

How to save a life?

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An email arrived from a colleague who said he was passing along some information that might interest me. He had recently seen a patient I had previously treated.

“He said you had saved his life. Solid work! Anyway, just thought you would want to know,” his email read.

The note, almost cryptically, shared no further details, but my interest was piqued and I found myself crafting a narrative from the little information that was offered. I imagined hearing a patient asking for me. This patient was a male, but I could not decide on any particular physical features, not even if he was young or old, but I settled on a fellow tipping toward his mid-40s.

“He’s not here today. Sorry,” said my colleague, in my imagined scenario.

“Oh, too bad. I really wanted to talk to him.”

“Okay, well, anything I can help you with?” I pictured my colleague sitting beside the patient who was prone on a gurney, preparing to repair a finger laceration. I find patients are often chatty once the laceration has been anesthetized and the suturing is about to begin.

“No, not really. It’s just that I wanted to thank him. He saved my life, you see, and, well, I just wanted him to know that.”

I envisioned my colleague briefly glancing to the patient’s eyes to gauge the sincerity of his words and then, satisfied that there was no irony or malice, turning his gaze back to securing the knot.

I abandoned my reverie to acknowledge that I could recall no hitherto underappreciated heroics, no unexamined Hallelujah moments. How could I not remember saving someone’s life?

We as emergency physicians have been attracted to the field for a variety of reasons, but I propose that a common theme might be the possibility of saving lives and

doing so in dramatic fashion. I have long maintained that the younger generation of emergency doctors was weaned on television episodes of *ER* and perhaps entered residency training programs with Hollywood-fuelled expectations of snatching life from the jaws of death.

But I admit to having unconsciously embraced these cultural tropes, too. I would like to see myself as a caped crusader, a do-gooder who knocks the scythe from the bony grip of the Grim Reaper. The day-to-day life of an emergency physician, though, is more likely to be one of confronting the crush of overcrowding, the navigation of limited resources and the damping down of patient expectations. True life-saves are the exception, not the rule, however much we may wish to believe otherwise.

Still, I couldn’t help myself. I wondered if the patient whose life I had saved had been one I had intubated and resuscitated from respiratory failure, or if I had successfully defibrillated a patient with acute myocardial infarction in ventricular fibrillation arrest, or if perhaps I as part of a team had pulled this fellow back from the edge of a traumatic death, there being no shortage of horrific motor vehicle collisions, falls from heights and episodes of violence in our region.

The odd thing was, of course, that such patients who recover fully and walk out of hospital neurologically intact almost never recall the efforts of the emergency department staff, if for no other reason than they are too compromised to remember the early stages of their life-threatening event. While emergency doctors and nurses receive many notes of appreciation, we are rarely thanked by the patient in these scenarios. What could I possibly have done to save this man’s life that he came asking for me by name?

So I sent a return email to my colleague seeking more specific information: “Hey, Jon, thanks for the follow-up email. I am definitely intrigued. How did I save this fellow’s life? Because I cannot recollect anything that might fit the category. Maybe it was a long time ago?”

It turns out that three or four years prior, the man was despondent, feeling increasingly that his drive to stay sober was unequal to the intensity of his alcoholic cravings. He knew he couldn’t return to the intemperate life that alcohol forced on him, that it would be a slow suicide, one ounce at a time. Even understanding this, his addiction nagged him mercilessly. He didn’t believe he could hold out.

Implausibly, something I said had rejiggered his thinking and he went home resuscitated with words and gestures. A few years later, he revisited the department for an unrelated issue and sought me out.

After reading how I had “saved” this man’s life, I admit to feeling quite disappointed, in fact, entirely let down. This scenario in no way corresponded with an emergency-department parting of the Red Sea; I wouldn’t have seen it that way as a resident three decades previously and I certainly didn’t as a greybeard veteran, either. And, anyway, my memory of this interaction was fuzzy to nonexistent.

So I sucked it up — feeling somewhat foolish in imagining I had played a heroic role in changing the course of a man’s life — and carried on. Surprisingly though, over time and despite my efforts to deny it, I came to accept that for this man at a vulnerable moment in his life I did and said what was needed to prevent him from relapsing, which in his eyes saved his life.

How did I do it? I am not entirely certain, as it is my observation that sobriety is a difficult, winding path, slippery with anguish and easily impeded by relapse.

But my imagination tells me it went something like this: “I just don’t think I can do it any longer, this not drinking,” he said.

“Okay, I hear you. But let me ask how long you’ve been sober?” I replied.

“Six weeks and three days.”

“That’s good. That’s really good. I think you can be proud of yourself,” I said evenly.

He looked at me, doubt in his eyes. “But I have the rest of every day of my life to fight this urge. How can I do that? I can’t. I just can’t. And if I start drinking again, I won’t come up for air. The booze will drown me.”

I placed my hand on his shoulder and made sure to look him in the eyes. “Ah, but you’ve done so well. Really, you have. And remember, you only need to think about being sober one day at a time. If you do that, the rest of your days will take

care of themselves. It is going to get better. Just trust that it will.”

He went home and I went on with my work. Why this interaction had lent him such strength remains a mystery to me, but I was grateful to learn that I had played a part in helping him through a difficult passage.

I explain it to myself in this way:

While as physicians we are likely to learn when we have failed, we may not necessarily find out when we have succeeded.

We can’t always know the effect we have on others.

Words can save lives.

There is power in compassion and caring.

Brian Deady MD (retired)

Coquitlam, BC

This article has been peer reviewed.

All characters in this work are fictitious. Any resemblance to real persons, living or dead, is purely coincidental.

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