

Delusions of Grandeur
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Somehow I always thought that if I were the first on the scene I would save the day - not in the hospital where there are residents, intensivists and cardiologists, but out in the real world. I half-expected for years to hear the urgent announcement “Is there a doctor in the house?” in a restaurant, theater or plane. I remember the chairman of our family practice department telling me when I was an intern how he had once saved a man on a plane with a chest thump. I never thought of myself as having delusions of grandeur. I simply thought that I would be able to do more than the average guy on the street would – and that more would make all the difference. So when my family and I came upon a middle-aged man having a heart attack near the top of Pike’s Peak, I grabbed my medical bag and almost eagerly jumped out of our van to help.

The man’s twenty-year-old daughter flagged us down with one hand while the other clutched a cell phone. His wife and mother-in-law sat with him in the car. I was relieved to find the man alert and talking. But he was experiencing severe chest pain identical to the pain of his heart attack several years before. He was able to tell me his medications – Norvasc, Atenolol, Lipitor, Nexium and Aspirin - but he was lightheaded, nauseated, diaphoretic, and looked pale and gray. I could barely find a weak thready pulse. The family was reassured by my title, my old fashioned black medical bag and my stethoscope. The daughter reached 911 on her cell phone and was told help was on the way. While we waited, I had him take an aspirin.

The man’s pain became even more severe, his pulse was no longer palpable, and his color looked worse. I felt useless. I looked at my black bag and felt embarrassed by my lack of preparedness. I somehow thought it would be like Mary Poppin’s carpet bag with its never-ending supplies. Where was my portable oxygen tank? My automatic electronic defibrillator? My CPR medications? I hadn’t even remembered my blood pressure cuff. Instead I packed like a family doctor and mom from New Jersey on a cross country vacation in a minivan – plenty of bandaids, bandages, a suture kit, antibiotic ointment, Acetaminophen, Tums, diphenhydramine, Zithromax, and an EpiPen. I felt guilty that I wasn’t equipped like a rescue vehicle. After all, how could I presume to offer help that was somehow better than the ordinary citizen when I didn’t even come prepared with the right tools?

A hailstorm with flashes of lightning began as the man started to lose consciousness. I stood there in my sundress and sandals and silently prayed for help. At that moment, a ranger vehicle arrived with flashing lights and an oxygen tank and I momentarily breathed a sigh of relief. But the news wasn’t good: the storm prevented a helicopter from landing at the summit and an ambulance would take thirty minutes to reach us. Our only option was to transport him down ourselves. Two rangers picked the man up and laid him in the back of their SUV. Then he coded. We were able to deliver only one shock with their AED but with no response. The rest of the trip down the mountain was a blur of hope, fear and sadness. The drive up Pike’s Peak in good weather was nerve racking. The drive down in a storm at forty miles an hour, in an SUV with its back door open, while doing CPR, was petrifying.

When the man coded, I started mouth-to-mouth resuscitation while waiting for the face mask and ambu bag. The feel of skin against skin, lips against lips felt wrong. Not because of the fear of disease or worry about delivering an inadequate breath but because of the impropriety

of what felt like an obscene kiss. As we performed CPR, the man's wife sat in the front seat alternately calling out my first name and the name of her husband. Stripped of my title, I felt exposed.

The EMTs finally met up with us and initiated ACLS in the back of their ambulance en route to meet the helicopter near the base of the mountain. The helicopter transported the man to a nearby hospital. The wife was taken there in the ambulance. Still hoping to somehow help, I drove the daughter and the mother-in-law in their rental car. I agonized over whether to prepare them for the inevitable news of his death. We arrived as the emergency room physician was telling the wife the bad news. I left the family with their grief.

When I walked out into the waiting room, my husband and three daughters had just arrived to meet me. They looked at me proudly waiting to hear the good news, only to have me shake my head and say he didn't make it. I felt ashamed. That evening, it felt good to be surrounded by the warmth and comfort of my family, to hear their laughter and share our meal. But for hours after, the taste and smell of the man's breath and aftershave lingered with me like a lover after an illicit tryst.

During the eighteen-hundred-mile drive home, I knew that my husband was there to listen to me as he has been since medical school. But I needed the absolution of my colleagues. When I told the story to my partners, I said I felt terrible that I was not able to do anything to help the man. My partner responded that I did a lot to help the man but that he died anyway.

When my daughter was two, she choked on a piece of bacon. My husband immediately called 911 and I performed the Heimlich maneuver. After several attempts and a blue limp child, the bacon was dislodged and she was fine. I never felt like a hero. I felt like a mother and a doctor doing my job. Yet when my attempt to rescue someone failed, I felt like a failure. I want to blame the man for driving to 14,000 feet elevation with a heart condition. I want to blame the dangerous road and the poor weather conditions. But in my heart, I blame myself and sadly know that I really do suffer from delusions of grandeur.

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