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Alex Beauchene
Providence College, abeauche@friars.providence.edu

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Him Again?

by Alex Beauchene '24*

As an EMS provider, I'm constantly asked by my peers, family, and friends about my 'most exciting' or 'worst' call. When people ask me this question, they often want to hear about details of a gnarly traffic accident, chaotic scenes with multiple patients, or the goriest injuries I have seen. Other times they want to hear about the codes that I have been a part of or rare calls like water rescues, skiing accidents, or structure fires. As an EMT, I see many people at the lowest point of their lives. Patients often experience pain, fear, sadness, and anxiety; it is my job to not only provide lifesaving care, but also act as a care provider and an advocate for them. Looking back over my service as an EMT in a small community, the calls that invoke a deep sense of sorrow are those of what the EMS community refers to as "frequent fliers" – patients who repeatedly need to use EMS services due to their conditions.

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Saturday 0600 hrs. – Start of Shift

In the late fall, the air is brisk, the sun is barely illuminating the sky so the trees on the surrounding hills still appear as stark silhouettes. The newly fallen leaves crunch under my feet as I walk towards the ambulance headquarters. My boots are on my feet but not tied, my uniform shirt is on but not tucked in, and my bag hangs loosely over my shoulder as I yawn and enter the building hoping that I can get a spot on the couch and fall back asleep. My partner looks just as groggy as I do and settled into another couch. The only acknowledgement I receive is a brief good morning as we both hope to get another hour of sleep in. In a small town, not much goes on before the sun comes over the horizon, so it is a pretty safe bet that the first few hours of the shift will be uneventful. I toss my bag aside, kick off my shoes, sink into the sofa, and close my eyes.

Saturday 0730 hrs. – Wake Up (#2)

After what seems to be a very short ten minutes, the radio blares the county tones, and the familiar voice of the Saturday dispatcher reads:

"County dispatch," followed by various logistical numbers and letters that no one has any idea what they mean, followed by: "dispatchers 26, 34, 47, 58, and 72," signifying which 911 call takers and dispatchers will be taking on the all-important role of middleman between caller and provider.

My partner and I stir from our nap and decide that it is time to check over the ambulance and make sure all the materials and supplies that we might need are present. Since we received no calls the night before, we reviewed the checklist

*Note: Names have been changed to protect the privacy of patients and providers.

quickly. Everything was accounted for. We were ready to start our day not knowing what would be coming our way in the next twelve hours.

Saturday 0845 hrs. – First Call

Within the first hour after checking the rig, the tones drop for our first call of the day. Just like every other call that comes over the radio, the mic cues, and the calm voice of the dispatcher proclaims:

"County dispatch to Northfield Ambulance, stand by for dispatch number 123 Main Street."

This is followed by a brief pause while the specific tones for our ambulance department blare over the radio that our bodies are conditioned to respond to. In the world of EMS, our tones represent a gate between the two worlds of the status quo and emergency. My partner and I lace up our boots, grab our radios, and head to the bay to get the ambulance. Meanwhile the dispatcher fills in some more details for the call so we are not entering without an idea of what the emergency may be. This time, the voice on the other side of the radio chimes:

"County dispatch to Northfield Ambulance respond number 123 Main Street for the 73, seven three, year old female possible stoke, 34-Charlie-3. Time of dispatch 0845".

I start the ambulance, turn on the lights and sirens, and we pull out of the bay. For cases like this it is imperative that we get to the patient and to the hospital as soon as possible to limit any possible brain damage due to the blocked or hemorrhaging blood vessels. Our medic meets us at the patient's location, and we rush them to the nearest hospital to receive stroke treatment and return to base waiting for the next call.

Saturday 1124 hrs. – Second Call

"County dispatch to Northfield Ambulance, stand by for dispatch in the area of route 2 and route 34."

Tones. Boots. Radios.

"County dispatch to Northfield Ambulance, Northfield Fire respond to the area of route 2 and route 34, for the two-car motor vehicle accident, possible entrapment, known injuries, known fluid spill, 76-Delta-4"

Again, with a sense of urgency, my partner and I prepare to leave headquarters and head to the car accident, knowing that this call will be completely different from our last. Our rush to the scene captures what most people expect EMS personnel to say are their most exciting, high-risk calls. Each car accident is unique, so in some ways they are exciting, but it is all business once we arrive. We check the vitals of the patients involved and let the fire department know who needs to be out of their vehicles first. Once they are out of the vehicle we load them quickly on the stretcher and rush them to the nearest trauma center.

Saturday 1354 hrs. – Mr. Johnson

The next call came in while we were returning from the hospital. Like a clock, the tones chime again; the dispatcher announcing:

"County dispatch to Northfield Ambulance, respond to number 28 West Main Street, Johnson residence, for the 56, five six, year old male, emergency committal, 14-Alpha-1. Be advised state police are on scene."

Immediately, my partner and I recognize the address. We recognize the name. Mr. Johnson is one of our frequent fliers - individuals who, time and time again, end up calling 911 themselves or have 911 called for them. Mr. Johnson's reason for call – chronic, debilitating substance abuse. Often his landlord calls 911 when he finds him lying on the ground of his one room apartment surrounded by empty beer cans and liquor bottles. For this call we do not put our lights and sirens on. We do not rush to the scene. We do not get a rush of adrenaline – we have done this dozens of times before for various reasons relating to his medical and living conditions. Time after time, we respond, finding Mr. Johnson reeking of alcohol, filth, and urine. This time is no different.

As we trudge up the narrow stairs with our gear, we hear the stern voices of police officers and the slurred moans of Mr. Johnson. He is arguing with the police officers claiming he does not need to go to the hospital. As we get closer to the door my nose is hit with the odor of old beer that stains the floor, fresh liquor from his breath, and stale urine that coats the wall in the corner of his apartment. Turning the corner, we see Mr. Johnson, standing in a beige T-shirt stained with various shades of brown from his vomit. His jeans sag below his hips and his hair is matted. He has not bathed in days, and his face is spattered with dirt and sputum. The officers usher us in and we begin our routine of trying to convince him to come to the ambulance without a struggle. Sometimes it works, sometimes it does not.

My partner begins:

"Hi Mr. Johnson, its Ben with Northfield ambulance, how are you doing today? What seems to be the issue?"

We begin with this question as we do with every patient, trying not to express our already growing frustration with him. We hope that he will notice that he needs to go to the hospital and detox because that recognition often leads to a peaceful exit.

"I'm great asshole, how are you?"

It is not going to be an easy exit.

Luckily for us the police officers are there to assist us. After a verbal struggle we calm him down just enough to take a set of vitals and usher him down the stairs. Halfway down the stairs he changes his mind and latches onto the railing. He soils himself in the process. The smell of the fresh urine leaking through his jeans coupled with his screeches increases our agitation. We force him down the stairs. The officers at have paperwork ordering Mr. Johnson to go to the hospital whether he wants to or not. His health is in danger.

Once in the ambulance, Mr. Johnson agrees to be strapped into the stretcher. Unfortunately for me, it is my turn to be the technician as I had driven to the hospital on the last call; for the next 25 minutes I sat beside Mr. Johnson. In his post alcohol-induced temper tantrum, Mr. Johnson is now a 'normal' drunk, meaning I am most likely not going to be spit on, punched, or attacked. As

"Mr. Johnson is one of our frequent fliers - individuals who, time and time again, end up calling 911 themselves or have 911 called for them."

a precaution, a police cruiser follows behind the ambulance in case assistance is needed during transport.

As an EMT, it is my duty to care for every patient. Mr. Johnson is no different. I run through the typical question and answer attempting to gain knowledge about Mr. Johnson's medical condition. I use the SAMPLE mnemonic to document Mr. Johnson's signs and symptoms, allergies, medication, past medical history, last oral intake, and the events leading up to his call. He answers some, he ignores others. Though Mr. Johnson's appearance points to a struggling man who has no control over his life, his story is not one so different from others. After making conversation with him to distract him from the fact that he has been taken from his home, I discover that he has an estranged family, is a veteran, likes to go on hikes, and to spend time outside. He does not want to be in the position he is in, but he finds no other way to cope with his mental struggles other than to drink, smoke, and use drugs. Sympathy begins to build in me as I draw back the curtain of his condition and discover the person hidden within the dirty pile of flesh that is Mr. Johnson.

Exitting the ambulance, Mr. Johnson remains quiet as we wheel him through the double doors. We are met with the quintessential hospital smell of sterility and a symphony of beeps, buzzes, and bells. Heading down the corridor to the charge nurse, we see nothing but an empty hallway. No nurse is there to greet us. This is typical when we bring a patient like Mr. Johnson in because we are required to notify the hospital with information about the patient we are bringing in them. No one wants to oversee Mr. Johnson. This arrival is different than the first two times that day. Our stroke patient was met with a team of doctors waiting to whisk him away to the CAT scan machine, our car accident victim met with an even larger army of doctors and nurses ready to tend to his injuries, but Mr. Johnson, is greeted by nothing but the buzz of the ER. Nurses walk by us again and again without acknowledging us. Each time we try to wave them down they walk straight by. Finally, after nearly 15 minutes, a nurse finally approaches the computer.

"Name"

"Robert Johnson"

"Date of Birth"

"March 24, 1966"

The nurse turns to us and asks with Mr. Johnson still in earshot: "The same Mr. Johnson that was here two days ago for detox?"

I look at Rob. I see the sorrow and pain on his face. I see him there, covered in sweat, spit, beer, urine, dirt, and grime. I see him there, an estranged father and grandfather, the marine veteran, the outdoorsman who likes to fish. My heart breaks a little bit for him.

I turn back to the nurse. "Yes."

"Take him to the hallway outside of room 23. Someone will be with him eventually."

It strikes me how little the nurse seemed to care. She quickly shrugged Rob off, not even giving him his own room. He will be left in the hallway, for all the world to see: doctors, nurses, patients, custodians, technicians, visitors. All will walk by, see Rob, and shake their heads, silently judging the filthy man who smells like pee. I wish him well, tell him I hope he gets the help he needs, and return to the ambulance.

Saturday 1800 hrs. – End of Shift

The whole ride home from the hospital I mulled over my time with Mr. Johnson. It struck me how we approached the dispatch to Mr. Johnson's address, how we rolled our eyes, and how we sighed in disappointment after receiving the call. I return to Mr. Johnson's apartment in my head and revisit the smells, his aggressiveness, his sorrow, his dark, bloodshot eyes, and his filthy

room. I am overcome with a profound sense of sorrow.

As an EMT, I am often the only healthcare provider who ever sees the living conditions of patients brought to the hospital. Society leaves the Mr. Johnsons of the world alone, leaving them to return repeatedly to the cycle of substance abuse. I respond to calls time and time again to find him in the same state. Each time I leave him in the hospital just as everyone else has, pawning him off to the next person.

Then I think about the hospital and how differently they treated Mr. Johnson compared to other patients. He was left in the hallway, humiliated, and alone until a nurse or doctor deemed him sober enough to interact with. No respect for his time, his chronic condition, or acknowledgement that he was back at the hospital for the sixth time that month. No red flag was raised on his chart, no conversation was going to be had about rehab, no treatment was to be discussed. Mr. Johnson was just going to sit there until he sobered up. Then, he would be thrown out back on the streets where he was just going to return to his one room apartment, stained with urine, reeking of booze.

Why was it like this for Mr. Johnson?

Sunday 1018 hrs. – Robert Johnson – Again

Sunday, I pulled a double shift for the weekend, this time with my partner Debbie. On Sunday mornings, we typically go out to the diner in the morning to get out in the community to enjoy a good breakfast. As we laugh and chat with some of the patrons, tones blare out from our pagers.

"County dispatch to Northfield Ambulance, respond to number 28 West Main Street, Johnson residence, for the 56, five six, year old male, overdose, 3-Alpha-2. Be advised state police are on scene."

Immediately I recognize the address. I had just seen him less than 24 hours ago. My heart drops. There is no way he has cycled through this fast, I think to myself.

Debbie chimes in: "Hey Alex, weren't you just at this residence yesterday?" Rolling her eyes in the process.

I give a simple nod and head for the ambulance.

Debbie complains the entire ride to Mr. Johnson's apartment about how he is always needing to be transported to the hospital and how she cannot believe that he can't manage himself going on and on about how he just needs to commit himself to rehab to solve his problems. Normally I would agree with Debbie, but after my experience with

him yesterday, I quietly nod but my brow furrows in concern and confusion wondering how he could relapse less than a day later.

Arriving at Mr. Johnson's we are met with a similar scene from the day before. The police had gone to his residence to check on him after being alerted by the hospital that he had been discharged last night. When they arrived, they found Mr. Johnson lying on the floor with a needle beside his arm staring into space. As we entered the room, Mr. Johnson was now seated in a chair staring at the ground, a single tear dripped from his glassy eyes to the floor. The smell remained the same, and is room was dark with the shade drawn. A cold, depressed mood blanketed the room like a shadow from a tree shedding its leaves in the fall. He looked like the trees had looked the morning before – a silhouetted skeleton-like body.

I step forward.

"Hi Rob, it's Alex, I was here yesterday. How are you doing right now?"

All I get for a response is a brief movement of his face towards me. I look right into his eyes and feel as though I can see his soul reaching out asking for something, for someone to help. His eyes were bloodshot from the drugs and from crying. His skin wrinkled and flaky, covered in dirt and sweat just as it had looked the day before. Why was I here again? Hadn't I just seen him yesterday? Didn't he learn anything from yesterday? Frustration and sadness battled each other in my head as I talked to him.

I tried to be present for him, explaining it was best for him to return to the hospital to get checked out. I told him this time I would talk to the nurses and try to find him a place to go. At this moment I realized I was fully involved in his cycle of chronic substance abuse. If I wanted to help break Rob free, I was going to have to be his advocate. Luckily, he agreed to accompany me to the ambulance, and we were off.

This time, the ride was silent. Not a word was exchanged other than me asking him to lift his arm or stay still while I took a blood pressure.

People like Rob are chewed up and spit back out by the healthcare system, rejected from the embrace of nurses and doctors. He will always be the man who smelled like beer and pee – ignored and kicked back out onto the streets. There is no compassion distributed to people like Mr. Johnson.

After helping Rob into his hospital bed, I decided to say something to the nurse in charge. I explain to the nurse that Mr. Johnson is one of our frequent fliers that struggles with alcoholism and substance abuse. I explained what his living condition is like and that he just needs a little more attention, a little more presence. The nurse simply said, "I'll talk to the doctor and let him know."

I am brushed aside. Mr. Johnson is brushed aside. His story fully rejected by the healthcare system. The extent of consolation Mr. Johnson receives is from the doctor claiming he was going to check the waitlists for rehab centers nearby, but he expresses that hopes should not be raised. Rehab facilities are full and not accepting new patients.

I think to myself: Why was it like this for Mr. Johnson?

I left him there just as I did the day before, feeling as though my hands were bound behind my back unable to help my patient anymore.

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So, when answering the question of 'the worst thing I see as an EMT,' patients like Mr. Robert Johnson – the forgotten individuals that the healthcare system rejects – are what come to mind. The frequent fliers that EMS providers continually bring through the revolving door of the ER keep me up the most at night after long days at work. Other tragedies come and go, presenting themselves as unique occurrences that are quickly supplanted by the next, but the tragedy of Mr. Johnson does not disappear so easily. Week after week, month after month, EMTs return to the dark, filthy, odor-filled rooms of people like Mr. Johnson. These individuals clog up the EMS system and the ER but they, not cared for, and return to the same hospital hallway time and time again.