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UNEXPECTED NIGHTMARES

The significant aftershock of an on-duty assault, p. 24

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HEROISM OF SMALL THINGS

Appreciating the common aspects of the job

By Neal J. Richmond, MD, FACEP

When the public thinks or hears about firefighting, what typically comes to mind are all the big jobs: multi-alarm fires, extrications, hazardous materials mitigations, collapsed structure and confined space rescues—the kinds of calls we worry about but also somewhat ironically look forward to.

This all looks a little different on the medical side. Although many of the things we encounter in suppression can certainly be dramatic and critically important, there are many more opportunities to save or change the course of a life on the EMS end of things. That's not to belittle or to trivialize the importance of fire suppression, but it does point to the reality of what we see and do every day.

But many patients would probably be just fine if they could catch a cab to the clinic or to their doctor's office, whether on the same day or maybe even a day or two later. Sometimes, though, many of these low-priority calls aren't what they appear to be.

Very often, for instance, we get called out on "lift-assists," where patients seem to have trouble transferring from the bed to the wheelchair or have somehow ended up on the floor. These calls are so frequent and so repetitive in some systems that first-responders and EMS providers simply pick these people back up and put them into their beds or wheelchairs. They don't always do a full patient assessment or vital signs or an ECG, let alone complete a refusal of care.

But sometimes the real reason these patients can't get up off the floor on their own is because they're too weak from life-threatening systemic infections or sepsis, or they're in renal failure from progressive dehydration and have dangerously high potassium levels, or they have a broken hip that's gone unrecognized, and now someone else arrives on-scene a day or two later to find them in cardiac arrest.

It's very easy to get a little numb or desensitized to these calls, especially to those patients who access 9-1-1 for lift-assists every day, or even two or three times a day.

So, close to 15 years ago, I was among the responders at Ground Zero in New York City when the World Trade Center came down. And like many of you, I know a number of stories of incredible heroism and courage, many of those individuals losing their lives trying to

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get patients out of the two burning building just as they fell.

But here's a story that never made it to the evening news or *The New York Times*, or to the radio.

One of my colleagues in New York, a senior chaplain and rabbi, was at a meeting across the Brooklyn Bridge when the two towers were inhaled into the bedrock of Manhattan Island that morning. All he could see was the smoke and flames rising, an image many of us have burned into our minds from seeing those pictures over and over again on TV. He immediately left the meeting and ran to the Brooklyn Bridge to see what he could do to help.

About halfway across, a terrified young woman came running toward him. Her clothes were singed and torn, and her hair was matted with blood, with more running down her face and clothes from some kind of head injury and scalp laceration—probably from falling debris off of one of the Towers.

The rabbi was blown away, as this was his first experience with anything like this, let alone his first contact with an injured person

from the terrorist attack. He immediately reached out to her and asked, "What can I do? How can I help you?" She replied, "Just tell me where to go to donate some of this blood, before I lose the rest of it."

I think there are many heroic acts like this that go unnoticed every day. They typically happen quietly and without fanfare, and nobody ends up with a commendation or a medal. Sometimes it's a firefighter or EMS worker gently touching someone or, perhaps, simply taking the time to figure out why somebody is on the floor, and not just assuming all they need is a little help to get up.

This is what we do every day. It's just the job, but I'm convinced these kinds of things can often change the entire course of a life, if not immediately save a life itself.

Which brings me to election season and the presidential primaries, where we've been hearing lots and lots these days about being good Americans, and about family and religious values. But here's the thing: I don't think that going to a house of worship once a week or once a month, or even once a year, is the only opportunity we have to practice these values.

That happens each day with our patients and with the sacred oath that we've all taken to protect and help them. Our churches, our synagogues, our mosques are in the street and in our patients' homes. Our job is about that. It's about the sacredness of everyday life, and it's about the heroism of small things. **JEMS**



Neal J. Richmond, MD, FACEP, is board certified in emergency medicine and medical director for the MedStar Mobile Healthcare System in Fort Worth, Texas. He previously served as deputy medical director for the New York City Fire Department, chief executive officer and medical director for Louisville Metro EMS in Kentucky, and medical team manager for FEMA's Urban Search and Rescue NY-Task Force-1.