

“Move Over—We Have a Live One!”

Dr. Michael Johnson

We literally waded through the hundreds of patients to get to our work station in the Casualty Ward. In America we call it the Emergency Room. There were people standing in line, who had been there for several hours. Some were bandaged with crusted blood on their faces, clothing and dressings. Many of them had tattered and ragged clothing. The smell of some old wounds filled the air and added to the aura of despair. Some leaned against the walls, others lay on stretchers, or clustered together on crowded benches. This mass of men, women and children were coughing, gagging, grimacing, but no one was crying. Crying aloud is not part of this culture.

All of them look tired as though they had traveled on foot for a hundred miles without the benefit of food or water. This was not a major disaster scene. This was the usual beginning of the morning shift in the casualty department at Kenyatta National Hospital.

Many of them were waiting for the surgeon so, we had to move fast if we wanted to do some good today. I had the privilege of working with my son Elijah a few weeks prior to this, and now Kathrin Allen, a senior year medical student from George Washington University was working with me. She followed very closely behind. It would be easy to lose me in this chaotic crowd, except I was wearing a white coat. I could sense that this normal workday for me was going to be a challenge for her.

Our first patient had been beaten badly about the face and mouth, from which he suffered a broken jaw and a depressed skull fracture. He was awake and alert. He did not voice any complaint even though he had already waited four hours without wound care, pain medicine or intravenous fluid. He, like the other 200 plus people waiting in line, had learned to suppress the sensation of pain and await treatment as it came. An urgent call to the ear, nose and throat surgeons was answered five hours later and he was prepared for surgery later that afternoon. He was amongst the fortunate.

As we attended to the various cases of broken bones from car accidents, tumors of incredible sizes and wounds from bullets, and knives we began to feel the numbness that comes to anyone who sees masses of people who are hurting. In order to keep listening for pain, you must make sure that you feel or try to understand some of the pain. This can be numbing.

We were awakened from this numbness by the buzz of an alarm bell that signaled someone was needing urgent cardiopulmonary resuscitation (CPR). We moved quickly to the resuscitation room, without explaining to the patients we were attending. We were needed urgently.

Upon our arrival we met the medical officer who was managing a five year old girl who had quit breathing. He could not get the airway secure and the girl was close to death. After several attempts I was successful by God's grace in securing the airway.

Before we could get too far, a mother brought in her 5 hour old premature, underweight, cold and lifeless baby. The infant was not breathing and had no heart beat. Remembering my Advanced Cardiac Life Support course which I had just taken while in the US, I gave two quick breaths by mouth to mouth and began chest compressions with my fingers. I was not optimistic that this infant was going to live, but knowing the parents were just outside the door, our team followed the full protocol. After 15 minutes of trying to regain a heartbeat, we gave up.

The staff stood together holding the mother and father's hands and praying with them that God would be able to give them strength to bear this loss. "Why my baby?" was the father's tormented cry as he fell to the floor. The mother sobbed loudly and the father rolled on the floor continuing to ask "why my baby?"

We held their hands, we looked them in the eyes and in the middle of the small resuscitation room, we tried to offer solace and compassion. We wrapped the baby in a cloth. We placed her on one side of the bed and prepared to try to answer their questions.

I watched Kathrin's eyes fill with tears, but my attention was quickly diverted, by the sudden entrance of another anguished mother bursting through the doors. She ran in, throwing her child on the same bed with the body of the infant who had just died.

The staff responded quickly, and immediately began to move to make efforts at resuscitation, seemingly unaware that the body of the infant was just three feet away on the same bed. I could sense that in their urgency to care for this one child that was still breathing that they had emotionally distanced themselves from the one already dead. They had grown numb as I had. After all, we have a live one. Move over we need to save this life while we have a chance.

I exhorted the staff to move the dead baby from the table as we cared for the live child. After all, the mother and father could not bear the scene of their 6 hour old baby being pushed aside as if she were not only lifeless, but worthless. The staff complied, graciously moving the body to a more respectful site outside of the resuscitation room. We then proceeded to help the one who was yet alive.

We were able to successfully resuscitate three out of four pediatric cases that day. This was in the middle of managing the other myriad cases of trauma and less urgent surgical consultations.

The sense of 'crisis' continues to rise as the day goes on. There are too many patients, not enough physicians nor supplies. We leave at the end of our shift, knowing that we have done the best we could, given the limited resources available and the demands placed upon us. We have comforted those who have lost and given relief to those who are suffering. We have tried to model compassion and perseverance in the midst of overwhelming odds. I believe Jesus would have done just this. He would neither ignore the grief of those who mourn, nor just manage those who yet have a chance of life. The Eternal Savior is eternally optimistic. He always has time for those who grieve and yet takes time to offer hope to the living.

"Move over!" He bids the angels as He looks down on each of us..., "there is hope here, we've got a live one!"

Dr. Johnson is an African American surgeon serving with World Gospel Mission in Nairobi, Kenya (2005). For more information see:

<http://www.wgm.org/cms/Missionaries/cmsMissyShow.asp?did=302> (12/05)