UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE | FALL 2006

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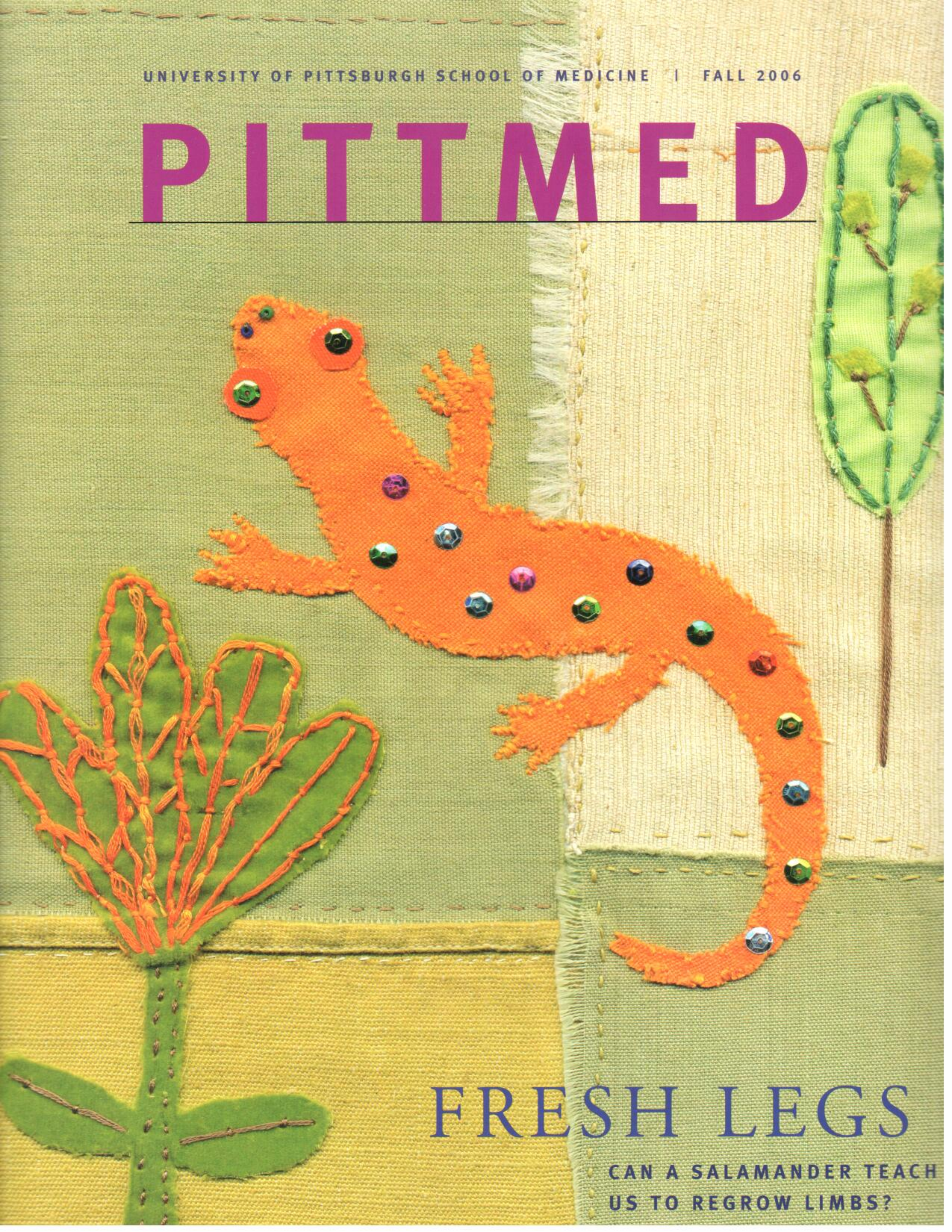


FRESH LEGS

CAN A SALAMANDER TEACH US TO REGROW LIMBS?

DISTURBING DEVIATIONS

JUST ANOTHER DAY IN THE FRONTAL LOBE

BY KATRINA FIRLIK

Katrina Firlik (Res '02) is a neurosurgeon practicing in Greenwich, Conn. In her recently released memoir, Firlik recalls stories from her days training at the University of Pittsburgh, including the scarce details she was able to learn of "Mr. Doe"—a patient who died within 24 hours after entering the hospital with multiple traumas. She admits he was someone she might have otherwise forgotten but for a drop of blood a bad cut on his scalp left on her white coat. The drop served as a reminder of the man the rest of her busy week. She writes, "If every patient left a stain, a resident's life could very well become an unbearable mess. A stain every once in a while, though, can probably help keep us human. That realization must have been one reason I kept a journal during my training. I knew I would otherwise forget along the way, partly because there was too much to remember and partly because I might want to forget." The following is another memorable "stain" Firlik shares in her book.

I had the privilege of working with stellar pediatric neurosurgeons whose reputations brought patients in from all over the neighboring states and beyond. We saw the most complex, most bizarre, and most tragic of cases. Because modern medicine has become so good at treating every symptom, I was continually amazed at the children who were able to survive so long with so little brain function, with mothers, fathers, and hired help attending to every need and hauling around what amounted to miniature ICUs in their minivans. I became comfortable with conflicting emotions, thinking both "How touching!" and "How strange!" at the same time.

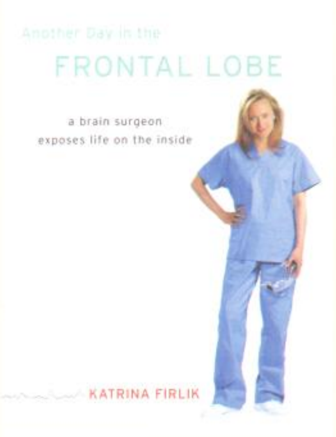
I had to perform a spinal tap on a child who had been neurologically devastated at birth. While I had the needle in his back, his mother mentioned that it was a good thing that she had forgotten to bring his Passe-Muir valve (an insert for a tracheostomy that allows a patient to talk). She explained that, this way, he would remain quiet through the spinal tap. I expressed some surprise that he actually had a Passe-Muir valve. I knew that his brain was not capable of speech or even thought. "No, you're right, he's completely nonverbal," she confirmed, very matter-of-fact and even smiling, "but he does make noises." This was not the first time I made a mental note to avoid making assumptions.

At one point, late into my senior resident year, I was rudely awakened to the fact that I had become perhaps too jaded in dealing with the tragedies of neurological devastation. I had become overly accustomed to our clinics, going from exam room to exam room, one featuring a mother waiting quietly while she casually suctioned her daughter's tracheostomy, another featuring a 12-year-old boy whose legs were so rigid and contorted that it was nearly impossible for his mother to change his diaper.

I walked into yet another examining room after checking the patient's chart. It was a brand-new consult: 18 years old, cerebral palsy, spasticity. Okay, okay, I've seen this before, I just need to get a good history before my attending walks in. Efficiency is key. I looked at the patient for a second: very skinny, special wheelchair, arms contracted, head support in place, mouth hung open. It was clear I wasn't going to get the story from him, so I turned to the parents, my back toward the patient, and started to take down the history. The mother's account went back 18 years, recounting her pregnancy in detail. She was helpful but a bit long-winded, so I jumped in after a few minutes with some pointed questions. As a rule I make an effort to let people finish their stories before I butt in, but sometimes I have to break my own rule. There were a number of other patients waiting, and I didn't really need to know all the specific dietary details.

As I sat, dutifully recording the list of medications, allergies, and operations, my mentor walked in. I cringed. I was hoping to have at least the history done so I could present him with a nice summary. He sat down on the examining table, the only seat left in the cramped room. After introducing himself, he surveyed the compact scene—the patient, the parents—and then focused his gaze back on the patient. After what seemed like several, almost uncomfortably quiet, seconds, he looked the patient in the eye and asked: "So, when did you graduate from high school?" The young man's face lit up like I had no idea it could.

My mentor had noticed something I'd missed. The patient was wearing a large high school ring, so large that it looked a little silly on his bony finger. His body, far more than his mind, had borne the brunt of his cerebral palsy. He was a proud, beaming high school graduate. His mother pointed out the specialized computer, attached to his wheelchair, that helps him communicate. For the remainder of the visit I sat in the corner, duncelike, humbled by the enormity of this ring. ■



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