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## Latricia

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We were running. The stampede of our wooden clogs beat the linoleum that lined the hallway from the operating rooms to the intensive care units. The metal contents of our pockets clanged each time our feet hit the ground. Latricia's monitors relentlessly announced the status of her dying organs, and within this cacophony her airbag whined with each breath we gave her. She was so small, and yet it took a team of us to maneuver her life-saving equipment.

For days after this little girl walked into my life, I could not sleep. I tried to repress the traumatic images that flashed across my eyelids every time I closed them: my memories of her toothless grin, her grandmother's silent tears, her gaping chest wound. Looking back was too painful. But looking forward felt wrong, like I had moved on and forgotten her. I was trapped between wanting to forget Latricia and needing to remember her. I was a fourth-year medical student rotating through the Pediatric Intensive Care Unit, and she was my patient. Now I am a practicing physician, and her story is still with me, a permanent stamp in my passport to medicine.

Four years old, Latricia had been born with only half a heart; the left side had remained severely underdeveloped. She had survived, without complication, the first two of three surgeries required to fix this anomaly. During the third surgery, however, she suffered irreversible collapse of the left lung—the result of a massive blood clot to its main artery. Only a few months later, and to everyone's amazement, she had stabilized with half a heart and only one functioning lung.

Latricia was legendary in this ICU. Everyone there loved her as if they had raised her themselves. Her characteristic wide-mouthed smile, now with the front teeth missing, was only matched by the high-pitched squeal of her laughter. She had everyone in the place wrapped around her tiny fingers. They would have handed her the world, had she only known to ask.

On this admission, Latricia's grandmother brought her to the hospital out of concern for her labored breathing. Discovering a second large blood clot, the ICU team mobilized to transport her to the operating room for surgery. Dr. Kerry, the ardent ICU physician who was best known for her unsurpassed dedication to her small charges, notified me I'd be joining Latricia in the OR to assist and learn from her anesthesiologists.

Dr. Brinkley was going to be taking care of Latricia that morning. A brilliant, unemotional woman, she was known for her quick decision-making and no-nonsense demeanor. She had overseen the anesthesia for all of Latricia's prior surgeries. She knew her anatomy and physiology better than anyone who had ever cared for her.

Dr. Brun, an exceptionally-trained pediatric cardiac surgeon, had performed each of Latricia's three surgeries. He had spent countless nights at her bedside since her birth. By redirecting how the blood in her body flowed—thereby making the flawed plumbing with which she was born more compatible with survival—he alone was the architect of the anatomy by which she now existed.

Transporting a critically unstable patient to the OR is always an unnerving activity, but Latricia's life consistently straddled the tightrope between life and death. So when we arrived and Latricia's oxygen levels began dropping, everyone moved with lightning speed. Nurses splashed Latricia's chest with Betadine, Dr. Brinkley called for Dr. Brun, and he rushed in from the scrub-sink to reach for a scalpel. Moments later, his hands were deep in Latricia's chest, skillfully inserting cardiopulmonary bypass circuitry.

Once Latricia was safely connected to the cardiopulmonary bypass machine—the use of her heart and lungs no longer necessary to oxygenate her body—Dr. Brinkley explained to Dr. Brun what she presumed had happened. The new blood clot, which had been wedged in the upper chamber of Latricia's heart, had likely dislodged to block the blood supply to her only functioning lung. Latricia began suffocating.

Thirty minutes passed in focused concentration. After a desperate, thorough, and unsuccessful search, Dr. Brun put down his surgical instruments, rested his hands on the side of the table, and shook his head. The golf ball-sized blood clot had fragmented and traveled to the distal ends of the small arteries feeding her right lung. He could not find them: the fragments were too deep, the vessels too small.

The operating room became silent. Latricia was going to die. Dr. Brun paused, and then quietly asked if Dr. Brinkley, once he took Latricia off bypass, could get Latricia back to the ICU with a pulse so that her grandmother could say goodbye to her while she was still alive.

"We will do all we can do," she promised, and then looked at me. "When I give you the word, take the ventilator and start running back to the ICU. Do not look back, just keep running."

As Latricia came off bypass, Dr. Brinkley injected her with epinephrine and told me to go. I grabbed the handles on the ventilator and started running. I could hear the rest of the team pushing Latricia right behind me. Feet stomping, pockets jingling, monitors moaning. The faster I ran, the harder they pushed. These are the moments I still recall, years later, as vividly as if I had lived them today.

Dr. Kerry was waiting for us when I reached the ICU. "I'm going to need you to remove your white coat so you can perform chest compressions until her grandmother tells us to stop," she said. I nodded, remembering that Dr. Brun hadn't closed Latricia's chest, that there hadn't been time. I looked for gloves and a mask, found the boxes on the wall, and slipped them on just as the rest of the team arrived.

I took my place on Latricia's bed, bending over her open chest, my legs straddling her tiny frame. The ICU residents began coding her with unsteady voices, trying to maintain composure amidst such tragic hopelessness. With my two thumbs, one on each side of her incision, I compressed her chest, blood flowing out from her chest wall cavity with each push of my thumbs. Almost immediately tears flooded my eyes. They came from a place deep within me, a place that

sensed how devastating and wrong it feels to code any child, but especially this child—this child who had survived so much. My tears fell freely; I could not stop them, nor pause my compressions to brush them aside. They dropped to her chest, mixing with her blood.

I looked up to see Drs. Brinkley and Brun, these two who, for so many years, had overcome all of Latricia's anatomic and physiologic challenges. They were standing side-by-side, leaning against each other as they realized they were helpless to save her in her last moments of life. Dr. Kerry walked in holding Latricia's grandmother's hand, leading her over to her granddaughter's bed. Her grandmother looked at me, sitting on top of her granddaughter, my tears falling onto her open chest. She began to heave, her shoulders shaking, her own tears now falling freely. I wanted to stop what I was doing, to tell her I was sorry, to let her know I was not made for this kind of work.

Dr. Kerry then moved cautiously to the head of Latricia's bed and quietly asked her grandmother if she had been baptized. When her grandmother shook her head no, Dr. Kerry offered to perform the rite. Her grandmother simply nodded. Reaching for a bottle of saline, Dr. Kerry proceeded through the ritual, ending with "I bless you in the name of the Father, the Son, and the Holy Spirit."

I gasped, unable to control my emotions any longer. Looking up from my compressions, I noticed tears falling from every eye in the room. Latricia's grandmother looked at Dr. Kerry, nodded her head in gratitude, and asked us to stop what we were doing. We obeyed, and in moments Latricia was lying pulseless, quiet, still. I carefully climbed off of her blood-soaked chest and covered her body with the bedsheet. She looked like she was simply sleeping.

My memories after leaving Latricia's room are as fractured as her fragile chest wall. At one point, I remember looking down at myself and realizing my own chest was covered in blood, in this precious little girl's blood. It felt warm and wet against my skin. I remember not wanting to talk, or ask questions, or think. I wanted to escape into the heaviness that seemed to wrap itself around me, and fall asleep ... forever. But every time I shut my eyes, all I could see were her unforgettable smile, her grandmother's agony, her bloodied chest cavity. And I wondered if I would ever sleep again.

*This is a work of nonfiction. For confidentiality purposes, however, all names and identifying characteristics of all persons involved in this narrative have been changed.*

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