

# When we are needed most



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**A**irway. Breathing. Circulation. The chant whirled through my mind as I rushed from the bulkhead to the back of coach class. Airway. Breathing. Circulation. I could feel that familiar throbbing of my own pulse racing in my neck. Airway. Breathing. Circulation. I drew in deep, slow breaths of stale cabin air through pursed lips, conscious of the hundreds of eyes boring into my soul, scouring my outward appearance in an attempt to seek the character of the person who would respond to the flight attendant’s call for medical assistance. Circulation. Airway. Breathing. I reminded myself, that the algorithm has changed.

I reached the group huddled near the last row—two flight attendants, a small woman in a black hat, crying quietly, and a tall grey-haired man. I smiled, and in the casual yet friendly tone I’ve learned to adopt when assuming the lead in a code situation, I asked, “Hi. How can I help?” “Are you a medical professional?” the flight attendant asked. “Yes, I’m a doctor,” I replied, trying not to choke on the words. “A doctor?” she questioned. “Yes. Sometimes, I can barely believe it myself,” I responded. “Oh. Thank God,” they all said in unison.

In row 29, I found a middle-aged man in the window seat with blood-tinged spit running out of his mouth and staining the front of his shirt, obviously convulsing. I crouched into the middle-seat, straddling the armrest, so that I could get face-to-face with him.

At this point, I can, for my own education and improvement, detail a list of everything I forgot to do in this crisis, everything I missed, and every mistake I made over the next 10 minutes. Believe me, I tortured myself with this list every night for several weeks. But instead, I’ll just tell what happened.

He was sweating and unconscious, sitting up and belted in his seat, writhing with stereotyped patterns you see so frequently on televised medical dramas. His mouth was open, leaking spittle and blood, but with obvious deep, uninhibited gulps. Airway and breathing, check. I pinched his ear, no reaction. I felt for the pulse at his wrist, but his strength overwhelmed mine, so I went for the carotid. He was tachycardic. Circulation present and strong.

Assessment: This man is having a seizure. Etiology unknown.

Plan: Stop the convulsions, and figure out why they’re occurring.

### **Magic moments**

I became a doctor, or more specifically, I received my medical doctorate on a bright spring day in Seattle. The details of the day are piecemeal, obscured by my sheer incredulity at the reality of the event. First, meet with brothers, sister, sister-in-law, nieces, and Mom at hotel. Next, take cab to Symphony Hall. Dress in fancy wizard cloak with associated hat and strange green floppy cape. Pose for group pictures, and snapshots. Wait. Walk into hall with “Pomp & Circumstance” playing. Ignore heartbeat in throat. Wait. Listen to nice speeches. Wait. Walk across stage. Get hooded. On the other end, smile for pictures, try not to cry, try not to look at family, hold back tears. Look at family. Cry.

I’ve finally done it! I’ve finally become a doctor!

I do not know that I can point to the single moment in my young career when I first truly felt that sensation, the assured, “I am a doctor.” Early on, I stumbled over those words of greeting. “Hi, I’m Doctor Rogers,” felt so foreign in my mouth, no matter how many times through medical school I practiced, pining for the day when I could use them openly and honestly.

Medicine, as in life, is made up of countless small magical moments. Moments when we connect with another human being, when we celebrate right diagnoses and great treatments, when we finally feel that we have become the person we always hoped to be. Mired in the trenches of the banal, the brutal, and the morbid, these small moments shine brightly, keeping us bolstered through sleepless nights, tragedies, and losses.

### **An hour out from Mexico**

On the airplane, an hour away from our destination in Mexico, the man’s seizure broke spontaneously and I used cocktail napkins to clean him up as he rested in a postictal stupor. He told me his name and that nothing hurt.

Airway, breathing, and circulation intact. I turned to his wife whose first language is Thai. The tall grey-haired man who was observing is a pharmacist. I asked him to find someone who can translate for me.” A minute later, I learn via another Thai-speaking passenger that the seizing man drank heavily, had stopped drinking two days prior to the flight when he caught a stomach bug, had never had a seizure before, got the shakes any time he quit drinking, and had taken extra doses of the anti-motion sickness medication dimenhydrinate to mitigate the nausea. Light bulb.

I spoke with the cabin crew and the flight medical consultant via radio. We can make it to the airport safely, and they will have an EMS crew there when we arrive.

“Yes, Dr. Rogers here, he had an alcohol withdrawal seizure. His wife has some clonazepam, I’m going to have him take that.” “And, he lowered his seizure threshold with the dimenhydrinate,” the voice on the radio replies.

My internal wonk strained not to scream to this physician who was probably somewhere in middle America while taking my call and didn’t likely care about my understanding of this specific pathophysiology.

I sat with the man and his wife for a while and then I returned to my seat near the middle of the plane for the final descent. I was sweaty and exhausted from the adrenaline rush. The flight attendant offered me a beverage of my choice, on the house, but I declined, worried that I might be needed again. My seatmate praised me for responding and let me know that she is a retired emergency medical

technician, but didn’t “feel comfortable” responding to an emergency anymore. I hide my face in a magazine.

### **Finding my space**

There are some moments in medicine that mark your career—magical experiences, instances of connection, and diagnostic miracles. For me, this first of many in-flight emergencies (some might say I’m a black cloud) was a foundational experience, creating in me the yearning to be the kind of doctor who steps up, who helps, and who is always there for people, no matter what. Now years later, after the challenge of 28-hour call in residency, navigating my first few academic attending years, and learning to serve as an Associate Program Director of Medicine where I counsel others on professional identity formation, I have settled comfortably into my space as “Doctor Rogers.” Even so, there are still instances when we are asked to go beyond, to find within ourselves the bravery and conviction of the physician calling, that take my breath away with their significance.

On the morning of March 9, 2020, the chair of my department sent an urgent text message to all the hospital medicine physicians currently off-service. “The first COVID-19 patients are here. If anyone can come in to open our first COVID service, please let me know. No pressure.”

I hesitated. I was afraid. Oddly, I had just recently returned from another vacation in Mexico where I had spent a week swimming and kayaking. Reading the email, I felt the same mix of trepidation, excitement, and terror that I felt on that airplane years ago. And, after a week off, I was rested and ready. Airway. Breathing. Circulation. But this time, PPE. Respiratory failure. Contagion.

“I’m coming in soon,” I responded a few minutes later. Circulation. Airway. Breathing.

On my way to the hospital, I called my mother, the single mother who cried through my entire medical school graduation as she watched her daughter, the first person in our family to graduate college, become a doctor. She was beside herself. How could I put myself at risk like this? I remembered that first time a half-baked intern alone on a flight, responded to a man in need. If not me, then who? If not now, then when?

When we are needed most, what else is there to do but step up?

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