



Illustration by Steve Derrick

Respect

Jaclyn Arvedon



Ms. Arvedon is a fourth-year medical student at Florida International University, Herbert Wertheim College of Medicine, Miami, FL. She is the recipient of the third place award in the Alpha Omega Alpha Honor Medical Society 2021 Helen H. Glaser Student Essay Award.

The first thing I saw was the permanent tattoo scribbled across

the patient's bare chest in an Old English font. It was a powerful quote about giving and earning respect, etched in thick, dark ink. I knew better than to peer over the anesthesiologist's drape, where I would have a full view of the patient's face. I knew if I saw his face it would be permanently tattooed in my memory for years to come.

Without seeing a person's face, it is easier for me to convince myself he/she does not have an entire life story, one that I will never be able to hear. It finally clicked in my head why faculty always cover up cadaver's faces in the anatomy lab. Primarily, they do it out of respect for the person donating their body for education, but also, it is easier on students, and helps them to not be tempted to personify the cadaver. It is easier to slice into someone if there is no associated narrative. Unlike a lifeless, mottled, formaldehyde-coated cadaver, this patient lying paralyzed in front of me had skin that was warm, dry, and intact.

My hands were folded across my chest, as I tried my best not to touch anything, get in the way, or break sterile field (the three basic rules of surgery). This was my first time scrubbing into a surgical case.

I was instructed to abandon my apprehensiveness and rest my novice, inexperienced hands on the patient. I placed my hands on his chest, directly over the "Respect" tattoo. Through my double pair of gloves I instantly felt life. His skin was warm and youthful, his chest rising and falling with every gust of air from the ventilator on the other side of the curtain. My eyes darted around the room, desperately trying to focus on anything other than the living human being beneath my hands.

I looked across from me and saw a female surgeon whom I deeply admire. To my right I recognized another

female surgeon whom I had just met the day before in the office. Then I looked diagonally, and my eyes fell on a female surgical intern, the one who taught me how to scrub in, present during multidisciplinary rounds, and navigate many of the intricacies of this specialty.

Four strong, intelligent women surrounded this patient, and instead of nerves, I began to feel pride. I pondered when I would ever witness an entirely female surgical team again, and my mind briefly wandered off into a distant utopia, where women in medicine were invariably respected and treated as equals to their male counterparts. My fantasy of universal female acceptance was quickly interrupted by the unmistakable scent of burning flesh.

The "Respect" tattoo was seared straight down the middle as one surgeon started slicing the patient open with electrocautery while the resident began setting up what I would soon find out to be a bone saw. With immense force, she pushed the saw straight up the patient's sternum, and I just stood there, motionless, while these women split this man in half from his neck to his pelvis.

I was instructed, "pull as hard as you can". Confused, I looked up to see the surgeon across from me grabbing half of the patient's sternum and pulling it toward her. I clumsily grabbed the other side and began to pull. My task was quickly taken over by a rib spreader, a piece of metal that looks like it belongs in a woodshop rather than wedged into a human body. I returned to not getting in the way and stood in awe as these skilled women cut, burned, suctioned, and flushed out various layers of fascia.

Wide eyes peered over the anesthesiologist's curtain, and more pairs of eyes through the window outside the operating room—everyone was trying to get a glimpse of the action. This procedure was new for them too. "In my 20 years of nursing, this is the first time I am seeing this kind of surgery," beamed a woman from the other side of the drape. I smiled at her under my surgical mask, refraining from admitting this was the first time I was ever seeing any surgery.

None of the physicians spoke, they just continued dissecting away in their respective body quadrants, each in a world of her own. Thousands of questions filled my brain, but I knew better than to interrupt and break their focus.

After what seemed like completely haphazard cutting, I saw the patient's bowel, slithering like a snake with each wave of peristalsis. I saw the liver, bright pink, smooth, and shiny, nestled like a perfect puzzle piece between the diaphragm and the gallbladder. Through the corner of my eye, I caught a glimpse of powerful, purposeful pulsations. The surgeon had just cut away the pericardium. I

stared at this perfectly beating 24-year-old heart, working hard to pump blood throughout every inch of this man's body. No picture, anatomical model, or virtual simulation could ever do this organ justice, and I seemed to fall under a spell watching it fill and squeeze, fill and squeeze in perfect rhythm.

I was encouraged to touch the heart and feel the coordinated beats keeping this patient alive, despite the fact he had been pronounced brain dead four days earlier. For a brief moment, I mistakenly personified the heart, and wondered if it knew what was about to happen. Did it understand what was happening to its home, its neighboring organs, its possessor? Or, was it so focused on the persistent task of filling and emptying, so much so that it was unaware that everything around it was being delicately torn apart? Did it realize it only needed to work a little while longer?

I became saddened, realizing the potential this perfect heart had to keep someone else alive. This heart would never again pick up its pace before an important presentation, it would never figuratively skip beats during a first date, it would never again have the chance to "break" after receiving bad news. There was no cardiac transplant team available to come procure it; therefore, it would die with its owner.

My cardiac trance was broken as the surgeon pointed to a seemingly arbitrary spot in the patient's abdomen and asked me to name the vein. Suddenly, any knowledge that I had previously had of the venous system vanished, and I stood there like a child who had been asked to explain quantum mechanics to a lecture hall filled with physicists. Luckily, my incoherent stammering was stifled by another surgeon declaring it was time to chill the liver. Suddenly an avalanche of crushed ice began to flow into this man's abdominal cavity in an effort to slow down the metabolic activity of the liver, and preserve it for as long as possible.

The next step was the one I was dreading the most, as I stared at the four chambered heart and all its potential, filling and squeezing just a few more times. I was ready with the suction device, as the surgeons warned everyone around us what would happen next, advising them to take a few steps back.

The ventilator was switched off, the aorta clamped, and everything became still. Without the whirring of the ventilator and buzzing of the Bovie to drown out reality, the room fell silent. Then, like a pair of scissors gliding across fresh Christmas wrapping paper, surgical scissors effortlessly transected the aorta. The silence was broken when, like a fire hose switched to maximum power, blood

flowed out into every cavity, turning each inch of muscle, tissue, and adipose bright red.

I tried to suction up as much blood as I could, while this man's life poured out into his body. The surgeon took over the suctioning and suggested I hold the heart. I cradled the magnificent organ in my hand as it trembled fiercely; allowing me to feel ventricular fibrillation, while it struggled to pump any remaining blood through the draining circulatory system. The trembling slowed to a still, and every few seconds it would squeeze again, in a futile attempt to save its owner.

My years of medical training could not have prepared me for this moment. After hours of reviewing detailed physiology, memorizing extensive mechanisms, and analyzing countless photographs, charts, and textbooks, all it took was a simple snip to grind everything to an irreversible halt. While I reflected over this motionless heart, two of the surgeons removed the liver and prepared it for transport. It would travel by helicopter to another part of the state to a recipient who desperately needed a new liver. We proceeded to shift the remaining organs back into their place and unpinned the skin we had tacked down in all four quadrants of his torso.

As I began suturing the patient's massive incision from sternum to pubic symphysis, I started to think about what a selfless choice it is to become an organ donor. Even though I did not know a single detail of this man's life story, or even what his face looked like, I knew he and his family were altruistic enough to give a total stranger another chance at life. Although his time was tragically cut short, he made the decision to extend someone else's. His liver will continue to work alongside a new diaphragm, and continue its job of detoxifying a new body.

Once his chest wall was sewn back together, I noticed that despite our efforts to approximate his skin, the "Respect" tattoo no longer lined up quite right. I could not help but notice the metaphor. I scrubbed into this surgery with a straightforward definition of the word respect, and would be scrubbing out with a completely altered, yet arguably much more powerful perception of the word.

That night, I gained a new form of respect for transplant medicine, the unimaginable beauty and vulnerability of the human body, and of course, respect for this stranger who, in the event of tragedy, chose to save another life. Regardless of what specialty I pursue, I will remember just how far genuine altruism and respect can extend into the lives of others.

The author's E-mail address is jarve003@med.fiu.edu.