Phallucies of trauma care
(or, Getting shafted on night shift)

Allan Huber, MD

I was one of the first emergency medicine residents to fall into the clutches of our trauma service. At the time, the surgeons were intrigued and suspicious about this hokey new specialty of emergency medicine; therefore, they scrutinized my every move. Or so I thought. It was the glory days of trauma — the pre-Haldol, pre-sedation, big line, MAST pants era, when RSI meant Really Sweaty Intubation — the days when vocal cords were a moving target, and leather restraints and a security guard were essential intubation equipment. And the hospital had flare: there was a greasy spoon serving fries with gravy at midnight, and a burnt-out schiz living in a sleeping bag down near x-ray (you could call it that then). Rumour had it that dermatology resident from Poland who was now muttering rude remarks about our trauma service. At the time, the surgeons were intrigued and determined that they were indeed deficient, to the tune of one apiece.

"The chest tubes are mine!" I screamed, as the trauma team burst in. (The trauma team, circa 1986, consisted of a family medicine resident, two rotating interns, a friend of theirs and a dermatology resident from Poland who was enduring his purgatory in the burn unit.) Frantically, I gathered my equipment and looked over at the saviour of our trauma service. At the time, the surgeons were intrigued and determined that they were indeed deficient, to the tune of one apiece.

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combat. I had him, and he had me. My
left index finger was deep in his chest,
and his right fist clutched my ability to
sire future generations. It was Capulet
and Montague, St. George and the
Dragon, Ralph Klein and the Canada
Health Act. All this flashed by in the
instant that it took my own pain im-
ulses to traverse the pudendal nerves
and reach my brain.

I screamed. “You trucker!” (or words
to that effect). Then I rammed the tube
toward his cerebellum, by way of the
right pleural space. Fortunately (from a
medicolegal standpoint), it stopped
conveniently at the lung apex and did
not doom him to the life of slurred
speech and ataxia that I intended.

This stunning assault on his pleural
space caused him to release my
nightlife. I disengaged and sewed him
up in a flash, all the while resisting the
desperate urge to drop everything and
rush to the loo to inspect the damage.
When I finally slunk out, I bumped
into the SSR (grinning like an idiot)
and one of the attendings, who’d seen
the whole thing — or thought he had.

“Well, Huber,” he chuckled, “you
finally did it. That was the fastest
chest tube I’ve ever seen. You really
had balls to ace it when he was yel-
ling at you. Next time, go a little eas-
ier on the insertion though.”

I grinned weakly, confidence in my
“balls” somewhat shaken.

Later, back in the trauma room, one
of the nurses approached, jabbed the
trauma flow-sheet at me and said, “Dr.
Huber, would you mind putting your
John Henry on this?”

She probably never understood why
I panicked and ran. You see, in New
Zealand, “John Henry” refers not to a
man’s signature, but to his . . .

Since then, I’ve done many chest
tubes, but none as slick as that first one.
Or as dangerous.

**I Am a Canadian Doctor**

*(A tribute to Canadian medicine inspired by the “I Am Canadian” commercials)*

I’m not wealthy, or golfing on Wednesdays. I don’t enjoy health politics,
and I don’t know Dr. Doug Ross, Dr. John Carter or Dr. Kerry Weaver from ER,
but I’m sure they all make much more money than I do.

I enjoy helping the sick and I speak medical lingo sometimes without realizing it.

I enjoy medical trivia,
using Greek and Latin words when I could easily use layman’s terms,
and rereading The House of God.

I believe in universal health care, but realize that it cannot continue in the current medical paradigm.

In medicine, the patient comes first.

I can speak authoritatively on countless medical conditions,
yet I can’t recall the basic sciences. And maybe I can’t read my own handwriting,
but at least I know
what I mean to have written.

Because Canadian medicine is still the best medical system in the world.

The home of Banting & Best, Norman Bethune, and William Osler.
The profession where despite frustrations in health politics and underfunding,
medicine is still practised at a world-class level.

My name is Doctor and I am Canadian. I toast to your health!

— Benjamin Barankin

3rd year medical student, University of Western Ontario,
London, Ont.

**Correspondence to:** bbarankin@julian.uwo.ca