

EDITOR'S PAGE



The Journey

Where the Science of Medicine Meets the Art of Healing



Carlos E. Ruiz, MD, PhD,^a Elizabeth S. Ruiz, MA, MEd^b

As physicians in a largely technical field, we may not appreciate enough the impact of nursing care on our patients' recovery. A member of our editorial board recently experienced the impact of superior nursing care himself. When Carlos Ruiz told me of his harrowing experience, I asked him to tell us about it. This is a powerful lesson for all of us.

—Spencer B. King III, MD

You helped me to heal—you carefully turned me onto my sides, methodically shifting my body to prevent decubitus formations; you fed me and made sure I was sufficiently hydrated; you bathed me and ensured I was voiding fluids; you monitored my progress closely, administering a neuro-check every 2 h; you patiently spoke, smiled, and kept me calm, despite my deep restlessness.

After 90 min of cycling through scenic Mediterranean backroads, I was nearly 5 min away from home when I was hit by a truck. It was my second day of vacation and essentially, my last; the rest was spent between hospitals and bed, battling debilitating headaches, blinded by loud noises, vibrant colors, and simple motions. In actuality, I remember nothing from the first 8 days. I had sustained a fracture at the base of the skull, bilateral subdural hematomas, left ventricular bleed, complete fracture with displacement of T9 spine, but barely spared spinal chord compression. For the first time in 45 years, I was the one in the hospital bed, not the one standing above it.

They found my helmet nearby; it was split in half by the sheer impact. My body was laden with cement burns and raw skin and filled with stitches. Fortunately, 12 days later, I was allowed to fly back home to New York City. A month after the accident, despite healing wounds and compliments of visible improvement, I quietly deteriorated overnight, needing emergency cranial surgery. In the neurosurgical intensive care unit, I lay flat in bed, with bilateral drainage tubes from each side of my skull. Attempting to move, I was immediately reminded that I could not; my head was not to shift more than 10°. “Your family is here. Are you having any pain?” Though my thoughts were a bit jumbled, I remember feeling better than before the surgery.

After multiple adjustments with your help, I resigned to simply listen to the news, as watching it was a near impossibility. The television was mounted on the opposite wall and I was left to stare at the white ceiling instead. My neurosurgeon, to whom I am forever indebted, visited twice a day. Surgery went well and I was to remain lying flat for at least 72 h. I waited for what felt like an eternity for the serial magnetic resonance images, hoping that there would be no further bleeds, as that was my ticket out of the hospital.

In youth, I aspired to be a “good doctor”—to make a difference, to leave a legacy. Later in life, I aspired to also be a “good mentor”—to share my passion for research and medicine with medical students, residents, and fellows alike; to motivate, to challenge, and to better one another for future patients. I now question whether my lessons have had an impact beyond the scope of cardiology, whether they have truly served to better the overall well-being of my students, to prepare them for the interpersonal connections necessary to *really* help each patient.

From the ^aStructural and Congenital Heart Center, Hackensack University Medical Center and the Joseph M. Sanzari Children's Hospital Seton Hall, Hackensack University School of Medicine, Hackensack, New Jersey; and the ^bCulver City Unified School District, Culver City, California. Both authors have reported that they have no relationships relevant to the contents of this paper to disclose.

As a pediatric and structural cardiac intervention-
alist, I take great pride in fostering relationships with
my patients. Personal interaction and clear commu-
nication with patients and with their families is vital
to overall success of treatment; this has been the
cornerstone of my practice.

Along with this, I also strive to perfect procedures,
spending countless hours planning and virtually
performing them. I try to anticipate what can go
wrong and I imagine multiple solutions to take care of
it. I tirelessly research and hypothesize, leveraging
data; however, I have never *fully* accounted for the
immense power of personal, human care and inter-
action. This necessary step in healing takes time,
much more time in fact, than what I spend research-
ing and preparing for each case. Physicians are unable

to be with patients throughout the entire healing
process, but nurses are there day in and day out.
Their endless compassion and attentive care is the
foundation for healing and I can personally attest to
it. We must all not only thank, but recognize and
show gratitude for the work our nurses do daily. My
“thank you” is not enough; neither are the “thank
you’s” of my family and friends. This journey has
given me a firsthand view of the patient experience,
and it will forever affect my teachings.

ADDRESS CORRESPONDENCE TO: Dr. Carlos E. Ruiz,
Hackensack University Medical Center, Structural and
Congenital Heart Center, 30 Prospect Avenue, 5 Main,
RM.5640, Hackensack, New Jersey 07601. E-mail:
Carlos.Ruiz@hackensackmeridian.org.