



## Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

### 2021 Oriens Honorable Mention Essay

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"I'm definitely going to be a carpenter...maybe an electrician," I confidently told my granddad. "I want to use my hands to be able to fix and build." I was eleven at the time, and I remember distinctly feeling like I had a pretty clear path from there. Sure, I left a little wiggle room for the details, but I knew I was just humoring him when I promised I would keep my eyes open for something else.

Within a week, my whole career plan – and world - changed. My older brother was in the SICU. I was too young to be allowed to visit, but as the days passed and my parents continued to take turns being by his bedside around the clock, I was old enough to understand that things weren't going well. He was dying – until, one day, he just somehow *wasn't*. The next time I saw my brother, he was *walking*. I had no idea what happened behind those big, intimidating unit doors, but I had assumed it must have been magic, because those doctors somehow gave me my brother back.

In that moment, I realized there *was* a better use for my hands. While fixing homes was a noble goal, I realized the powerful impact of medicine: I could *fix lives* like those surgeons did for my brother. I wanted the knowledge and the skillset to bring someone back from their worst moments - the brink of death - so they had the opportunity to *build memories* with their family in their own homes. From there on out, surgery was only path I wanted to follow.

At the time, I was still a kid and had no connections whatsoever to medicine, but it didn't deter me from seeking any opportunity I could to close the gap between those surgeons and me. In the years that followed, I did everything from working on an ambulance as an aid, in the OR as a scrub technician, and eventually, as a surgical fellow. With each of these roles, my skills and passion grew, but so did my frustration as I reached the edge of my abilities and scope of what I was allowed to do. Any time I was asked to pass a piece of my patient's care to another team, I would ask, "Why can't we manage this?" I was embarrassed to request a transfer to a medical service, and I was bothered if another surgeon performed an operation on my patient that I was capable of doing myself. My training taught me I sought something more than just completing a specific set of procedures. It was becoming increasingly important to me that I become a complete clinician, prepared to take on whatever comes my way.

Trauma surgeons are different. We don't get to plan our cases and optimize our patients. Instead, we find them on the worst day of their lives, often at the most inopportune time, and just looking for help. In those moments, I truly get to be the "complete clinician" I hoped for. In a very short period of time, I will meet my patient, diagnose a problem, maybe perform an operation, guide a resuscitation, and assume oversight of every medical condition the patient has. Sure, I may ask an expert for an opinion, but by and large I will manage that patient from first presentation until the final office visit. It is as a trauma surgeon that I get to have the greatest impact on the lives of my patients and their families.

I can't help but reflect on my journey from being a patient's little brother to being the trauma fellow. I guess I wasn't too far off when I spoke with my granddad, because as I stand in my trauma bay, waiting to meet my next patient, I fully intend on using my hands to fix a problem, but in a different way than I originally expected. It will likely require all of the skills and knowledge that I've gained and maybe even teach me something new. Whatever rolls through that door, I love knowing that I will be there to guide my patient through the entire hospital course and hopefully be able to perform a little "magic" for them and their family, as someone once did for mine.