

Residency II

Book 10 of *Good Medicine*

by Michael Loucks

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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?" I asked.

"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 after standing there for a few minutes, 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 suggested I cut you some slack and permit 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 asked.

"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; PO₂ 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; PO₂ 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; PO₂ 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 reënact 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. You should be getting out soon."

"In March. 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.

"I have 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 Aniston 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» (*pneúma*) -- 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.