

The WOLF

or the Sheep

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I stride through the rotating doors of the hospital into the main vestibule. Barely pausing, I direct myself towards what I hope will prove to be the C elevators. Passing by the ATM and the Family Center, I know my course is true. With a “C” sign above my head, I pause for a beat to glance at the elevator map before pressing the UP arrow. Since starting medical school, I have perfected the art of moving with purpose. Here’s the secret: head high, chest out, even strides. It’s as simple as that. The best part? I don’t even have to know where I am going so long as other people believe I do.

This is the predicament of being a medical student. Every year a new flock of young men and women join this path toward earning their doctorate in medicine. Like me, they press onward, driven along a well-worn track. With no forewarning of coming challenges, we traverse this perilous terrain, unaware of the thickets and thorns that will attempt to turn us back or cast us off. As we embark on this path, we are miraculously transformed. Not a single thing is changed except the white coat on our backs. To the untrained eye, we embody confidence, knowledge, and control. However, our naïve minds remain the same – vulnerable and woefully limited. This remarkable metamorphosis is simply a ruse. We are little more than sheep in wolf’s clothing.

Perhaps this is the best way to teach a sheep to be a wolf. Perhaps not.

Cloaked in my polyester white coat – my protective pelt, of sorts – I ascend the “C” elevators. It is my second time shadowing in the Anesthesia Department. I bustle through the double-doors of the West Operating Room with my hand clasped firmly around my medical student ID card - a talisman that declares “I belong here. I know what I am doing.” I follow the signs to the staff locker room and proceed to fumble with the scrub machine. Within a few minutes, aqua scrubs replacing white coat, I step out into the scheduling area. My nerves start to thrum. *Head*

high, chest out, even strides. Pushing back my apprehensions, I latch onto a senior resident in my best imitation of a prickly brown bur. She is slight and gentle, with a smile that sweeps easily across her face.

“Hi, I’m Emily,” she kindly offers. “Who are you?”

“Joe,” I say, extending my hand. “I am a second-year student.”

This is another great secret I learned since starting medical school: before anyone gets a chance to form an opinion of me, I proclaim my ignorance as loudly and broadly as possible. *A second-year, huh?* No one expects anything from a second-year. This approach is perfect to either pleasantly surprise someone with my knowledge-base or simply reaffirm what they already assume. I wouldn’t necessarily call a second year a “good-for-naught,” but the wolf’s skin I wear is still fresh enough that I have never had to scrub blood off it.

As Emily takes my proffered hand, the pager on her hip beeps. Unholstering it like a six-shooter, she summarizes the message for me, “60-year-old man, cyclist in a motor vehicle accident. Vitals are unstable and he’s gotten some fluids. They are on their way to the ER.” She looks to me. “You found some scrubs ok? Good, follow me.” She flashes an easy, confident smile and grabs her ready-made anesthesia emergency pack. Spinning on her heel, Emily heads into the West OR.

Curious and still a bit nervous, I set my jaw and pace after her. We plunge down hallways, winding our way deeper into the wolf’s lair. We leap onto the “T” elevators and descend towards the Emergency Department. A few strides past the elevator, we barrel through a double-door and into the ER. Following a forty-minute effort by the EMTs to keep him alive, our cyclist’s fate will be determined here, at the mouth of the den.

The ER contains a steady hum of activity. Physicians, nurses, technicians all hustle about, preparing a bed for our cyclist’s

arrival. They know they will need to move quickly. For an unstable patient like him, life ticks away in milliseconds, not hours, days, or years as it does for the rest of us. A chorus of pagers ring out, demanding to be answered, each faithfully tucked into the waistband of its owner's scrubs.

"Patient has arrived. Headed to the ER."

The sheep who draws attention is the first to get slaughtered. I know this, so I stay as close to the periphery as I can manage. Back pressed against the wall, I take comfort knowing that no one could possibly walk behind me. Emily, who has been joking around with an intern from the ER, leans towards me to speak.

"So, if this guy comes in and is stable enough, we may take him up to the trauma OR. That's why we're here. If he has to be operated on, we'll call it in so they can start to prep upstairs."

I nod my head and return to observing the room. No one in the ER is smiling. A man in critical condition is about to crash through their front doors. Even as people breathe hard, hustling from one task to the next, it feels as if the room is holding its collective breath. Perhaps it is just me.

The doors bang open and several EMTs bustle in, rolling the cyclist's gurney. Like a den invaded by a bear, the ER erupts into frenzied motion. The gurney bounces by me on the way to the bed prepared for our patient.

For a brief moment, I see the man's face.

His eyes are swollen and sealed shut. His face is bright red—almost like the flushed, cherry red when someone has been hanging upside down for too long. He is strapped to the gurney with a brace encircling his neck to stop his head from moving or jerking. His body is terribly, terribly still even as the gurney bobs from side-to-side, propelled forward by the relentless EMTs.

As soon as they get the gurney to its resting place, six people descend on the cyclist and begin working. The lead EMT barks out the history. His voice carries over the physicians and nurses who work feverishly to establish a sense of this man's state. *The patient had been wearing his helmet. Hit by a car. Freak accident. Unresponsive, so far.* He says a few more technical things I don't understand before falling silent. As if on cue, the ER staff begin to talk. They loudly share their findings with each other, ensuring that everyone in the six-person team is in sync. One voice rings out above the others, perhaps because I understand what he is saying.

"Pupils are dilated and fixed."

I mentally recite what I know—*this man has a very serious brain injury.* His eyes are not responding to light the way they should, portending a pathology deep within his brainstem that heralds death fast-approaching. The ER team continues to work, racing—perhaps futilely—against death itself. Emily picks up her bag and turns to leave.

"Oh, then, we won't be calling this one up to trauma."

Her words cut me like an icy wind on bare skin. *That's it? Just like that it's over? All this work for nothing?* The ER staff continues to work diligently on the cyclist, but something feels different. The thrilling buzz that hung in the air when the cyclist arrived is replaced by the steady thrum of professionals hard at work, straining to establish any flicker of higher brain function. *Maybe they already know, too.*

In a daze, I follow as Emily trots through the doors where the cyclist had entered just moments before. We leave behind the buzz of the ER, and a cold mist settles in my mind, blanketing the jumble of noise and movement that scatters as the ER doors close. In the empty fluorescent hallway, my thoughts find space to air themselves out.

We won't be calling this one up to trauma... Those words sear into my mind.

Scenarios begin to move through my head, gathering momentum. He has a family, somewhere, who just saw their dad leave for a night ride, helmet on and safety vest buckled up. They might not even know yet that he is in the hospital, working his way surely and methodically through the protocols that lead to the morgue. He probably has a wife, whose life will now be forever changed.

My mind continues to churn as I keep pace with Emily. I find myself hoping she will receive an emergent page, turn around, and rush back towards the ER. As we continue down the corridor, I begin to understand these hopes are in vain.

This man is going to die. Tonight. And there is nothing Emily or anyone else can do to stop him. The ER staff will continue to work for a while, fighting for any sign that they can save this man. Eventually, the attending physician will call it and everyone will step back from the bed. Phone calls will be placed. Tears will be shed. A family will be devastated.

All this is standard protocol for a seasoned physician. Even for a young resident like Emily, this is simply another night in the

Emergency Department. Death no longer shocks, it is a mainstay. But for this man, it will only happen once.

Suddenly, I am struck that this is the first time I have seen someone actively dying. This abrupt loss of life is like a whiplash—stinging, brutal, inhumane. The innocent sheep inside me yearns to do more, to press harder, to stop at nothing short of a resurrection. But the wolf pup within, that is beginning to take form, knows there will be no miracle for this man.

When will I get used to watching someone die? This new question alarms me.

The rest of the night is a blur—but that moment in the ER remains branded into my thoughts. Hours later, I leave the West OR feeling raw and worn. I pull my white coat tight around my shoulders, afraid to shut everything out and yet afraid to expose myself for what I am—a simple sheep masquerading as a wolf. I know my place on this path, so I don't open my mouth. I swallow my ruminations and hold them secret.

Head high, chest out, even strides. ■

Joe Hodapp is currently a fourth year medical student at the Medical College of Wisconsin. He has been writing fiction since fourth grade, but medicine has given him a new lens through which to explore non-fiction, as well. He believes in the healing power of creative writing and self-expression. In the face of difficult training, tapping into his creativity helps to feed his soul and keep him in touch with the humanity that made him choose medicine in the first place.

JOY (top right)

PEACEFULNESS (bottom)

Suzanne Harrison, MD

Dr. Harrison is a Professor of Family Medicine & Rural Health and the Director of Clinical Programs at Florida State University College of Medicine.

