

How have you become so interested in injury and disease prevention through the *New York Journal of Style and Medicine*, on www.nyjism.com?

By Matthew Vasey, MD

My passion for preventive medicine is largely generated by the unfortunately, too often “feeling of helplessness” that you can experience as an emergency room doctor. By this, for example, I mean when a patient is brought into your ER as a level I trauma notification and no matter what medical intervention is done, the patient dies literally in your hands.

An event would transpire like this: A patient is brought in by ambulance after a motor vehicle collision. They are awake, in the worst pain of their life answering your questions. Their legs, pelvis, ribs, back and arms are visibly broken. They are bleeding uncontrollably into their thighs, abdomen and chest. My role as a resident is to stand at the head of the bed managing their airway making sure they are breathing, looking into their eyes, continuing to talk with the patient. They have the fear of death in their eyes, they are saying they love their mother, they love their wife that they don't want to die, they ask, “Am I going to die?” Meanwhile, their body lies naked,



blood is being transfused, their chest is cut open for tubes to be placed into their lungs, their dislocated and broken pelvis is being drilled back together with metal rods. At some point amidst this, the patient will predictably stop breathing as they continue to bleed uncontrollably. I tell the patient we are going to begin breathing for them and we are going to place a tube through their mouth, into their trachea and they will be placed on a breathing machine. The medication is given, they are put to sleep, they are paralyzed and the procedure is performed. Their last words have been spoken, and resonate in my head. Shortly after, despite all of this organized chaos, their heart stops, they are dead. To take over this patients' heart function, we press on their chest breaking their sternum, pushing 60 times a minute, hard and fast for many minutes, adrenaline medication is given repeatedly. Still the heart is not working on its own. The chest is cut open, the ribs are pried apart with carpentry-like tools and we hold the heart in our hands, squeezing it



over and over until it is decided there is nothing else that can be done. The patient is declared dead at that time if there are no objections in the room. Most leave the room, continuing with their work. The patient and room are cleaned up as I go meet with the patient's family and explain all that could be done was done. I regretfully tell them their family member is dead.

My passion while understanding much is unpreventable in the hope of preventing or delaying some medical illness and injury through education before it is too late. This is a coping mechanism. 🍷

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