I Was a Witness, and Now am Haunted by the Ghosts of Other Mothers' Sons

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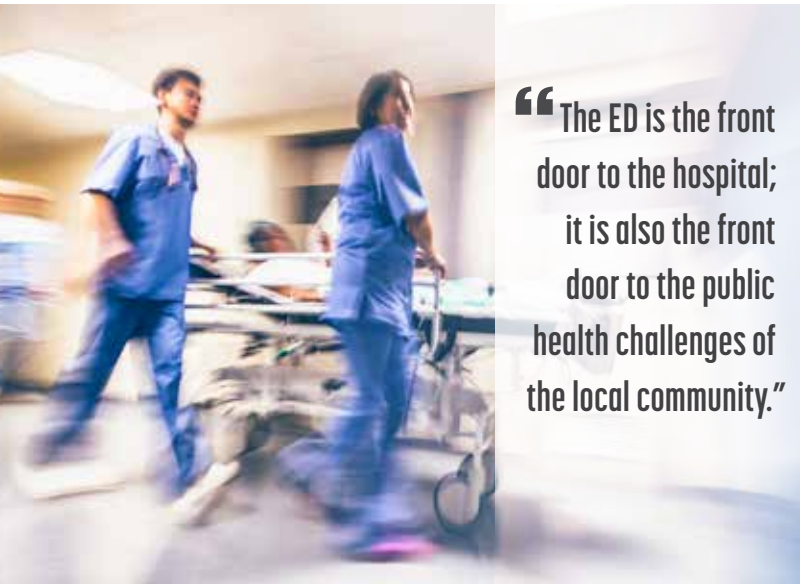
I haven't seen someone with a gun injury in more than a year, and I feel guilty.

My career path began in an urban ED, near where I grew up. The implications of poverty, illicit drug use, housing challenges, a hard to navigate education system, poor access to care (especially psychiatric care and drug rehabilitation programs) were inherent in every patient encounter I had during the nearly three decades I served in the neighborhoods I trained and had grown up in. I worked in two separate level one trauma centers that were less than three miles apart, yet each had plenty of penetrating trauma business.



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Emergency medicine is a very in-your-face specialty. Often fearful, and overwhelmed, our patients may not always present their best selves as they often are having a terrible day. And often we are the people who have to break the bad news that their day has gotten even worse.

The bad news comes in many forms. We tell patients they need to stay in the hospital. We tell people they have cancer. We share that women are pregnant when they would rather not be, or that the desired pregnancy carried for months no longer has a heartbeat. We share with people that they have had a heart attack, a stroke, diabetes, or a new spot on their chest X-ray. None of these are easy conversations to have, and many are tragic, but the conversations that haunt me are the ones I had not with patients, but instead with the families of young victims of gun and knife violence. Mostly young men of color, in their teens or early 20s, nearly invisible ghosts exiting this earth in vast numbers.

On November 7, 2018, the National Rifle Association posted a tweet asking for doctors to "stay in their lane" after a position paper published by the American College of Physicians suggested approaching gun violence as a public health issue, rather than merely a political one.[1] I read the tweet by the NRA after working an overnight and in my anger tweeted back: "I see no one from the @nra next to me in the trauma bay as I have cared for victims of gun violence for the past 25 years, THAT must be MY lane. COME INTO MY LANE. Tell one mother her child is dead with me, then we can talk." Let me point out I am not a Twitter star—I have fewer than 300 followers. So, I was shocked when I awoke to find that my tweet had been seen more than 65,000 times.[2] I was angry when I wrote that tweet. But I truly cannot count how many times in my career I have had to share the news of a loved one's death or grievous injury from a bullet, and the resulting sorrow is overwhelming.

It haunts me that as I write this, on only the FOURTH day of January 2021 in the middle of a pandemic, there have already been 395 deaths attributed to gunshots in the United states this year.[3] In four days. Just four days. It is terrifying to me to imagine where that number will be when this is published in May.

A year ago, I changed jobs. I now work at a level two trauma center. Still a busy ED. Still with a large residency. Still within the same city. But the immediately surrounding area is middle class rather than poor, with better schools, more accessible medical care, and people overall live in a safer environment. I have seen no gunshots in over a year since I have switched. There still is some gun violence in the area, but it goes to the level one center a couple miles away.

I have been relieved of the associated burden of being present and witness to such trauma over and over. Of telling mother, father, siblings of each patient who dies or is injured what has happened. I sleep better. The shock and horror of such a constant exposure to the fallout of gun injuries and violence I think eroded some piece of me that is now growing again. I have, of course, shared horrible news with patients and families over the last year, but the pure senselessness that I attach to deaths from gun violence isn't there. The tragedy of the lost lives of these (mostly) young men each time felt like such a failure to me. We as a society had failed them. All of the pieces of what could help them and their families be successful were not aligned for them to be able to climb those steps. Systemic racism should be listed as a major contributing factor on their death certificates.

So many in the U.S. do not have the window I did into violence. I had thought it would be present in any EM job that I would ever have, and here I have discovered that isn't so. I also am left reflecting on how the trauma of this exposure to the patients and their families primarily, but

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also to those of us who care for them persists yet is limited to the few people who have a window into that environment. The compassion drain from this moral injury takes some of our most hopeful and earnest young doctors and makes them enormously jaded. Physicians cannot fix this on their own; they need politicians and voters to make it work.

The ED is the front door to the hospital; it is also the front door to the public health challenges of the local community. I understand from some of my colleagues that the faces of gun violence haunting them are different, reflecting the rural depressed suicide patient. In my new position, I am relieved to have decreased my exposure, but I know the violence continues and has even grown.[4] I understand better now why the whole country is not as angry about this as I am, as they may not see it at all. It is one of those things that probably doesn't feel real to you unless you or a loved one is impacted.

It reminds me that many did not believe, and still do not believe, that COVID-19 is real. There were so many statements and arguments about the science of this pandemic. Being in New York, I was on the first wave of EM docs hit, and early on saw those affected directly. It was very real to me. Yet, until this contagion spread, and frankly, those across the country started having someone they knew either ill or killed by this infection, it felt unreal to many in our country. Now, with the spread there are more believers.

I hope in my heart that this does not need to occur with gun violence. Unfortunately, the populations affected, inner city (mostly) youth and gun owners who commit suicide by gunshot, are each segregated in their own ways, and their witnesses are therefore limited.

Selfishly, I now sleep better as I no longer treat the victims of our society's neglect-borne violence. But I bore heart-wrenching daily witness to it for nearly three decades, and I feel guilty, as a member of this society that has not addressed this dysfunction and cured the massive public health crisis that is right under—some of our—noses. ●

References

1. Butkus R, Doherty R, Bornstein SS. Reducing firearm injuries and deaths in the United States: A position paper from the American College of Physicians. *Annals of Emergency Medicine.* 2018: 169(10):704-707
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The Women in EM section of AAEM is pleased to announce the inauguration of Poster Pearls. These brief CME videos will feature section members' accepted work from the yearly AAEM Photo Competition. Our hope is to use these high yield images to further medical knowledge outside by interviewing section authors. Presentations will focus on images from the AAEM Photo Competition with discussion of diagnosis and treatment. Our first session will feature Dr. Alex Reed from Jefferson Health Northeast in Philadelphia. This session will be the presentation of a patient with an "Abnormal Abdomen." We will focus on ultrasound imaging to diagnose pneumoperitoneum and the ultrasound finding of the Enhanced Peritoneal Stripe Sign (EPSS). This is an excellent discussion of how ultrasound can be utilized for making a critical diagnosis in the ED. Our second session is with medical student, Lavinia Turian from Oregon Health & Science University. We will review a case of accidental hydrogen peroxide ingestion and its complications. After viewing each video, members will be eligible for 0.25 hours CME credit.