Murder Over a Bicycle

In the Trauma Bay

I rush to my feet as the trauma pager goes off, announcing that we are expecting a patient with a stab wound to the chest with an estimated time of arrival of less than 5 minutes. As the emergency resident on the trauma team, I have been anxiously awaiting the opportunity to "crack" my first chest. Immediately I rush into the trauma bay, assume universal barrier precautions, and quickly set up a chest tube and thoracotomy tray. I have rehearsed this procedure several times in my mind, and I take the last few minutes before the trauma patient arrives to visualize those initial incisions.

The paramedics race into the trauma bay while bagging the intubated patient. They proceed to give the rundown of a young "John Doe" who was stabbed once to the left chest and lost pulses while en route to the hospital. The room is set in motion. For a brief moment, however, I find myself staring incredulously at this patient who looks about 16 years old. Those thoughts pass quickly as I grab the blade to make the first incision for what is to be my first emergency department (ED) thoracotomy.

Blood pours out of the chest and onto the floor as we insert the rib spreader. We open the pericardium and cross-clamp the aorta. We see a flicker of activity at the apex of the heart and supplement that activity with cardiac compressions. The area of bleeding is localized to the right side of the heart, but no matter what maneuver we try with sutures and Foley catheters, we cannot adequately control the bleeding. Despite our efforts, the patient has realistically lost his entire blood volume twice over. What seems like an eternity is now over, and the code is called at 11:25 PM.

As I walk away from the patient and pull off my bloody gloves, one of the paramedics turns to me and says, " Yeah doc, can you believe this kid was killed over a bicycle?"

This statement stuns me. As the adrenaline of the whole situation wears thin, I am left only with sadness. Although I never lost sight of this patient as a person, the charge generated from performing an ED thoracotomy was overwhelming. I am surprised how quickly the adrenaline rush disappears and I am left only with the difficult task of informing the patient's next of kin.

I never did have the opportunity to talk to the patient's family because the patient had arrived in the ED without any identification and remained a "John Doe" after his death. Three days later one of my more compassionate attending physicians hands me a newspaper clipping regarding the boy's murder. The article features a picture of the boy's father clutching a skateboard and details the life of this amazing young person who worked two jobs to provide money for his family in Mexico. Incidentally, just 1 week before his death, the patient had bought a bicycle with his own savings to ease his commute to work. Reading this article finally provided me with the much needed closure that had been lacking ever since the boy's death.

I can only hope that the next emergency thoracotomy I perform will end in a life saved.

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