

U of C helicopter faces daily crises of life and death; our photo editor takes a ride

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"This is the radio to use to call for help in case of a hard landing," Edward Ban said as he pointed toward the rear compartment of the aircraft. Despite my knowledge that Ed had over 20 years of helicopter flying experience including time during the Vietnam War, I was suddenly and acutely aware of the potential risks of being a ride-a-long with the University of Chicago Aeronautical Network (UCAN).

At 6:45am that winter morning, right after taking over the shift, Ed gave the UCAN team a weather briefing before approaching the helipad to do an aircraft check and give me a blitzkrieg course on helicopter safety.

The team that day included the dispatcher Linda Burdett, a former EMT, Jane Kirkley, a nurse with a background in neurological ICU, and Daniel Lemkin, a third-year emergency medicine resident.

Most aeronautical medicine programs in the country only utilize the services of medical residents rather than attending doctors on such flights, to decrease the overall cost. Having a person with advanced medical skills and knowledge such as a senior resident is one reason why helicopters are believed to have a higher rate of patient survival than ground ambulances which are typically staffed by EMTs.

My sudden surge of adrenaline from the safety lecture slowly dissipated over seven hours and two rerun cable movies, while I waited in the flight lounge for a call. During this time I asked Linda about the program. About 90% of UCAN calls are for interhospital transport, the rest comprised of emergency events such as motor vehicle accidents (MVA's). As part of their second-year residency training the doctors are on call in pairs, a primary from adult medicine and a secondary from pediatrics.

When asked what differentiates an emergency room doctor from a flight doctor, she replied, "They have to know more. Even though they are in communication with the medical director (back at the hospital), they are the only one on the scene. Ultimately, they have to make the call."

When 2pm rolled around with

an hour left in the shift, I contemplated signing up for another shift the following week when we got The Call. It was an MVA about ten minutes southwest of the hospital. "Hurry up! You gotta go!" I heard as I dashed after Ed up to the helipad, gloves, jacket and camera swirling around me. Dr. Lemkin met us there, both of them hurriedly uncovering the helicopter. Standing at the bottom of the ramp, heart pumping wildly, I took a few deep breaths to center myself in the midst of the storm of uncertainty and chaos that we were about to fly into.

Once the team loaded on the aircraft, everyone geared up with helmets and microphoned headsets, so as to hear amidst the swirling blades overhead. Upon liftoff, they started prepping equipment, syringes and bags of saline.

Brief statements volleyed between the pilot gathering information in order to land the aircraft, the nurse requesting information on the patient and the dispatcher relaying messages between the helicopter and ground crews. No information was available on the patient, not even the age, sex or degree of damage.

"Potluck," both the doctor and nurse murmured, shaking their heads.

An ambulance, a fire truck, and a few police cars greeted us as we landed in a frozen field. The nurse and doctor rushed over and climbed into the ambulance in an attempt to assess and stabilize the patient.

During those critical moments we found out that a middle-aged man had run his car into a pole.

The patient had a large hematoma over the area of his liver, indicating the cause of his uncontrolled, and eventually fatal, bleeding.

Before leaving, the scene director spoke with Dr. Lemkin about the appropriateness of the call. The usefulness of helicopters in transporting trauma patients is controversial. Factors such as proximity of scene, severity of injury and age of patient have been evaluated in various studies, mostly using retrospective chart review methodology, with conflicting results. The efficacy of air vs. ground transportation in trauma patient survival is a question that does not appear to have a convenient, all-inclusive

answer.

We were immediately summoned to another MVA scene. Police had blocked off traffic so we could land right in the middle of the stretch of road where highway 294 and I-80 connect. In this case, a woman had been extracted from a car that had been crushed on the driver's side by a van as she was attempting to merge with oncoming traffic from a highway on-ramp.

Fortunately, this scenario afforded the woman enough time to be transported to a nearby hospital despite her extensive injuries. On this final flight, with the heart-rate monitor smoothly ticking in the background the crew remained in light spirits, smiling and jibing with one another.

I was struck by the courage of these gestures. Despite the unrelenting chaos, uncertainty and danger they had the strength to stay focused, committed and clear as well as maintain humor and a certain lightness that conveyed hope and affirmed life.

"Perhaps for the patient's sake? Perhaps for their own?" I wondered. Clearly I was witnessing that essential quality of any dedicated healthcare worker - "grace under fire" - and was awestruck by the almost super-human quality of it.



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