

A Day in Life of a Cardiac Surgeon

Jack didn't sleep after 3 a.m. He woke up restless and anxious, with his heart beating fast. He welcomed the alarm at 6 and had to be in the OR at 7. He showered, dressed, not even thinking what was he doing. His mind was on the dreaded, but necessary conversation with his patient's family. He didn't have the time nor the will to eat now. Diane and kids were still asleep and he felt his stomach in his throat. Coffee and doughnuts in the doctor's lounge will have to do. On the way out he looked through the opening of the door to his son's bedroom and saw Luke's blond hair on his black pillow. Jack smiled, thinking about how Luke's modern tastes clashed with his father's classical upbringing.

Driving to the hospital Jack didn't even notice traffic getting congested, signal lights slowing him down and the other drivers pulling in front of him. His mind was on this morning's operation.

Jack didn't want to do this surgery. He knew that risks were high and benefits minimal. He felt pressured by the patient's cardiologist to take him to the OR. Dr. Kaplan, Director of Cardiology, told Jack that he couldn't take care of this elderly, sick patient. As a medical doctor his powers were limited. The patient was too sick. Mechanical problems with valve and

coronaries had to be treated by mechanical means, he said, so surgery was the only way to go. Jack had this sneaky feeling, that he just didn't want to be involved any more. Victor Holden's heart was as enlarged as it was weak - not a good sign. The patient needed to have his valve replaced and three coronary arteries bypassed. The surgery by itself could kill even a younger man, but Victor's poor heart contractility added to the risk exponentially. If he died after surgery the family would be devastated, and may be even angry, no matter how thoroughly Jack had presented the risks; Jack would feel crushed and the cardiologist would be absolved from any responsibility. Still, Jack would try to present himself as a fighter for the best care for the patient. Jack had another problem, though. In the past month two of his patients died and one was still on the ventilator and on dialysis after protracted and complicated surgery. Jack knew he was being watched by the chief of staff and any more complications in the OR could result in a warning from the Executive Committee, if not a suspension.

In the doctor's lounge it took two cups of coffee to get him started and the single doughnut tasted just great. He had to have one more conversation with the patient's family, the last one before Mr. Holden would be put to sleep by an anesthesiologist Dr. Paul Green. The family waited in the holding area since Jack requested extra time to talk with them. A volunteer unlocked the conference room - Jack didn't want to discuss the intricacies and the dangers of the case in front of their father. Mrs. Holden and their two grown children sat in simple, wooden chairs around the small table and Jack on the stool brought in by a volunteer. He again explained the reason for surgery and told them his plans.

"The problem lies with the length of time when patient's heart has to be stopped," he explained. "It cannot be too long, because it will damage already poor cardiac muscle and the

recovery will be compromised. So, we don't have time to spare and the safety margin will be thin."

"But doing the surgery is the only way to help him," Jack explained, "and not doing it will shorten his life. So, if we do not operate, the quality of his remaining life would be miserable. I hope you understand and accept the possibility of complications. It's not pleasant to hear this, I know, but I also know you want to hear the truth. From my side, I will do everything in my power to get him through this."

Jack saw three somber faces. They thanked him and said that he has their full confidence.

It was a difficult conversation for all of them. Jack had to maintain a fine balance between telling what can happen and scaring them to death. He saw an older woman with teary eyes, a hyperactive son and a composed, quiet daughter. Jack knew from his experience, that each member of every family he had spoken with in the past, had a different level of tolerance for risk, a different attachment to the patient and different emotional relationship with him. During the conversation Jack kept watching their faces and body language, carefully looking for expressions of attention, anger, impatience and regrets. He anticipated their questions observing their engagement, their mood and their attitude towards the surgery, and towards him. He tried his best to explain the perilous case, but didn't want to operate in a hostile environment. He also didn't want to be sued if complications arose, a real possibility.

Jack didn't think he forgot anything.

On the way to the doctor's lounge, he stopped to talk to the patient. Mr. Holden lay on a gurney with his arms next to him, looking at the ceiling. A blue, mushroom-like surgical bonnet covering his head and flopping over his left eye, gave him a comical look, not fitting his somber predicament. He was all by himself. The rest of his family hadn't made it back from the conference room yet. No other patients waited, since heart patients, because of the complexity of preparations and the length of the procedures usually started the day first, well before the rest of the crowd.

"Good morning, Mr. Holden. Did you have a good night?" Probably not the best question to ask.

The patient smiled. "Tried to. Did you?"

"Yes, I did. No interruptions. Do you have any questions, Mr. Holden?"

The patient looked at the ceiling for a few seconds and then straight in Jack's eyes.

"Only one, doctor. Am I going to wake up?"

Jack froze. He had just spent a considerable amount of time explaining to his family in the most diplomatic manner about the good chance he may not survive this surgery. Jack took his patient's dried out, trembling hand in his left, put his right on Mr. Holden's forehead and gently stroked it down to the pillow.

"I have not the slightest doubt, Mr. Holden," he lied without blinking his eyes. "I will do everything in my power to get you through the surgery." With the last sentence Jack told the truth.

The patient smiled. "I thought so. I trust you."

"Thank you, Mr. Holden."

Jack stroked his forehead again and left the holding area.

In the lounge, Jack drank another two cups of coffee. The other surgeons were coming in one by one. In cheerful, wound up voices, they commented on their plans for an upcoming weekend. Their excited demeanor heightened the mood before surgery. Their patients were being put to sleep in their respective rooms. The surgeons strutted like commanders before battle or performers before going on the stage in the theater. They looked and sounded pumped.

But Jack didn't want to talk to anybody. He sat in the corner club chair and silently prayed to be able to overcome every foreseen or unforeseen difficulty that could arise.

The intercom announced that they were ready for him in OR 5, Jack's usual room. He opened the swinging door and heard soft music, his operatic aria selection. He smelled antiseptic, saw blinking monitors and, for a second, watched everybody moving in a steady, well-choreographed pace. It was his place, and he felt at home here. He felt as if he was a conductor in this room and the orchestra played the overture. Good beginning, he thought.

Jack looked around the room. He saw all the familiar and well-liked faces. Except for one. Next to the anesthesia machine he saw eyes of Paul Green, visible in a slit between the blue surgical cap and green mask. Jack wasn't as comfortable working with Paul on big cases as he was with Mark Burrow, the best anesthesiologist around, he thought. With Mark putting his patients to sleep he didn't have to worry about what was going on the other side of the ether screen. Didn't have to watch patient's blood pressure and the EKG monitor. Complete confidence. If something went wrong Mark would notify Jack immediately. And with Mark giving anesthesia, things seldom went wrong.

Not so with Paul Green. He was much younger and in Jack's opinion did not have enough experience to handle complex open-heart cases. Jack remembered the surgery from a few months ago, when Paul put his patient to sleep for a double valve replacement. During the preparation for a cannulation of the heart, while Jack casually talked with his assistant, he all suddenly heard the voice from behind the screen.

"Jack, I think we have to start chest compressions."

"What?!" Jack abruptly crashed down to Earth.

"I have no blood pressure, Jack," the anesthesiologist announced.

"And you are telling me now?!"

"Sorry Jack," the young man apologized as if he just stepped on Jack's toe.

Jack had to hurry, cannulate the heart and put the patient on bypass machine. He did the entire surgery not knowing if the patient would have any brain damage after he woke up. Despite this, the patient survived and did well.

But Jack's personal acrimony with Paul didn't start during that case. He remembered the day Paul came to this hospital to interview for a job, ten years or so ago. He drove in an old truck and somehow parked in a spot reserved for the Chief of Medical Staff. Jack just had recently been elected to that position. He fought for the honor for quite a while and saw it as one of his biggest accomplishments. The title came with a parking spot, which now hosted an old, beat up truck which had just broken down. Jack called his auto-mechanic to tow Paul's truck away.

For today's case he had requested Mark, but Mark had been assigned to a different OR a month ago and couldn't change his room. Jack would have to deal with it.

"We're not ready for you to scrub yet, but Dr. Green requested you to be in the room for the induction," the circulating nurse whispered into Jack's ear, rolling her eyes. The beginning of

anesthesia on a sick patient could be tricky and Green obviously wanted Jack to be present in case of trouble.

It took longer for Paul to put all the lines in, and that gave Jack more time to have another coffee.

He started the operation with the PA, who harvested the vein from the patient's leg while Jack prepared the heart for cannulation and to connect the patient to the cardiopulmonary bypass machine.

"Dr. Stone is here. Should we ask him to scrub?" The circulator held the receiver of the wall phone.

Carl Stone was his partner. Jack had requested his help in this complicated case. He used to do most operations just with the PA, but today's scenario differed. The case was complex and Jack, stressed to the point of breaking, had no room for error.

"A few more minutes, we just gave heparin," Jack answered. The PA who harvested the vein had already closed the incision on the patient's leg.

Soon Carl joined them at the operating table. He knew quite well that Jack was a great surgeon, capable of doing this case without a second surgeon assisting him. Carl had remembered the operation two years ago, on which the office scheduled him to help Jack. It was a complicated case of double valve replacement. For some reason Carl couldn't be there on time and he had come an hour or so late. By that time Jack had almost finished the operation and they were ready to come off the bypass. He asked Carl to scrub in just to have reason to bill for his assistant fees. But now Carl also knew that Jack, after recent mishaps in the operating room, felt overanxious and couldn't stomach any more complications. Carl was aware of Jack's patients' recent higher mortality and his senior partner being monitored by the Surgical Committee.

The patient's heart didn't look that great. With the thick layer of fat on the surface, it contracted slowly, deliberately, having great difficulties pushing blood through the diseased valve. Jack felt the surgical cap was wet on his forehead.

"Let's have the intraaortic balloon pump in the room, just in case."

Cora, the circulating nurse, left the room and promptly came back wheeling a small console which powered the heart-assist device. Everybody in the room became quiet, no loud conversations. They all understood how wary Jack was of the real possibility of bad results.

Music played the second part of Paganini's violin concerto #4. Lovely cantilena. Jack had always thought that if this piece doesn't move you, nothing will. But now he couldn't tolerate even this delightful music.

"Please stop the music. I want to have complete quiet through the rest of this case."

They could only hear the beeps of the heart monitor.

Jack and Carl worked efficiently around the heart. No one talked. The staff sensed the gravity of the case and the possibility of a disaster happening at any moment.

They did the coronaries first. Nothing unexpected. Carl was a great surgeon. He was also quite modest. He used to say that he may not be the best surgeon in this hospital, although he wouldn't argue if someone would bestow that award upon him, but no one could find a better assistant. Jack had no qualms about him.

Next, they replaced the valve. No problems so far. Jack and Carl worked in unison anticipating each other's needs. But watching the movements of Jack's hands one could see how

nervous he was. Joni, his best scrub nurse, had known him for years and started to worry. She knew that Murano didn't talk only he was under immense pressure. She leaned over to him.

"Dr. Murano," she whispered, "you are tense, relax."

"I'm fine." Jack wasn't.

"Dr. Murano, you are doing great, time to slow down."

"I'm fine," he repeated with a raised voice and a stern look at his longtime friend.

No more comments from Joni.

Pump time was long, but Jack did his best to protect the heart with proper cold solution injected into the coronary circulation and ice slush around it. The technical part of the surgery came to an end. The time came to warm up the patient and wean him off the bypass machine. Each time Jack saw it as a miracle. The machine had to be disconnected and the heart, after being stopped for an hour or two, had to start beating on its own and take over. A great majority of cases had a smooth and uneventful transition. But every cardiac surgeon dreaded the day when he couldn't wean his patient off the machine support. It was the ultimate nightmare and often the case ended up with a dead patient.

But for this part Jack didn't need an assistant, he could now work by himself.

"Carl, I think I'll be OK now. Thanks for coming."

"Are you sure?" Carl knew that the case was tenuous and it could be even more perilous from now on.

"Let me stick around for a while. I'll be in the doctor's lounge. Just in case." Carl's experience couldn't let him leave his friend in need.

"Thanks again, Carl."

Jack was on his own.

“Are we warm enough?”

“Yes, thirty-six degrees,” Ron, the pump technician said, clearly in control of his job.

“Ready to come off?”

“Ready when you are. Here we go.”

Jack clamped the tubes going from the heart and saw it slowly filling up with blood from the pump. He watched his patient gradually taking over from the machine. He knew he had done the technical part of the procedure flawlessly. No errors, no glitches. Now came time to test his meticulous handiwork, the time for a real-life test. Despite having a sense of accomplishment, Jack felt uneasy.

“Do you have all your drips ready?” Jack asked the anesthesiologist.

“Yep, we are ready,” Paul answered.

They gradually slowed the machine down, but the miraculous blob of the muscle, usually slightly bigger than the fist, got twice as big, contracted sluggishly, lazily and couldn't pump its blood. His patient's heart was failing. After watching the struggle for several minutes Jack ordered, “Let's go back on the bypass. And max all the drips.”

Quiet in the room. Everybody concentrated on their jobs. Ron, with a tube clamp in his hand, titrated the speed of the pump, keeping Jack apprised of the numbers on the monitor. Joni, the scrub nurse, kept moving the instruments on her Mayo table, trying to anticipate Jack's next request. Cora, the circulating nurse didn't even look at the computer used for the entry of medical data, concentrating on the blood pressure and EKG monitors. Only Paul Green and his

nurse-anesthetist were in constant motion injecting the drugs, changing the dials on the ventilator and intravenous drips, drawing blood samples for analysis and correcting any abnormalities. The anesthetic section of the orchestra was in a full swing, while the rest of the team played a supportive role. They had taken the old-fashioned wall phone off the hook in the room a while ago to avoid interruption from the front desk. Complete isolation from the outside world. Like in a time capsule.

“Dr. Murano, do you need a stool?” Cora tried to be helpful.

Jack didn't even look at her, just shook his head.

The pump now worked with the full speed giving the heart muscle time to rest and replenish its meager energy reserves.

They waited for another fifteen minutes and tried to wean machine support again. And again, the heart pumped for a while but then got distended, blown up and failed. Jack felt heat and pulsations in his head. He noticed that his hands shook. Was it stress or too much coffee? Or both? Jack remembered the last time he had these feelings. It had happened a few years ago. His patient's heart couldn't take over after multiple trials and eventually machine support had to be stopped. The patient had died. The worst part was the emotional conversation with the family and notifying them that their loved one did not survive the surgery. He still cringed thinking of that moment. The just deceased patient's wife and his daughter sat in the windowless room. Jack, in the most gentle way, described that he had bad news for them. The surgery took an unexpected course and the patient got worse. Then for a minute or so he tried to describe his deteriorating condition without ever telling about the end result. Finally, the wife interrupted “Is he dead?” and then Jack nodded. He expected an emotional, hysterical response, but what he got was quiet - just total silence. She went into a catatonic state without any movement, without even

blinking an eye. After several minutes of a complete lack of communication Jack had to call an ER physician to check on her. She had to be hospitalized overnight.

Today's patient seemed headed in the same direction. The likelihood, that the heart would take over the workload from the machine diminished every second.

The pulsations in Jack's head got stronger. He felt like having a big kettledrum from the symphony orchestra in his head giving a hard beat, becoming stronger and faster every minute, as if a harbinger of a storm to come. *Allegro tempestoso*, he thought.

Jack became more agitated, his manner changing to that of a cornered animal.

"Get me the balloon!" Jack stomped his foot, then did it again. Nurses in the room looked at each other. This had never happened before in Murano's operating room.

Cora quickly opened a long plastic container with a flexible rod and a long, narrow inflatable balloon wrapped around its end.

"Introducer!" Joni gave him a sheath which he swiftly put into the artery in the patient's groin.

"Stitch!" He fixed the sheath to the skin.

The balloon went in without any difficulties. They went back on bypass. The heart still had no strength to take over.

The storm was brewing. Now Jack anticipated a long afternoon in room 5. If he was lucky.

"Do you want me to call Dr. Stone back?" The circulating nurse came behind him and whispered, trying to help.

“No, I think I will be fine.” Jack didn’t want the drama of his assistant being called back to alert the staff from the rest of the operating block to his problems. Soon he would have the entire OR peeking through the windows. He couldn’t take any more personal setbacks.

The counter-pulsations of the balloon got synchronized with the external pacemaker and Jack tried to come off the bypass again. And finally, slowly, with the incremental withdrawing of the pump support and the optimal intra-aortic balloon help, with the full doses of medications given by Dr. Green, the patient was weaned off the machine. Jack kept the tubes in, just in case. Each heart beat was stimulated by the wires attached to the external pacemaker. Each beat in turn was synchronized with the pulsations of the intra-aortic balloon. Everything and everybody was working at the maximal capacity and the intensity of the activities contrasted with the dead silence of the operating room. Still, the patient’s heart looked as if it worked beyond its capacity.

It struggled.

Jack felt hot despite the room’s cool temperature, and his own heart seemed to be jumping to his neck. He noticed his hands getting sweaty, while all the people in the operating room had warming blankets on their shoulders. His palms and fingers felt slimy under the surgical gloves. He didn’t remember feeling like that in a long time.

“Let’s wait before we close.” Jack was up to the limits of his tolerance and asked the nurse for a stool while he waited. He kept looking at the EKG monitor. Too many extra beats, he thought, not what he wanted to see after the heart operation.

The operating room was quiet - no music, no one took breaks. Everyone knew that anything could happen anytime now. Jack’s mind ran in circles, wondering if his patient was going to make it or if this was just the calm before the storm. It looked good so far, but the surgery on Mr. Holden was not yet over. Jack waited for another fifteen minutes, then removed

the cannulas from the heart. He sat on his stool, waiting, and waiting, with the chest still open. The heart monitor kept showing many extra beats. Not a good sign. The patient maintained his blood pressure without pump support, but it was on the low side. Not much bleeding, though. This encouraged him. Jack didn't want to commit himself to conclude the surgery and close the chest yet. It would take longer to put the patient back on the pump support in case he crashes. The quiet in the OR was deafening. No one spoke.

Is this case ever going to end?

Then, out of the blue, the EKG monitor showed a high zigzag burst of heart fibrillation. It looked and felt like an earthquake.

Jack jumped up.

“Charge the defibrillator!” It took two shocks to stop fibrillation, but shocks also stopped the heart. Straight line.

“Pacer on!” Paul Green was working furiously behind the anesthesia screen. “Max the drips!” But the patient's blood pressure was barely detectable.

What is he doing? Jack thought looking at the anesthesiologist. Why can't he handle this case? I wish Mark was here. Why did I agree to have him put this patient to sleep?

I am going to lose him, the words screamed in Jack's head, but he still had enough willpower to control himself. Then another burst of ventricular fibrillation and after another shock, the man's blood pressure fell to zero.

“We are going back on the bypass!” Jack yelled.

It was a daunting task since all the tubes connecting the patient's heart to the cardiopulmonary bypass machine were out. Jack had to again put one cannula into the aorta and

another large bore drain into his big vein. This would take a few minutes while the patient's brain wasn't perfused.

"Stitch!" Jack screamed to the scrub nurse.

"Not that one, aortic!"

Jack stomped his foot twice on the floor again and threw the instrument across the room, after which the nurse quietly complied. She dropped her head, she had never seen him in such an emotional mess. But now was not a time to protest his behavior.

This had never happened before. Nobody ever remembered Jack losing his temper in the operating room. In a few minutes, he connected his patient to the machine again. Jack wanted to give his patient's heart some rest and then let him try to take over again, but it didn't work. After several minutes of struggle, exhausted heart muscle ballooned, filled up with blood and collapsed again. Then more rest and Jack tried again. Still no success. One more time. This time the rest lasted longer. But the heart just couldn't take over. It was dying.

Everybody in the room watched Jack trying so hard not to let the patient go. Ron sat at the pump mechanically dialing the pump's speed. Joni stood next to Jack watching the heart muscle attentively. Cora sat on the high stool with both hands on her knees looking at the monitors. Jack waited longer, but the man's chances for survival kept getting slimmer by the minute.

My patient is dead, ran through Jack's mind. I can't get him off the bypass machine. Nothing else I can do to save him. He is dead, Jack's mind screamed. It's over.

He went around the table and stood in front of Paul Green.

"You killed this patient!" Jack yelled, his finger pointing to the anesthesiologist's chest. The younger man's eyes visible between his surgical cap and his mask became round, his head

shook back and the entire body jerked. Then his eyebrows corrugated, but he didn't utter a word. He just looked at his surgeon.

Jack slowly walked to the corner of the room, methodically removed his gown, gloves and mask, threw them on the ground and left the operating room.

The room got as quiet as intergalactic space. All heads came down. Joni shuffled instruments on her tray. Ron continued filling out the pump sheets. Cora brushed the invisible specs from her scrubs. Paul Green looked white, stunned, bewildered by what had just happened.

Jack went to the lounge and poured himself a cup of coffee. His hands shook and his mind rushed. Two surgeons sitting there momentarily stopped talking and looked at him. They already know, Jack thought, word spreads fast in this damned place.

The prospect of talking to the family sickened him. He knew of no way to explain what had happened, no way to express his sorrow. He would wait for a moment. He needed to gather himself while he designed some kind of strategy. He hated to face the Holdens'. How could he describe what had just happened? He sat in the corner chair and rested his head on both hands. He needed some time before asking the front desk to gather Holden's family in the conference room.

How can he describe what had just happened? How could he begin? But then he thought of other consequences. Will the Executive Committee sanction him? Will they impose a mandatory proctor during his future cases? Will they put him on probation?

The voice from the intercom shook him again like a jolt from the defibrillator.

“Dr. Murano, you are needed in OR 5, stat!”

What now? What do they still need me for in this miserable room? It's too soon to pronounce the patient and that can be done later on. They only have to remove the tubes, IVs, catheters and cover the body with a white sheet. What the hell?

Jack jumped and ran back to his operating room. He regarded his team and noticed everyone quietly moving. Joni worked on covering the open chest with a sterile towel. Cora assisted Dr. Green with getting and connecting the IV bags and injecting the medications through the piggyback ports. Ron stood by the blood gas machine checking the most recent sample. The anesthesiologist calmly directed the team asking questions and in a composed voice giving them orders.

Jack looked at the monitor. It showed a blood pressure of one-hundred and a nice EKG of a heart rhythm properly paced by an external pacemaker. His patient was alive! The unbelievable had happened, but he had heard the stories like this in the past. Jack felt embarrassed and humiliated. His team had brought the patient back while he was drinking coffee after giving up on him.

He looked at his crew. No one even noticed him. They were all busy working. Ron stood by the machine checking the latest potassium levels. Paul with the help of his nurse anesthetist infused residual blood from the pump. Joni helped the PA stop small bleeders from the patient's chest wall and Cora, the circulating nurse, talked to the pharmacist on the phone. Jack felt like a slashed tire. He wondered if they would want to work with him again? Would he ever be able to regain their trust?

He scrubbed at the outside sink and rejoined the team. In complete silence he finished the operation and closed the chest himself. Then he stood up in the middle of the room.

“I am really sorry for my behavior today. This has never happened to me in the past and will never happen in the future. You guys did a magnificent job and I will never be able to repay you for that. Again, I am very, very sorry.” Jack spoke to everyone but was looking primarily at Paul Green.

Then he left the room.

After a few minutes he asked nurses to gather Holden’s family in a conference room.

The family sat in a small conference room, the same in which early in the morning Jack had explained the perils of the upcoming surgery. He entered and immediately all eyes turned to him. By closing the door he isolated himself from the noise of the adjusting, now busy OR waiting room. Now the conference room was as quiet as the operating room he’d just left.

Jack sat in a chair and took a few seconds to compose himself.

“I have good news for you. Mr. Holden is doing fine. The surgery went well, although not without difficulties. We replaced a valve and bypassed the blockages in his coronaries. His heart was weak and we had to put aortic balloon to temporarily assist with pumping. But he’s OK now and off the bypass machine.”

“Any problems?” Mr. Holden’s son asked.

“Not that we could not solve,” Jack momentarily looked at the floor. “I had the best team available for your father today,” he added.

“When will we be able to see him?”

“Within the hour or so. The ICU nurse will let you know. He is still in the operating room.”

“Thank you, Dr. Murano,” his daughter had tears in her eyes and Mrs. Holden just kept looking at him. She doesn’t believe me, Jack thought. His son seemed relieved.

Jack lumbered into the empty surgeon’s lounge. He turned off the TV and collapsed in the cushy chair. He felt pounding in his head and his hands shook. He wanted to get out of the hospital to some secluded, far-away, quiet place. All by himself. Just not here.

Paul Green! How had he brought the patient back? How did he do it?

Never give up! He lived by this motto. He always tried to chisel it into his kids’ memory. But it only counts when you remembered it in a proper moment. In the morning he was tired, depressed and expected the defeat from the beginning. The exhaustion had made him a coward. In a moment of blessing Paul Green stepped up, and this after being blamed for the disaster!

The door opened. Paul walked into the lounge. Jack had never expected this meeting so soon after the case. Not knowing what to do, he got up, ready to leave if it would come to a confrontation. Paul had a bleak smile on his face and Jack didn’t know if it was a friendly or a triumphant smile. Had to be prepared for both.

“Paul,” he said, “I am truly sorry for my behavior during this case. I have a lot on my mind and didn’t handle the pressure well. I had no reason to blame it on you. I will be forever grateful to you for bringing this patient back.”

Paul sat down at the table after pouring a cup of coffee.

“Jack,” he finally said. “Let me tell you the story. Or maybe you still can remember it.” He took a sip of coffee and looked well above Jack’s head. He did not hurry.

“When I first visited this hospital, ten years or so back, it was at the end of my fellowship and I came here for an interview. It wasn’t the only one and I had a few more places to visit before deciding where to start my practice. When I came here, my old truck broke down in the hospital parking lot and I got stuck. I had several appointments set up in the hospital and other offices in town and no means of getting there. You were leaving the hospital and saw me meditating under the lifted hood. Do you remember?”

Jack furrowed his brow pretending he was digging in his memory. Of course, he did.

“You called your mechanic and had him come to fix my car. While they worked on it you drove me to a couple other appointments...”

Jack dropped his head and showed a despondent smile. “I remember. You looked a little lost.”

“I felt horrible.” Paul continued, “I’d driven so far and then that.”

“My interviews went fine and I got a job offer. I had a few others and finally I had to make a choice.” Paul stopped and stretched his legs.

“I chose this hospital. Do you know why?” He leaned over and rested his elbows on the table.

“I came here because of you. If people like you worked here, I thought, I wanted to be part of that culture.”

Jack felt a spasm in his throat. He knew not to look at Paul’s face. He nodded, but kept his head bowed low. His eyes were tearing. The man he didn’t respect from the beginning proved himself beyond all expectations and not only saved his patient’s life but also Jack’s reputation. He looked at Paul and said quietly “Thank you.”

Paul thought for a while as if debating whether the rest of his story was worth telling.

“There was another thing. After meeting you in the parking lot I went to the OR to introduce myself to the chief of anesthesia and to have a tour of the department. A couple of nurses stopped me and started talking to me. They saw both of us standing next to my dilapidated truck and asked if you were my father. We looked alike, they said.”

It was quiet in the room and Jack couldn't even look in Paul's eyes.

“You know, Jack, I grew up without my father. He left us when I was five years old. I never saw him again. I greatly missed all the usual activities my childhood friends did with their fathers. Then, from the time we met here I felt this unusual bond with you, wishing my father, I barely knew, was still around. Meeting you felt like having found this missing piece of the puzzle. You came and filled up the void in my life.”

Paul stopped and then added.

“I won't let it happen to my son. I hope to be a better father to him than my father was to me.”