Narrative Medicine

A life not fully lived

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Abstract

I lost my husband to a road traffic accident when he was in the prime of his life. His passing shattered the family and imposed terrible psychological and unanticipated financial burdens on me and on our young children. We recovered our balance eventually; however, I am often plagued by the thought that he might have been saved if only certain measures and systems had been in place in the emergency department where he was brought in when he was still alive and conscious.

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My husband loved to exercise, but being in private practice (MD Medicine), he could find time for it only in the mornings. Though fond of adding desi ghee (clarified butter) to his food, his lipid profile was normal. He was a non-smoker, a teetotaler, and an occasional non-vegetarian, yet he died unexpectedly at the age of forty-two years.

Everyone fears death but much more frightening is the thought of a life not lived fully. My husband lost his life due to a roadside accident. What happened exactly is not known but his scooter was apparently hit by a truck on a crowded street. He died in a tertiary care hospital which is attached to a Medical College - where I was then teaching Pathology - in India's capital city, Delhi. The institution did not have a trauma center at the time – nor does it have one now, even a quarter century later.

It was Thursday, the 12th of August 1993; I vividly remember feeling particularly happy after having made plans with my husband for an outing on the 15th of August, which is a national holiday. I had gone to the central library

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to read for my scheduled 12 PM lecture. Around 11 AM, while returning from there, I saw a boy and a girl student laughing and talking affectionately to each other. It felt good seeing them – when one is young, life is so simple and carefree.

Before I could reach my office in this happy frame of mind I was told that my husband had been brought to the emergency. With a palpitating heart, I took an about-turn and soon reached the emergency. My husband was conscious and complained that his back hurt from lying on the bare stretcher which had no mattress. I looked around but could not find any stretcher with a mattress. I asked him to bear the pain for some time as he would soon be given a bed.

He had himself asked to be brought to this hospital. The resident doctors who were on duty recognized me as their teacher and said that he should be taken for an X-Ray while they called the consultants. My husband mentioned that his right leg was not moving and that he should be shifted to the operation theater. He didn't need the X-ray to tell him that he had a pelvic fracture. He had arrived at the emergency with his abdomen tightly bound with his belt tied around his rolled-up vest and shirt.

He would be shifted to the theatre immediately after the X-ray, the residents said. The emergency X-Ray room was close by, but on transferring him to the X-Ray table and positioning him, he lost consciousness. It was probable that the jostling involved in the transfer had dislodged a clot in the fractured pelvis and he bled afresh. I don't know what it was, but for one moment I thought that I had lost him. I prayed hard to the Almighty and my prayers were answered because he recovered consciousness.

It would take 10-15 minutes for the X-Ray films to be ready so I went back to the emergency ward and found that the consultants had not yet arrived. I was on my way to contact them personally when I ran into a departmental colleague who had come to inquire about my husband's health and offer assistance. I requested him to be with my husband while I went to look for the consultants – I also needed to make arrangements for blood. The blood bank was short of blood but I was told they would send an emergency donation call to student volunteers. That taken care of, I was able to focus on locating the general surgeon & the orthopedic surgeon. I found them and they immediately left for the emergency.

I still had a lecture to deliver, so I went back to my department. The department of Pathology has a record of never missing a lecture. Besides, with me being a pathologist, I felt that I would not be of any help in the emergency department. In any case, I had left my husband in competent hands. Just to be sure, I requested another colleague to be by my husband's side until I was free. Grateful to the Almighty who had answered my prayer so that my husband regained consciousness, I felt it was my duty to take the lecture as per schedule. At the end of the lecture I planned to request the students to donate blood.

On returning to the emergency, I found that my husband had been provided a bed, blood had been drawn for routine tests and for the coagulation profile, and a blood transfusion had been started. There was an overwhelming response from my students. The blood bank was now well stocked and they had to refuse any more volunteers.

As we had expected, my husband had a pelvic fracture and I was informed that

the prognosis was very grave. I never got to see the wound as it was heavily bandaged. As he was in hemorrhagic shock, they were not going to even try an external fixation.

Throughout that day, my husband would keep asking to be taken to the operation theatre. Many doctors from East Delhi had gathered to see him as he was an active member of the Indian Medical Association. They were also of the opinion that he should be taken up for surgery without further ado. He and I would be repeatedly assured that once he was stabilized he would be taken up for exploration. That moment never came. My husband breathed his last the same evening surrounded by all his near and dear ones.

On coming to know of his death, my departmental colleagues (ladies) came from as far as 30-40 kilometers away to condole with me. They managed to find my house in the alleys of Shahdara at night, a miracle considering that they had never visited my home before. Their show of solidarity meant the world to me.

The postmortem report was available a few days later. It revealed that hemorrhage from the right Iliac vessel had been the leading cause of death. Had I known that the chances of death were 100%, I would have insisted on him being opened up. The thought that he could have been saved weighed heavily on me. I felt that at this rate I would land up in a mental asylum, so I joined college immediately after the mourning period. Seeing my depressed state, a senior colleague arranged for me to have a candid talk with the treating Orthopedic surgeon. He tried to explain how, in pelvic fractures, slow death is the norm as it is very difficult to stop the bleeding from smaller vessels. To this day I am only half convinced.

Perhaps he is right. But then that means that my husband was failed by the system. Even if the doctors were good, there was a lack of protocols and no state-of-the-art trauma center. If there had been a built-in provision for radiological examination and a built-in operation theater; and if there had been a good internal communication system, then perhaps the adverse outcome could have been averted. Of course, this is a hypothetical assumption, but it is shameful to die of hemorrhage in the 21st century and that too in a big city like Delhi.

The World Health Organization, in February 2018, stated that without sustained action, road traffic crashes could well become the seventh leading cause of death by 2030.[1] They are the leading cause of death among people aged between 15 and 29 years and cause a considerable economic loss to individuals, to their families, and to the nation as a whole. The cost of treatment adds further burden considering that there is loss of income for the injured person and for the care givers in the family.

The psychological impact of road traffic accidents is a huge burden. It not only affects the direct participants, but also their families. My mother in law was devastated by the loss of her son. I was depressed and inconsolable – when I found that my depressive state of mind was affecting my children, I made up my mind to put on a brave face whatever the circumstances. To get out of the grieving atmosphere, and despite family opposition, I availed Leave Travel Concession and went on a holiday with my children.

I realized very early that I could not run

my household on a single salary even though I was a Reader (Associate Professor). I was not eligible for any compensation as I had not been financially dependent on my husband. The token money that I was paid for mental trauma did not even cover my advocate's fees. The court granted my two children rupees 1.5 lakhs each, but the money was to be kept with the court till they achieved the age of 18 years. I faced an unanticipated financial crisis. It was thanks to a car mechanic at whose insistence I did not sell my car. My colleagues were of great help during that time. Then, the fifth pay commission came along, and I took up an assignment in Nepal – these two things bailed me out and, thus, my children were able to get a good education.

In many developed and developing countries, including China, the road safety situation is generally improving. India, however, faces a worsening situation and has overtaken China to top the world in road fatalities, with nearly 140,000 deaths annually. The Global status report on road safety 2015 has shown that although road safety legislation has improved and vehicles are now safer, progress is unfortunately slow.[2] Without increased efforts and new initiatives, the total number of road traffic deaths in India is likely to cross the 250,000 mark by the year 2025.[3]

There is an urgent need to recognize the worsening situation in road traffic accidents and to take primary preventive measures like ensuring well-lit and well-built roads that are monitored by cameras, enforcement of safety regulations, and strict restriction of driving after consumption of alcohol.

For secondary prevention, at the very least, big cities in every state all over the country should have level-two state-of-the-art trauma centers, with helipads and with advanced internal communication systems. Such centers should have modern X-Ray systems that deliver reports straight into linked computers so that the waiting period during the critical early phase is reduced. Emergency departments should have a trauma team with a designated Anaestheologist, a General surgeon and an Orthopaedic surgeon who can be easily alerted. Facilities for transfer to appropriate specialized trauma centers should be at hand. Awareness and action can significantly reduce the number of deaths and disabilities from road traffic crashes.

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