive to the hospital's balance sheet. Emergency services -- the ED, surgery, and OB -- are the big cost centers, and that's going to get worse. As I mentioned to Mary, when the clinic closed, we lost over a million dollars in available healthcare funding, very little of which was paid for by taxes."

"It's outrageous what happened!"

"You won't find anyone at Moore Memorial who doesn't agree. In the end, I think the county will have to act because it's far more expensive to treat those patients"

at the hospital than in a clinic, and EMTALA ensures they have to be seen and evaluated, and stabilizing treatment has to be provided. Practically, that means everyone is treated. There is an urgent care clinic just south of McKinley, but they do not offer low-cost or no-cost services because they're a private organization."

"Doesn't the same law apply to them?"

"No. It only applies to hospital emergency departments in hospitals that accept Medicare, which is pretty much all of them. At the risk of starting a political fight, that's because the federal government cannot regulate private hospitals unless they take federal money. Uncompensated care has doubled in the past ten years and is projected to double again in another ten. That money has to come from somewhere and the only place it can come from at the moment is paying patients.

"When everything is taken into account, the hospital tax levy on property in the county would have to more than double in ten years to even come close to covering the losses. And before you say that a national program would help, it's the national program -- Medicare -- that is the most aggressive in terms of limiting costs.

"That allows the national government to keep the Medicare taxes lower and push the costs onto private healthcare, which allows politicians to demagogue about rising healthcare costs. And single-payer doesn't solve the problem; it just changes the character of it and who collects the socialized costs and how they're allocated. It can never be 'free' nor can it be 'unlimited'."

"I must be very predictable," Kris said. "You answered my objections, even if the answer is unsatisfactory."

"I predict we're going to love each other for the rest of our lives."

"I like that prediction!"

"Papa?" Rachel called from the door to the room. "Potty!"

"Papa's girl!" Kris teased.

I laughed, got up, and helped my daughter use the potty.



## **April 29, 1990, Circleville, Ohio**

On Sunday, Jenny Leonard and her parents joined us for dinner at the house.

"Hi, Jenny!" I said when I greeted them at the door. "Good afternoon, Mr. and Mrs. Leonard."

"It's Bob and Cindy," Mr. Leonard said. "Good afternoon, Doctor."

"Just Mike here at home, please. Won't you come in?"

The three of them came in, and I introduced Kris. Rachel already knew Jenny, as she'd met her at the hospital, so I introduced Rachel to Jenny's parents. I offered them drinks, and poured lemonade for each of them as they'd requested.

"Thank you so much for everything you've done for Jenny," Cindy Leonard said. "It's been difficult for her."

"I'm right here, Mom!" Jenny declared. "And Doctor Mike knows!"

"She's a teenager in every way!" Bob said.

Jenny rolled her eyes, and I saw just a hint of rebellion I knew was there but which she would have to suppress, at least somewhat, to achieve her goal.

"She's earning good grades and seems to have her act together," I observed. "She has a long tough road ahead of her, made more difficult because she's a young woman. But she certainly has the wherewithal to do it, and I look forward to teaching her at Moore Memorial in the future."

"Is it really that difficult for women in medicine?" Bob asked.

"Not as difficult as it was, and things continue to change, albeit slowly. Of the fifteen doctors on the surgical staff, only one, my mentor, is female. Our new crop of Residents has four women. That's a positive development, but there are no female department heads and very few female Chiefs, either Attendings or Residents."

"What's the difference?" Bob asked.

"The progression is medical student, then Resident, then Attending. A Resident is an MD but who is not fully trained in their specialty. The length of Residency programs varies from three to ten years; mine is seven or eight, depending on how you count. Residents are supervised by Attendings, and Residents do most of the training of medical students. Chiefs are basically managers of their peers."

"How did you decide on your specialty?" Cindy asked.

"When I was ten, a girl was injured on the playground. She was bleeding profusely from a cut, and I used my shirt to apply pressure the way I'd seen on TV. I ended up with my name and picture in the newspaper for saving her life. That's when I decided I wanted to practice emergency medicine. The surgical part came later because that specialty didn't exist in 1973. In a strange twist of

fate, I helped save that same young woman's life once again at Moore Memorial back in January."

"Jenny said you had a tragedy of your own."

I nodded, "I did, and that's what allowed us to connect."

"Could you tell us what happened?"

"Rachel," Kris said, "come with me to the kitchen, please, and help with dinner."

They got up and left.

"She doesn't know what I'm about to tell you," I said, then related what had happened with Elizaveta.

## XX. You Were Proud of Me!

**April 30, 1990, McKinley, Ohio**

"Thanks for not throwing me under the bus," Paul Lincoln said when I arrived in the ED on Monday morning.

"What I said was the honest truth," I replied. "Nothing that happened in the ED was responsible for the patient coding on the table following surgery. And nothing that we might have done would have prevented the outcome. He was unlucky. The mortality rate attributed to anesthesia is around eight per million, or less than one per 100,000 surgeries. That's down significantly from the 50s when it was something like sixty per 100,000. Anything for me?"

"Diabetic abscess in Exam 3 waiting on Medicine; concussion in Exam 2 with stable vitals being monitored until 6:00am. That's it."

"Then I'll see you tomorrow morning!"

He left, and Mary came out of the lounge.

"Morning!" she exclaimed. "I'm ready to go."

"Then get a chart, and let's get to work."

We saw seven patients, admitted the diabetic abscess, and treated the concussion. Just before 9:00am, Nate let me know that Mr. Crowe wanted to see me. I had a sinking feeling as I made my way upstairs to the admin wing. Mr. Crowe's secretary sent me right into his office.

"Morning, Mike."

"Morning, Leland. Malpractice suit?"

"Unfortunately, yes. I was served this morning with a suit and a subpoena for medical records and charts. I believe as soon as those are tendered, you, Dutch Wernher, Paul Lincoln, Chuck Boyd, Ralph Burnside, and John Flynn will all be named personally. Right now, you're all referred to as 'unknown medical staff'."

"Wonderful."

"The hospital will defend you, but you have the right to have personal counsel. If you want to confer with Miss Coates before you answer my next question, I'll understand."

"I have no practical objection to a settlement with no admission of liability. Philosophically, I object, but I understand that a settlement is the pragmatic course of action."

Mr. Crowe laughed, "You were the one I was worried about."

"Honestly? We should win this one, hands down. But a jury will see an otherwise healthy male in his mid-thirties who died at our hands, and nothing you say will be able to dissuade them from holding us responsible, even if there was literally nothing else that could have been done."

"Exactly right. If they were to go to a Medical Review Board, they'd dismiss it immediately as 'one of those things'. By the way, please do NOT use the phrase Doctor McKnight used in the M & M."

I chuckled, "It did sum everything up quite nicely, but I understand, and I won't."



"Thanks. Will you accept service via me?"

"Yes. It's silly to have a process server try to serve me in the ED."

He slid a form across his desk.

"Read this and sign it, please. You're doing nothing except agreeing to service via the hospital's legal counsel, that is, me."

I read the form, and it was quite clear that it was solely to allow the plaintiff to serve me and that no other power was granted. I signed and dated it and handed it back to Mr. Crowe.

"Anything else I need to be concerned about at the moment?" I asked.

"No. Between you and me, you and Mary Anderson are the only ones completely in the clear. The true attack will be against Paul Lincoln and Ralph Burnside. In fact, the last thing the plaintiff's counsel would want to do is put you on the stand because you moved with alacrity and made the correct diagnosis, then got him into surgery."

"I have to ask..."

Mr. Crowe smiled wryly, "Same church, different pew, as it were. The attorney is Amanda Temple, a partner at Volstead and Braun."

"Wonderful. Will Mary be named?"

"It's unlikely. To name a medical student, they'd have to prove that the student took some specific action he or she was prohibited from taking and which was contrary to best medical practices. That said, Miss Anderson assisted with the

surgery, so it's possible. In cases such as this, it's Anesthesia with their butt hanging in the breeze, which is why their malpractice rates are so much higher than any other specialty except neurosurgery."

That made sense, given that there were significant adverse reactions to anesthesia, though those rates were coming down significantly, as I'd noted to Paul earlier in the day.

"I heard bitching from the OB Residents that their rates are going up significantly."

"You mentioned how juries respond to healthy men in their mid-thirties dying; imagine a baby."

"Out of curiosity, what would have happened had things gone south with the baby I delivered?"

"Nothing good, that's for sure. That's why it's now a dismissible offense for the on-duty Attending to fail to send at least an OB nurse to the ED upon request, and then, that's only acceptable if every Resident is mid-delivery."

"I knew about the new policy but not the potential punishment."

"The liability if something goes wrong is effectively unlimited. It's whatever the plaintiff can convince the jury to return, and no matter how much it is, no judge is going to reduce the award for what I think are obvious reasons. We settled a case about two years ago for a million dollars. We got off cheap."

"I didn't hear about that."

"It was settled before the suit was filed, and the settlement was private."

"It must have been a firm other than Volstead and Braun. That's not their style."

"No, it's not. And you're correct."

"I need to get back to the ED. I'll call Melody and speak to her, but I won't retain her at this point."

"OK. I'll keep you posted."

I left his office and returned to the ED.

"What's up?" Mary asked.

"A malpractice suit over the hot appy who coded on the table."

"I'd say we didn't do anything wrong, but I suspect that doesn't matter."

"You suspect correctly," I confirmed. "Right now, it's just the hospital, but they sent a subpoena for charts and records, so I expect to be named, along with Doctors Lincoln, Boyd, Wernher, Burnside, and Flynn."

"What about me?"

"Anything is possible, but you and I are probably the only ones who are completely safe from any negative fallout. Paul was unlucky; Burnside is the most likely to be the main target."

"What happens now?"

"We wait. The hospital will offer a settlement with no admission of liability, and if they take it, that'll be the end, given everything I heard in the M & M. Sure,

someone could file a complaint with the State Medical Licensing Review Board, but you were there -- what did anyone do wrong?"

"Nothing. It was almost exactly like the textbook."

"Bingo. And you heard McKnight say that he reviewed all the drugs used, and there were no contaminants, and they were authentic. His analysis was correct, though 'one of those things' is a better way to say it in public. Don't worry about it. Chalk it up to bad luck, fate, karma, Satan, or whatever you wish, and get the next chart."

"Who or what do you blame?"

"Imperfect knowledge of human physiology. We know a lot, and I mean a tremendous amount. We don't know even more. It's my friend Robby's job -- Sophia's husband -- to work on that."

"He's going to teach and do research at Stanford, right?"

"Yes. Get the next chart, please."

"Hold up on that!" Nate called out. "EMS three minutes out with multi-victim MVA. Trauma 3 and 4 are open. I'll notify Doctor Casper and Doctor Townshend."

"Let's go, Mary," I said.

We hurried towards the ambulance bay, donning gowns, gloves, and goggles, and Kellie joined us in the ambulance bay, with Sue Townshend and her two students and Ghost joining us.

"Two victims," Ghost announced. "One in very bad shape. Mike and I will take that one in Trauma 3; Sue, you take the other one in Trauma 4 and ask for Doctor Wernher if you need help,"

We acknowledged him and waited for the approaching EMS squads to arrive, which they did about a minute later. Bobby jumped out of the squad.

"Jane Doe, about twenty; restrained head-on, high-speed MVA with lengthy extraction. Tachy at 120; BP 90/60; intubated PO<sub>2</sub> 92%; GCS untestable; neck brace and backboard; crush injuries to both legs; abdomen rigid; severe laceration of left temple; IV saline TKO."

"Trauma 3!" Ghost declared. "Mike, surgical assessment; Kellie, full trauma panel; Mary, EKG and monitor. Move!"

We began moving, and I called out to Ellie that I needed an ultrasound. GCS reported at 'untestable' was a result of being intubated and having no response to pain. In the trauma room, Bobby and Sam helped us move the patient to the trauma table, and everyone sprang into action. Nurse Jackie quickly cut away the patient's clothes, and Ghost and I began our exams.

"Belly is rigid," I announced. "Flail chest."

"Left pupil is blown," Ghost announced.

"PVCs!" Mary announced. "Run of seven."

I auscultated the patient's chest and announced, "Muffled heart sounds! Kellie, syringe with cardiac needle and an alligator clip!"

"PEA!" Mary announced.

Kellie handed me the syringe, and as quickly as I could, I performed a blind pericardiocentesis and aspirated pinkish fluid, filling the syringe.

"Blood in the pericardium," I announced. "Kellie, catheter and valve to me!"

"Weak heartbeat," Ghost announced.

"She needs surgery, but we need to stabilize her," I announced.

"Tell me something I don't know!" Ghost growled, but I knew it wasn't directed at me. "Leslie, call for a stat neuro consult!"

I inserted the catheter to drain fluid from the pericardium.

"Absent breath sounds, right side," Ghost announced. "Mike, chest tube. Kellie, hang a bag of plasma."

"Jackie, chest tube tray to me!" I ordered.

Nurse Jackie acknowledged my order and brought me the surgical tray.

"Neuro on their way!" Leslie announced.

"Mary, Foley!" Ghost ordered.

Mary went to get the kit, and the heart monitor blared.

"PVCs!" I announced.

They resolved after about five seconds, and I worked to put in the chest tube.

"Foley is in," Mary announced. "Blood in the bag!"

"Mary, call upstairs," I said. "She's going to need an ex-lap, at least. Ask for two Attending surgeons!"

"Right away, Doctor!" Mary acknowledged.

"Ghost, I think this is the best we're going to get," I said.

"I agree. She's not stable, but she's not going to live with her internal injuries. Leslie, get a gurney!"

The heart monitor blared.

"V-Fib!" I exclaimed! Paddles to me; charge to 150!"

Kellie brought me the paddles, and when the defibrillator had charged, I called out, "Clear!" and administered the shock.

"Normal sinus rhythm!" Ghost observed.

"Protocol is to wait five minutes," I said. "She doesn't have it. We'll have to risk moving her."

"Agreed," Ghost said. "I'll put that on the chart."

"Kellie, portable vent; Mary, portable monitor," I ordered.

They made the changes, then the team carefully moved the patient to the gurney. I'd clear her neck in the OR, as we needed to get her on the table soon, or she was going to bleed out. Mary, Kellie, Leslie, and I quickly moved the gurney out of the trauma room towards the elevators.

"HOLD THAT ELEVATOR!" Mary commanded loudly as we moved towards it. As per protocol, someone held the doors open while everyone else cleared the way. We got into the elevator, and the doors closed. We got to the surgical floor without incident and quickly moved to OR 3, which had just been cleared from a morning surgery.

"Unstable twenty-year-old female," I announced to Doctors Roth and Aniston. "Restrained head-on, high-speed MVA with lengthy extraction. PVCs and V-Fib in the past five minutes. Pulse 65; BP 80/50; intubated PO<sub>2</sub> 92%; neck brace and backboard; crush injuries to both legs; abdomen rigid; flail chest; cardiac catheter and chest tube."

"Hell of a case you brought us," Bob Aniston observed.

"I know, but she's not going to live if we don't resolve her internal bleeding. I'm going to clear her neck."

"Mary, scrub in," Doctor Roth commanded.

She went to the scrub room while I cleared the patient's C-spine. I was satisfied I could safely remove the cervical collar and did so, then went to the scrub room.

"PVCs!" I heard someone call out from the OR.

"She's not going to make it, is she?" Mary asked quietly.

"It'll take a miracle," I replied, then said a quiet prayer.

Mary and I entered the OR to find Doctors Roth, Aniston, and Burnside debating how to proceed. Eventually, they decided on ketamine only, to ensure she didn't come to during surgery, which I felt was low risk, but I wasn't an anesthesiologist.



"Mary, your job is a second set of eyes on the monitors," Owen Roth said. "Have the defibrillator ready. Mike, you assist Bob and me. Stand in the third position, and be prepared to Bovie."

Mary and I acknowledged his orders, got our equipment, and moved to the correct positions.

"Here we go!" Owen announced.

As I had feared, and as I was positive Owen expected, the patient's BP bottomed out as soon as he opened her belly, and we couldn't get blood into her fast enough, nor ligate and Bovie bleeders, before she coded. We worked for five minutes to try to revive her, but it was futile.

"Time of death, 10:02," Owen announced.

"Lord have mercy," I said quietly.

"She never had a chance," Bob Aniston observed. "Getting her into the OR alive was a miracle of its own."

"Agreed," Owen Roth said. "Mike, you and Mary can return to the ED."

We left the OR, removed our surgical gowns and our masks, and left the surgical floor to return to the ED.

"You kept on your surgical cap?"

"I'm thinking of wearing them full-time," I replied.

"Why?"

"Partly style, partly to cover my hair in the ED."

"Is it true I can choose any color surgical cap?"

"Yes. There are no restrictions except you can't display any symbols."

"Maybe yellow and blue."

"Swedish flag?"

"Yes. And different from everyone else. Would it be considered a symbol if it had what amounted to a plus sign in yellow and the rest blue?"

"I can't imagine that would be a problem. The flag has a single-bar cross, so you aren't making it a flag. Ask the surgical charge nurse for the number of the supply company and call them. You have to pay for your own, if you want anything other than the standard red."

"OK."

"Lost her?" Ghost asked when we arrived in the ED.

"Yes. She bled out. I need to let Doctor Wernher know."

"I'll come along. Sorry I snapped at you."

"Lack of sleep?" I asked.

"Right the first time. Baby Ghost does not care if Daddy needs sleep!"

"Been there, done that, signed up to do it again!"

"I don't know how you did it by yourself."

"I didn't. I had help from half a dozen young women. Without that, I'd never have managed."

We reached Doctor Wernher's office, and I rapped on the jamb.

"Yes, Doctor?" he said.

"I need to report a patient who coded on the table."

"Come in."

The three of us entered, and I presented the details of the case.

"Good report," Doctor Wernher said. "I'll review the chart. Doctor Roth was the one who called it?"

"Yes. The surgical service rule is the most senior physician makes the final call, no matter who was lead surgeon."

"OK. Thank you. Dismissed."

We left his office and Nate called out to us.

"The young woman's parents are here," Nate said.

"I don't even know her name," I replied.

"Crystal Monroe."

"Mary, bring in Mr. and Mrs. Monroe. Ghost, I'll take the lead, given she coded on the OR table."

"OK," he agreed.

We went to the consultation room, and Mary brought in Mr. and Mrs. Monroe. I invited them to sit, and Ghost and I sat with Mary standing behind us.

"Good morning, Mr. and Mrs. Monroe. I'm Doctor Mike, and this is Doctor Casper. The young woman with us is Mary Anderson, a Sub-Intern."

"How is our daughter, Doctor?" Mr. Monroe asked.

"She was brought to us by the paramedics, and Doctor Casper, Mary, and I, along with a team of nurses, assessed her injuries, which were severe. We were unable to stabilize her in the ER, so I arranged to take her for immediate emergency surgery. A team of three surgeons, including me, worked on her, using every capability we have, but her injuries were too severe, and she died."

"NO!" Mrs. Monroe screeched. "NO!"

She turned and buried her face in her husband's chest, and he put his arm around her.

"What injuries?" Mr. Monroe asked, his face set.

"At a minimum, a severe concussion, a number of broken ribs, internal bleeding, and both her legs were badly broken. I was with your daughter the entire time, and I can walk you through what we did, if you like."

"That's not necessary. Can we see her?"

"Mary will escort you to pathology," I said. "Do you have any further questions for us?"

"No, Doctor. Thank you."

We stood, and Ghost I and I left the consultation room, while Mary escorted the Monroes to pathology.

"What happened with the other victim?" I asked.

"Coded and couldn't be revived. Male, around the same age, with similar injuries. He was driving the car with our patient. The driver of the other car was DOA at the scene."

"Please tell me it wasn't on US 23 at Ohio 159."

"One and the same."

"The county needs to do something about that immediately," I said. "Reduce the speed limit and put a stop sign before the curve on Ohio 159."

"Too simple! The county will never do it!" Ghost declared. "Mind if I asked why you were called to Legal?"

"The unexplained code on the appendectomy."

"Malpractice? You?"

"Mr. Crowe figures it'll be a shotgun suit against the hospital and everyone involved. All he asked today was for me to sign a release allowing me to be served through the hospital rather than personally. You know the hospital will make a no-admission settlement, and I won't stand in the way of it."

"I figured you for manning the barricades!"

"It's unwinnable," I replied. "We can't use 'shit happens' as a defense, even in its non-earthly version, even though it's true. What's a jury going to do with a deceased patient where the doctors all throw up their hands and say, 'We did everything right, and this is just one of those things'?"

"You can't believe that's OK."

"I didn't say it was," I replied. "It's simply an acknowledgment of how a jury of twelve fine citizens will see things, no matter what we say when Arthur Braun's law partner makes us out to be evil incarnate."

"That jackass? Again?"

"Yes, except this one, they win."

"I hate to say it, but you're right."

"Want to know the worst part?"

"What's that?" Ghost asked.

"The money we give them will fund the next suit against Moore or McKinley Medical School."



## May 2, 1990, McKinley, Ohio

On Wednesday afternoon, Leland Crowe called and asked me to come up to his office.

"Ken Webber?" I asked when I entered his office.

"Yes. As expected, the claims were revised to name all the physicians involved. Miss Anderson will be subpoenaed, but she's not named, which is also true of all the nurses involved."

"Are you going to try to end it before the depositions?"

"Of course."

There was something about his tone that indicated that wasn't the case.

"But they rejected your offer to settle and want to depose everyone."

"Very perceptive," Leland said. "Do you want your own counsel?"

I considered, then shook my head.

"That would imply I had something from which to protect myself and that I didn't want to sink with the other staff."

"Thank you. As I mentioned on Monday, you and Miss Anderson are the best witnesses for our side and the worst for theirs. I'm not at all concerned about your depositions. Just keep everything factual and don't speculate."

I smiled, "As you know, this isn't my first rodeo. Sadly, it won't be the last, either."

"Unfortunately, you're right," Leland said. "We'll begin scheduling depositions in about a week."

"Just let me know," I replied.

"I will."

I left his office and returned to the ED, where Mary was waiting for me.

"You're not named," I said. "But you are going to be deposed."

"Oh, joy," she said flatly.

"All you have to do is state what you observed and use the exact same strategy I used as a student -- you are prohibited from making any medical judgments or diagnoses, except for didactic purposes. And you're on the side of the angels, because you and I are completely in the clear. Paul Lincoln and Ralph Burnside are the ones they'll go after -- Paul for streeting the patient, and Ralph for being the anesthesiologist. It's always the anesthesiologist who takes the fall for outcomes such as this one. That's why their malpractice insurance rates are so high."

"Do you know how the hospital pays the settlement?"

"The County self-insures, so it's the taxpayers who are on the hook. Fortunately, it doesn't come out of the hospital budget."

"That was my concern, obviously."

"How about we see some patients, Miss Anderson?"

"Absolutely!"





## May 3, 1990, McKinley, Ohio

"How is Kris doing?" Mary asked when I arrived at the hospital on Thursday morning.

"She's due in about seven weeks, so I'd say she's doing about as you would expect -- tired and starting to be more uncomfortable."

"I know you're taking time off; how will that work?"

"You'll effectively be an ED Resident for the time I'm away. My goal is to teach you to do chest tubes and pericardiocenteses as expediently as possible. If there are enough opportunities before Charlotte Michelle makes her debut, you'll be able to do those so long as there's an Attending in the room. That all depends on what patients we receive."

"It's perverse, but I find myself hoping there will be patients who need surgical procedures."

"Join the club," I replied. "The thing that I realized is that the patients are going to present no matter what, and they're going to need procedures. Every medical student and Resident thinks in generally the same way. Don't beat yourself up about it because, in a sense, you're only asking that they arrive at a time that allows you to be trained."

"Going back to the question about my time off -- if you need someone to talk to, Shelly Lindsay is to whom you should go. In fact, you should go to her if you need a female perspective on anything. And if you want to check on anything

I'm saying that isn't directly related to procedures, Clarissa Saunders is your best choice. She's the one who keeps me on more or less the straight and narrow."

"More or less," Mary agreed with a twinkle in her eye.

I chuckled, "She does say she can't leave me unattended for more than a few seconds without me finding some way to get in trouble."

"In my experience, what usually got guys in trouble involved beer, cars, and trying to impress girls. You don't have any of those vices! Well, you drive a fast car, but I don't recall hearing about any tickets or accidents."

"I'm almost teetotal and devoted to my wife, which eliminates two of those! But my trouble is usually related to speaking truth to power, not trying to show off."

"When do you drink?"

"Basically, only on special occasions, given my hours. There really isn't a safe window to drink, especially given I'm carrying a pager. You'll be issued one on June 1st. But, I see several charts in the rack. Let's see some patients."

Our first two patients were routine -- a sprained ankle and a broken finger. Our third was a twenty-one-year-old Taft student, Jack Burns, whose vitals were reported by the triage desk -- pulse 72, BP 110/70, temperature 38.7°C, and PO<sub>2</sub> 99%.

"Good morning," Mary said. "I'm Mary, a Sub-Intern, and this is Doctor Mike, my supervisor. What brings you to us today?"

"A cough that won't go away, and it feels almost as if I have something stuck in my throat, you know, like a pill that you don't quite swallow correctly."

"Did you take anything this morning that might cause that?"

"No. I've had the feeling for a few days."

"Do you have trouble drinking or eating? Or difficulty swallowing?"

"No."

"Have you vomited recently?" Mary asked.

"Not since I had a stomach virus about a year ago; something was going around campus."

"Have you felt nauseated? As in, you felt sick to your stomach?"

"No."

"Are you on any medications?"

"No."

"Have you had a fever recently?"

"No."

"Any chest pain? Either persistent or related to the cough?"

"Not pain, but pressure."

"Alright," Mary said. "I'd like to do a physical exam, if that's OK with you?"

"Sure," Jack agreed. "That's why I'm here."

Mary conducted a primary exam, including checking Jack's eyes, ears, nose, and throat using an otoscope, then checked his heart and lungs via auscultation. Once she'd completed those, she had him lie down so she could check his abdomen by palpation.

"Doctor Mike and I are going to step out and discuss our next steps," Mary said upon completion of the exam.

She and I stepped out into the corridor.

"What's your plan?" I asked.

"CBC and Chem-20, and a five-lead."

"Based on?" I inquired.

"The EKG is to rule out cardiac causes; the blood tests because the exam was grossly normal, as you heard me call out."

"What do you suspect?" I asked with a knowing smile.

"GERD," she replied. "But in order to make that diagnosis, I have to check for infection and rule-out any heart trouble."

"How did you come to GERD?"

"It's one of my diagnostic flashcards; you know, the ones someone told me to never be without and study constantly!"

I chuckled, "That guy sounds crazy!"

"You won't get any argument from me!" Mary declared.

"Or me," I replied with a grin. "Let's assume it's GERD. Speculate on the cause."

"College student who isn't overweight? Gallstones, hernia, or drug-related."

"You didn't ask about illegal drugs during your exam."

"He was perfectly lucid, his eyes were clear, and there were no lesions or membrane damage in his nose or mouth, and no track marks on his arms."

"What does your gut tell you?"

"Drugs. I mean, it's possible he has a hernia, but I didn't detect anything on palpation, and he isn't complaining about pain; the same for gallstones. A rare cause of GERD is sleep apnea, but he doesn't have any of the main risk factors - obesity, large neck circumference, age, or enlarged tonsils or tongue."

"Excellent diagnostic work. Have a nurse draw blood and put him on the EKG for ten minutes."

Mary smiled and nodded, and we went back into the treatment room.

"Jack," Mary said. "In order to help us diagnose your complaint, I'm going to have a nurse draw blood, then we're going to put you on a heart monitor for ten minutes."

"Heart monitor? Why?"

"You reported non-specific chest pain, and we need to rule-out any heart problems. I don't think you have any, but we need to make sure."

"OK."

Mary asked Shelly, a nursing student, to draw the blood for the lab tests, and once that was completed, Mary hooked up the EKG.

"Normal sinus rhythm," she said. "I'm going to run a continuous strip."

"Approved."

Mary pressed the appropriate buttons on the EKG monitor to start the strip, and then we stepped out.

"Check the rack to see what we have," I said. "We can manage, as we have to wait for Jack's lab tests to come back to rule our infection."

Mary grabbed the next chart, which was a simple hand lac. She examined the wound, and after we discussed her plan, she injected lidocaine. While it was taking effect, we went back to see Jack. Mary turned off the monitor, and we quickly reviewed the strip. There were no anomalies, so we asked Jack to relax until his blood work came back. We went to the other room, Mary sutured the laceration, then we presented to Doctor Wernher, who signed the discharge forms.

By the time the hand lac was streeeted, the lab report was back and showed nothing out of range.

"I'm going to ask about alcohol and drug use," Mary said.

"And if he denies any?"

"Then we need a gastro consult," she replied. "I mean, we'll need one anyway, but I have to ask about drugs before I call them."

"Let's go see him."

We went back into the exam room where Jack was waiting.

"Your lab results came back normal," Mary informed Jack. "Our preliminary diagnosis is GERD -- Gastroesophageal Reflux Disease. It's a condition where stomach acid moves into your esophagus and is consistent with your symptoms. Before I call for a gastroenterologist to examine you, I need to ask a few more questions, OK?"

"How bad is it?"

Mary looked to me, and I nodded.

"The specialist will discuss it with you," she said, "but generally speaking, it can be treated with diet modification and medication, sometimes over-the-counter. OK to ask a few more questions?"

"Yes."

"Are you taking aspirin on a regular basis?"

"No. Mostly, I take Tylenol if I need something, but I don't even do that that very often."

"Do you eat a lot of high-fat foods?"

"I'm a college student!"

"I'll take that as a 'yes'," Mary said. "Do you drink?"

"Same answer!" he replied with a grin.

"How much and how often?"

"A bottle or two of beer in the evenings, most days. Jack, rum, or vodka at parties, pretty much every weekend."

"The next question is important, both for diagnosis and treatment. Your answer is completely confidential and won't be revealed to anyone except medical staff. Do you use any illicit drugs?"

"X at parties and sometimes Xanax to come down."

The mix of Xanax, X, and alcohol was likely the cause of his GERD.

"By 'at parties', do you mean every week?"

"Pretty much, yeah. Fridays and Saturdays."

"Doctor Mike?" Mary inquired.

"Call for your gastro consult," I replied.

Mary went to the phone and called Medicine, as gastroenterology was a subspecialty of Internal Medicine, with three additional years of Residency following a standard three-year Medicine Residency.

Mary placed the call, and just under ten minutes later, Doctor Larry Milton arrived. Mary provided the exam results and our preliminary diagnosis and Doctor Milton performed his own exam, as was the norm for consults.

"I concur with the preliminary diagnosis," he said. "It's not severe enough to



admit it, so I'll write a referral for outpatient treatment. Jack, I'll write out the name of a medical practice and their phone number for you. You need to follow up with them as soon as possible, and you need to stop drinking and using illicit drugs. Both of those exacerbate your condition and will interfere with treatment. Mike, discharge with a recommendation of a low-fat diet and no alcohol consumption."

"Thanks, Larry."

He wrote out a referral slip and handed it to Jack, then left. Mary completed the discharge form, and we excused ourselves to present to Doctor Wernher.

"Whose diagnosis?" he asked.

"Miss Anderson's," I replied.

"How did you come to the diagnosis, Miss Anderson?"

"It's on one of my diagnostic flashcards that Doctor Mike recommended I make, which I study daily."

"How many diagnostic cards do you have?"

"I'd say about a hundred and forty. I started with Doctor Mike's base set of a hundred and added some things that were less common than the hundred most commonly seen diagnoses in the ED."

"Very good work, Miss Anderson," Doctor Wernher said.

He signed the discharge form, and we left his office. Mary retrieved a 'low-fat' diet flyer, and we returned to the exam room to discharge Jack.

"Think he'll follow our instructions?" I asked Mary.

"I'd say there's a good chance he will. He didn't argue with Doctor Milton about the alcohol and drugs, and his body language didn't indicate deception or rejection of the advice. He also listened when I reviewed the discharge notes."

"That was my assessment as well. That said, you never know. But that's on him, not on us. And nicely done, showing me up in front of Doctor Wernher!"

Mary laughed, "That wasn't my intent, and you know it!"

"My ego is easily bruised," I replied.

"I call BS!" Mary exclaimed. "You were *proud* of me!"

"Busted," I chuckled. "So, the student becomes the master?"

"But isn't that how it always works? You teach me, I find ways to improve on that, I teach the next Resident, and so on."

"That is exactly how it's supposed to be done, Miss Anderson! I do need to warn you what will happen along about August -- you will struggle mightily with giving your students a chance to do procedures you want to do. Just as I will with you. It's a constant battle to practice your own skills while teaching someone else."

"I do notice you allow me to do every H&P."

"Only because we don't have a Third Year at the moment. We will each have one once we finish the first ninety days. For the first ninety, we'll each have a Fourth Year surgical Resident."

"I remember, but I meant you aren't doing any at all."

"I got into the habit when I was working in the Free Clinic once a week, because I'd do anywhere from eight to ten exams a day. And now, as a surgeon, I'm not supposed to do primary exams. And neither will you, starting in June. As of June 1st, with two surgeons and two surgical Sub-Interns, we won't catch walk-ins except when things are seriously backed up. We will catch Traumas."

"How are we going to handle those?"

"We'll divide the work. If you have a patient who needs a procedure for which I haven't cleared you, you'll call me. For admits, that's on you."

"It's weird that I go from basically not having any authority to deciding admissions, and Attendings have to listen to me."

"It's always on Residents to assess and admit, especially PGY1s and PGY2s. And you are a surgeon, so, for surgical cases, you do get to tell Attendings on other services what to do. But use that power judiciously. And remember, an ED Attending can always call a surgical Attending to confirm anything we say."

"Have you had that happen?"

"Once or twice someone called Cutter to ask questions, but it was mostly because our program is so different from every other one."

"You're a fantastic teacher, and I wish all my Residents had been like you."

"Thanks. Do you need a break, or shall we take another chart?"

"I see four charts, so let's get a patient."

"There are five charts," I countered.

"No, I'm sure it's four."

"Five," I replied.

She looked quizzically at me, then started laughing.

"I! See! Four! Charts!" she declared.

"Good catch!" I chuckled.

"You are such a geek, Doctor Mike!"

"Thank you! Grab a chart!"

We saw two more patients before lunch, and six after. Just before 5:00pm, Doctor Wernher asked to see me, so I went to his office. He indicated I should close the door and sit, so I did.

"I want to make sure you and I agree on the intention of Doctor Roth's intentions starting June 1st, and then the changes in September."

"As I interpret them, for the first ninety days, my primary task is to teach Mary to perform the procedures on the surgical emergency list -- chest tubes, central lines, pericardiocenteses, and crikes. We'll be on the same schedule -- weekdays 0500 to 1700 -- and we'll each have a Fourth Year surgical Sub-Intern assigned to us. Besides procedures, we're to assess surgical admits and assist with traumas. Miss Anderson will work one additional shift, Saturdays, from 0500 to 1700.

"Starting September 1st, our schedules will change. For 'A' weeks, I'll be in surgery, and Miss Anderson will cover weekdays 0500 to 1700, with another

surgical Resident being on call for consults and procedures overnight. She'll also work the same shift hours on Saturdays.

"For 'B' weeks, I'll work in the ED 0500 to 1700 weekdays, and Miss Anderson will work 1700 to 0500, Monday through Saturday. We'll each have two students -- a Fourth Year on a surgical rotation and a Third Year on an emergency medicine rotation. Our main job will be surgical assessments, procedures, and traumas.

"That's Doctor Roth's view. To that, I would add that, when possible, Miss Anderson and I will, with our students, catch walk-ins, though mostly when there are significant numbers of patients waiting to be seen. The main limiting factor will be our need to respond to surgical cases or trauma."

Doctor Wernher nodded, "I was hoping your interpretation with regard to catching extra cases was consistent with your desire to stay busy. I think Doctor Roth left you just enough leeway to do that."

"Our duty station, to put it in Navy terms, is the ED, so as I see it, we're extra hands when we're not handling our primary duties. Neither of us is interested in cooling our heels in the lounge, and Miss Anderson won't have any twenty-four-hour shifts the way typical PGY1s do, except when staffing requires it."

"How do you plan to handle the birth of your daughter?"

"I don't! I've already delivered my full quota of babies for my entire career!"

Doctor Wernher laughed, "I'm still at zero and very happy about that. So, besides your usual smart-ass response?"

"Starting in June, my sister-in-law will be at the house whenever I'm not there. She has her driver's license, so she'll bring Kris to the hospital if she goes into

labor when I'm not home. When that happens, I'll obviously get someone from Surgery to cover for me, and I'll take a few days off, probably around five. Doctor Roth has said he'll provide coverage for my ED shifts."

"I think we're basically on the same page. I have a question, and I'll understand if you don't want to answer, but why would Doctor Gibbs schedule an Attending and a Resident, both from the ED, to go to a conference together, leaving us seriously short-handed?"