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**Voices of Medicine**



By Del Meyer, MD

**A doctor's first novel, memories of a grandmother, caring for Pakistani earthquake victims.**

**A Blockbuster First Novel**

Stephen Jackson, MD, editor of the *CSA Bulletin*, reviews a book in the Fall 2008 issue: OXYGEN.

Carol Wiley Cassella, M.D., has written a blockbuster first novel - *Oxygen* - a spellbinding tale which recounts with stunning realism the professional and personal trials and tribulations of a woman anesthesiologist who becomes caught up, unexpectedly and inexplicably, in an anesthetic mishap involving a mildly retarded 8-year-old. Dr. Cassella, herself an anesthesiologist, is in private practice with the Virginia Mason group in Seattle...

Dr. Cassella has hit pay dirt with her novel that is written engagingly in the first person. With her unexpected fame as a physician author has come the opportunity to be interviewed on radio talk shows, an experience that has led her, unintentionally and inadvertently, to become a spokesperson for our specialty, one that her interviewers consider to be largely hidden from the public. They repeatedly address her with a sense of respect, reverence and a fascination for her knowledge as an "insider." And, I can attest to the fact that Dr. Cassella has been superb in representing our specialty. These interviews can be accessed on her web site at [www.carolcassella.com](http://www.carolcassella.com)...

I strongly urge each of you to read *Oxygen*, especially because it examines in great depth the gamut of the important and too-often-neglected topic of physician wellbeing. Indeed, while engaging the reader with a mesmerizing plot that has full relevance to the art and science of the practice of anesthesiology, she explores life's personal and professional choices as we progress through our careers as physicians and anesthesiologists. In fact, from a wellness point of view, I will be bold enough to suggest that *Oxygen* be required reading for all of us...

So, with the author's blessing, we reprint (with Simon and Schuster's permission) the first chapter of *Oxygen* for your enjoyment.

*People feel so strong, so durable. I anesthetize airline pilots, corporate executives, high school principals, mothers of well-brought-up children, judges and janitors, psychiatrists and salespeople, mountain climbers and musicians. People who have strutted and struggled and breathed on this*

*planet for twenty, thirty, seventy years defying the inexorable, entropic decay of all living things. All of them clinging to existence by one molecule: oxygen.*

*The entire complex human machine pivots on the pinnacle of oxygen. The bucket brigade of energy metabolism that keeps us all alive ends with oxygen as the final electron acceptor. Take it away, and the cascade clogs up in minutes, backing up the whole precisely tuned engine until it collapses, choked, cold and blue.*

*Two portals connect us to oxygen - the mouth and the nose - appreciated more for all their other uses: tasting, smelling, smiling, whistling, blowing smoke and blowing kisses, supporting sunglasses and lipstick designers, perfumeries and plastic surgeons. Seal them for the duration of the morning weather report and everything you had planned for the rest of your life evaporates in a puff of imagination.*

*There is a moment during the induction of general anesthesia when I am intimately bonded to my patient. A moment of transferred power. I squeeze the drug out of the syringe, into the IV line, and watch the face slacken, watch the last organized thoughts slip from consciousness, see breathing shallow, slow, stop.*

*If I deserted my patient-deep in that swale of sleep, as suffocation colored blood blue-the lips would turn violet, pink skin would dull to gray, and the steady beep, beep, beep of the heart monitor would fade, then falter. Like an archaeological ruin, the brain would die in levels; personality, judgment, memory, movement collapsing like falling bricks to crush the brainstem's steady pulse of breath and blood.*

*There are points in an otherwise routine day when I am struck by how precariously this unconscious patient dangles, like a hapless fly on a spider's thread. It is like drowning, but blessed unconsciousness precedes desperate air hunger. At the last instant I swoop in and deliver a rescuing breath, adjust my machine to take over what the brainstem can no longer command...*

The entire review and book's first chapter are at [www.csahq.org/pdf/bulletin/casella\\_57\\_4.pdf](http://www.csahq.org/pdf/bulletin/casella_57_4.pdf)

## **A Grandmother's Wisdom**

In the Winter issue of *Sonoma Medicine*, the magazine of the Sonoma County Medical Association, Sanjay Dhar, MD, asks the question, "Are you smarter than my grandmother?"

My grandmother passed away several years ago, but I am reminded of her almost every day. My memories of her are more relevant than ever in these times of financial crisis, cost-cutting, global warming, overuse of natural resources, limited health care, lack of trust in government, lack of jobs, and uncertainty about our future and that of our kids.

My grandmother used to be looked down upon by her neighbors because she grew "misshapen" tomatoes in her backyard. Today I pay a lot of money to buy these misshapen heirloom organic tomatoes that she grew. She also grew herbs in her kitchen garden and would always sing to them. Today some scientists claim that music can make plants more productive. She always said that we should eat food the way it is produced in nature: raw. Today a growing subculture promotes the consumption of uncooked, unprocessed, organic foods...

My grandmother would always buy things only after she was sure she had the money to spend. Today with the credit crunch, we may want to follow her example. Her slogan was, "If you don't have the money, you don't need it."

Everything got recycled in my grandmother's house. Newspaper was used for packaging, stuffing and wrapping; old clothes were stuffed into pillows, bedding and insulation; vegetable and garden waste was given to the animals. Today we pay to send our waste to the local garbage companies for recycling and pay even more to buy it back (as 100% consumer recycled paper). How about using newspaper to wrap your gifts this winter holiday season?

My grandmother objected to moving into our larger new home. She always said that she could only sleep in one bedroom. Today, after a few decades of growth in home sizes, we are considering how we can reduce our carbon footprint by building smaller and more energy efficient homes. My grandmother asked her cousins to stay with us because she thought their presence would maximize the use of space in the new house, while helping them save money for the future. How many of us today can think of getting extended families together to live under one roof peacefully?

Almost 40 years ago, when the nearest grocery store started packaging items in recycled brown paper bags, my grandmother became very upset. She thought the bags were extremely wasteful. She spent day and night making burlap grocery bags for each member of the family, with their names carefully embossed on them. Every three days, all the grandkids would follow her in a line to the grocery store and carry the produce home, with everyone carrying a small load. Obviously, we would all walk to and from the store. After all these years of going through fancy plastic and paper bags, my wife just bought a couple of green canvas bags (with the logo of the grocery store). We don't have to use paper or plastic bags any more, although we still end up driving to the grocery store.

My grandmother was always "green" without claiming to be so. I don't know how she would react if she were here to see people who claim they are green by buying \$30,000 hybrid cars and drinking \$5 cups of coffee from recycled paper cups, or large corporations "going green" while their CEOs still fly around the globe in corporate jets.

My grandmother taught me values and habits that are so needed in our current era: the importance of "being a family"; the importance of an education; the importance of respect, of self-reliance, of being ethical and conscientious, and of sharing with people less fortunate than me. But I know that even now I am not as smart as my grandmother.

To read the entire article, go to at <http://scma.org/magazine/articles/?articleid=317>

## **Destruction and Beauty in Pakistan**

The San Mateo County Medical Association Bulletin devoted its November-December issue to medical volunteerism. In "Living the Dream, and More," Naveen Mahmood, MD, told of her October 2005 trip to Pakistan.

Ever since I can remember I wanted to become a doctor who could travel all over the world to help people. During medical school and residency I was involved with patient education and basic health care in rural Pakistan. However, three years ago, the ultimate experience came unexpectedly. In October 2005, a 7.6 magnitude earthquake hit northern Pakistan. By December my family and I traveled to Pakistan, at our own expense, to volunteer at remote locales.

We collected 700 pounds of medications and supplies in the U.S. In Pakistan we rented a van and drove for a day to Abbotabad, one of the northern cities hit hard by the earthquake. We visited the local university hospital that had been turned into an outdoor trauma center. Volunteers from all over the world were present, working tirelessly; large tents were converted into operating suites and temporary wards to accommodate the large post-operative patient population.

The scene was surreal. In Balakot, not a single building was left standing. All we could see were piles of rubble and debris, a sea of innumerable tents and the sheered mountains in the background. This was all juxtaposed against a magnificent background of clear blue skies, beautiful snow covered mountain peaks, and the famous River Neelam flowing through the destroyed city.

Despite so much destruction, life continued - people cooking in their tents, classrooms being held outdoors, children playing among the ruins, and the predictable five daily prayer calls heard over the speakers. The local people were so calm and so friendly. As we began our daily routine of setting up our "mobile clinic", everyone came by to offer their help. As soon as the local people heard that there was a medical team available they came down with their remaining families in tow. We saw over 200-300 patients per day and worked without a break.

We were there as a pediatric team but essentially saw whole families. In fact we ended up seeing a large number of female patients since by cultural norms, they only go to female doctors.

Apart from the usual acute care issues such as bronchitis, ear infections, pneumonias and urinary tract infections, we also had to deal with depressed, anxious and traumatized patients. Every patient had a story to tell - children losing parents, parents losing children, young wives losing their husbands and caretakers, now having to figure how to survive on their own. More often than not we felt inadequate to deal with these issues and wondered how these people would move on.

However, at the same time, we witnessed this cohesive sense of community and camaraderie amongst the locals - everyone watched over the local orphans, and over each other. In one instance, my niece gave a box of cookies to a nine/ten year old young girl. She immediately began passing out the cookies to all the other young kids and only took one for herself when my sister urged her to - how amazing to witness such selflessness in such dire circumstances!...

Finally, it is experiences like these which define us - as a family we have learnt to appreciate what we have, learnt to never take anything for granted and have learnt humility by working with amazing people - those who choose to do this for a living and those who move forward despite the adversities in their lives.

Read the entire article at: [www.smcma.org/Bulletin/BulletinIssues/Nov-Dec08issue\\_copy\(1\)/BULLETIN-08NovDecR6.pdf](http://www.smcma.org/Bulletin/BulletinIssues/Nov-Dec08issue_copy(1)/BULLETIN-08NovDecR6.pdf)

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