ROBERT P. STICCA

THIS GUY MIGHT MAKE IT

The sound of the pager pierced through the fog of a deep sleep, waking me with a start. Beep, Beep, Beep—Beep, Beep, Beep. *Is that the trauma page?* Can't be—the hospital is supposed to be on diversion because of the nursing strike. Must be dreaming.

BEEP, BEEP, BEEP—BEEP, BEEP, BEEP.

It's the trauma page. Better wake up, better answer it quick. More by reflex than deliberate action, I snapped the light on and pressed the button on the pager. The clock read 2:15 a.m. A disconcerting message showed on the digital window of the pager: 5295*1. I recognized the number. A stat page to the ER.

Shit. This hospital is supposed to be closed. Why did the paramedics bring the patient here?

5295, 5295. I'd only seen the numbers for a fraction of a second, but it was as if I had known them my whole life as I fumbled for the phone and dialed.

"ER, Janie Stewart."

"Hello, this is Dr. Sticca. What's going on?"

"The ambulance is arriving now. Thirty-six-year-old black male involved in an altercation in a bar, stab wound to the right chest. He's in bad shape. Blood everywhere. BP very low. Barely alive."

"Why did they bring him here?"

"They didn't think they could make it to another hospital. It happened just a few blocks away."

"Have you called the chief resident? "

"He's not in the hospital. Because of the strike, they let all the senior residents go home. You're the only surgical resident here."

Shit. Shit. Double Shit. "OK, I'll be right there." Jesus Christ. I'm only a second-year resident; I can't handle something like this. Where are my shoes? Where's my lab coat? No time to wash up or brush my teeth; got to get there, ASAP.

This wasn't supposed to happen. It was supposed to be an easy day—staying in-house for call was only a formality, due to the strike. While the rotation at Carney Hospital in the Dorchester section of Boston was liked and eagerly anticipated by the Boston University surgery residents, the nursing strike had put a damper on the rotation. Surgical residents live by the dictum "A chance to cut is a chance to cure." Whenever the chance to cut was not present, the surgical residents' interests waned quickly.

The nursing union had declared a strike about a week ago and the hospital was limited to a few very basic functions without nursing staff to care for the patients. Only two of eighteen operating rooms were functioning, and there were very few inpatients. Elective surgeries were all cancelled. The surgical residents couldn't wait for the end of the strike, but secretly, the relief from the grind of working over a hundred hours per week was welcomed—at least for the first week.

It had been an easy day for the second-year surgery residents, starting with rounds at 5 a.m. Although there were no surgeries scheduled, the routine for early morning rounds was so engrained that it was hard to break. After rounds and taking care of the few remaining inpatients in the morning, a noon teaching conference and outpatient clinic in the afternoon, the residents that were not on call went home. Since these activities did not have to be worked in between the usual elective surgeries, the day ended several hours shorter than the standard twelve-to-fourteen hour days. (In 1985, mandatory eighty-hour workweek maximums for physicians-in-training did not exist.) During the strike, the residents actually arrived home by 5 p.m. Our wives and children didn't know what to make of it.

General surgery has long been viewed as the toughest of all specialties to train in. Originally designed by Dr. William Halsted, the father of American surgery, in the early nineteenth century, the training has changed little since then. The five years are the longest of any specialty for basic training. Nowadays, as many as seventy percent of surgical residents go on to train in