Out of blood

Mohanned M. Mallah, MD

A fresh intern in the trauma intensive care unit, I forced my eyes open to keep them dry. A nurse asked me a question, but I did not look at her. I stared directly ahead at my patient's mother in room 603. She had fallen to her knees and slowly crawled into her son's bed. Twenty-four hours ago, she watched him walk across the stage at his college graduation. Tonight, the LifeShare team asked her if she wanted to donate his organs so that he could "live on." I held my eyes open because I intimately knew what she had lost.

In 1995, a convenience store robber fired a bullet that ripped through my dad's chest when I was 10 years old. In the emergency department, my dad's pierced heart stopped beating. He was over an hour away from the closest trauma surgeon or center where he may have had a chance. They either did not know how or did not feel compelled to perform a resuscitative thoracotomy. That cold November evening when the doctor told my mother that my father had died, I was standing outside the room. The distinct, vivid, agonizing sound she made has stayed with me. It echoes in my mind even as I write these words.

For the majority of people, one's profession is separate from one's identity; for me, they are the same. Explaining why I want to be a trauma surgeon is to explain who I am. That jolting transition between life and death I witnessed is the single most defining moment in my life and the driving force behind my desire to be a trauma surgeon, but it was in the aftermath of this tragedy that my mother instilled in me the determination to achieve this goal.

Six months after my father's death, I watched my mom scrub his blood off the tiles where he had come to rest. For the next decade, she worked tirelessly in that very same spot, with no formal education, to raise my sisters and me. Eventually, I came to accept that she was alone because the doctors could not save my father. She was unable to provide me a car or college savings fund, but working 7 days a week as a single mother, she gave me the greatest gift of all: an opportunity.

That very opportunity is the promise I recognize within my story. It is the reason for my success thus far. I was born to a family lucky enough to escape the First Gulf War, fortunate enough to settle in a country that provided me a chance to study medicine, and privileged enough to have a mother who taught me to believe in something that money cannot buy—that I can aspire to make a difference.

Submitted: March 18, 2020, Accepted: March 26, 2020, Published online: April 13, 2020. From the Carolinas Medical Center, Charlotte, North Carolina. Address for reprints: Mohanned M. Mallah, MD, Carolinas Medical Center, 1000 Blythe Blvd, Charlotte, NC 28203; email: mike.mallah@atriumheath.org.

DOI: 10.1097/TA.0000000000002742

J Trauma Acute Care Surg Volume 89, Number 1 After all these years, "my father was murdered" is a phrase I can recite almost matter of factly. The truth is most people do not often see behind the mask. Most are unaware of the emptiness I felt as a boy, watching my best friend wrestle with his father. I later shed fatherly tears as my voice cracked while speaking at my sister's wedding. I was her surrogate dad, filling in for the father I, too, had lost. In trauma, we know that it is not only that life we labor to save, but these *moments* we aim to protect. Now, as the senior resident and trauma chief, I experience daily how the trauma bay is the intersection of all these past and potential future moments. At the end of that trauma stretcher is where I want stand for the rest of my life.

The practice of this profession requires us to confront the worst of situations. Through disciplined resolve, we as trauma surgeons act within a golden hour of opportunity to achieve the best possible outcome. Having worked alongside physicians and surgeons on the Turkish-Syrian border at the height of the Syrian refugee crisis and in rural Guatemala before surgical residency, I have no illusion about the magnitude of the disparities in surgical care access. However, I also witnessed the magnificent impact a trauma and acute care surgeon can make in these dire straits. After completing trauma fellowship, I will pursue positions on the frontlines of international conflict zones or in domestic natural disaster areas. I will live who I am by seeking to serve people who, through no fault of their own, have found themselves yearning for normalcy in the aftermath of trauma.

Driving home from the convenience store one night before his murder, my father once told me something I will never forget. He said, "Any good man will want no other man to be better than him, except his son!" Who I am was born out of the blood spilled that cold day in November of 1995. I will be a trauma surgeon who has experienced the firsthand cost of what we do and who believes that price is too high for loved ones to pay. Because of my family's loss, I was able to peer deeply into the eyes of my patient's mother when I told her that her son had died. I held her up as I witnessed all of her fall apart in my arms. Also, because I was once told "to be better" than the best man I have ever known, one day I will be a trauma surgeon.

DISCLOSURE

The author declares no conflict of interest.