



Perspective / Opinion

Nostalgic Medicine

By Maureen Luetje, DO

More often than not, the journey through a medical career begins with some amount of inspiration balanced in measure with a dream of those uncommon *moments* that we believe will be the everyday experience. My inspirations—some mixture of my own next-door-neighbor pediatrician, the Doogie Howser of 80s TV, and a grandfather with so many stories of his days as a firefighter—led me to believe that life-saving moments are the everyday experience. Appreciative patients, the awe of medicine, following that higher purpose, right?

With time, the experiences of college, medical school, residency, and fellowship shaded my inspiration and reshaped my dream. So many hurdles overcome, so quickly leading to the next challenge for which I felt unprepared. Like so many, I found that the grind of a medical career quickly dulls any expectations that those *moments* are imminent. Someone probably warned me that the *moments* are rare, but not impossible. I probably didn't appreciate the warning at the time.

But a few weeks ago, I receive a message in a text: *Had I heard about a major trauma... nearby... many victims and many children?* Looking up, my colleagues' faces are focused but casual. Conversations carry on with a low hum, the din of a busy Emergency Department not yet aware. I'm shaken by the eerie calm, slowly breaking as others receive similar messages. No amount of preparation could prevent a momentary contemplation of what the worst case could be. But the anxiety is quickly replaced by checklists. Notify surgery, neurosurgery, security... organize the staff... prepare equipment. Training and preparation stave off emotion and panic, as I'm aware of the mounting list of things to be done in a short time.

My calculations and mental preparations are interrupted by familiar faces. My colleagues arriving unprompted because they recognize the gravity of what *might* be happening—physicians, nurses, clerks, social workers. Groups from every facet of the hospital are preparing, clearly performing their own mental calculations and running their own checklists. And then we wait. No single action is extraordinary, but I stop to appreciate that what might seem chaotic becomes a synchrony of people preparing in every way they can in an attempt to bandage up the atrocity that has just afflicted the community.

My chosen field has evolved how we plan and prepare for what we call “disaster” events. We learn from others, we adapt protocols, we train as teams and we anticipate for events that we hope never to occur. I found reassurance in our ability to prepare and admiration of the selflessness and skills of my colleagues. What I did not anticipate was the dichotomy of feeling sad for these families and mad at the world we live in, but proud of the work we did.

When I walked out that night, I felt the nostalgia of why I wanted to go into medicine so many years ago. I saw the kindness of my old pediatrician, the intelligence and skill of Doogie Howser, and the valor of a firefighter in that collective group of people who showed up that night. While I hope to never play a part in a tragedy of that magnitude again, I do appreciate the reminder of why I went into medicine and will carry that with me in preparation for next time.

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