

ONE

PHILADELPHIA, PENNSYLVANIA
Hospital of the University of Pennsylvania
September 1998

An unbroken line of blood ran across the white-tiled floor, smeared at one point by a wheel track. It came from the patient waiting area, a sinuous cherry red stripe, a painter's brushstroke too perfectly haphazard to be anything but frighteningly real. Dr. Daniel Tokunaga scrutinized the scarlet streak, momentarily mesmerized until a pair of EMTs brushed past him, disappearing through the Emergency Room's swinging, frosted-glass doors.

Daniel followed and suddenly found himself thrust into bedlam. Shouting voices. Running bodies. He jumped—a cascade of supplies tumbling off a nearby shelf. A nurse cursed, dropped to her knees, frantically searched for something crucial. Across the

room, a police officer struggled to restrain a prisoner—or was it a patient? From their beds, two drunks, an asthmatic, and a boy with a broken leg stared at the unfolding melee.

“Crash cart, now!”

“O-negative blood!”

“Page trauma and CT surgery, stat!”

An overhead speaker blared: “Code Blue, Emergency Department, Code Blue.”

“Dr. Tokunaga?” A shrill female voice. Daniel turned and recognized the charge nurse. “How’d you know about this? I haven’t even paged your service yet.”

“Just cutting through on my way home. What is this?”

“Gunshot. Kid dumped out of a car. Driver yelled ‘innocent bystander!’ before zooming off—the damn thugs.”

Daniel’s face tightened. Gang bangers. Known to speed by and slow down just long enough to open the door and roll out their wounded friends.

He peered across the ER toward the trauma room, already overflowing. They would need either him or the cardiothoracic surgery fellow on call. Daniel wasn’t assigned to back up the CT fellow, but he knew none of the surgeons driving in from home would arrive in time to make any difference.

“CT surgery to the ER stat!” an announcement rang out.

Daniel looked at his watch and swore under his breath. The twins would be disappointed. Beth would be furious. Already, he regretted staying late to attend a meeting for the hospital’s department heads.

But as he found himself moving toward the trauma room, he felt a burst of adrenaline. He came to the swinging doors and slipped inside.

A dozen people filled the room. Near the head of the gurney, an ER resident bent low to assess an airway. At one arm, a nurse struggled to insert an IV—at the other, another tried to draw blood. A couple of medical students stood against the far wall, petrified.

REPENTANCE

Daniel recognized the ER attending, Sam Griffin, a rotund and affable man just a couple of years removed from his residency, an average clinician by all accounts. Griffin's face was pale. Beads of sweat glistened on his brow as he shouted orders.

"Type and cross six units now!"

"Get O-neg now!"

"Watch his neck! Watch his neck!"

Daniel caught a glimpse of the gurney.

My God, he's just a kid.

The patient was a thin Hispanic boy no older than fifteen. The resident was cutting off his T-shirt, a dripping, bright red rag. The boy's eyes were closed. He made ragged little breaths. When he coughed, droplets of blood mixed with spittle ran down his chin.

"Vitals?" Griffin asked.

The wheeze of a deflating blood pressure cuff made Daniel look toward the monitor: BP 60/30. Way too low.

A nurse fumbled with the boy's arm. "Very thin. I can barely feel a pulse."

The resident who'd cut off the shirt carefully rolled the boy over. "One exit wound in the back," he reported.

The shrill alarm of a telemetry monitor rang out. Daniel looked—the blinking numbers had turned from green to red. Dangerous tachycardia—the heart was racing at 180 beats a minute. Yet the pressure was low and there was barely a pulse . . .

Daniel knew: the boy would be dead in minutes.

"No pulse!" the nurse cried out, wrestling the boy's limp arm. "Now I can't get a pulse!"

The resident leaned in close to the patient's face, checking for a breath. A moment later, he looked at Griffin and shook his head.

Griffin's mouth opened but no words came out. Seconds passed. The boy's face began to pale. The resident started chest compressions.

"What's going on here?" Daniel said.

All eyes turned to him. Sam Griffin's face flushed with relief.

“Dr. Tokunaga! Thank God. Gunshot wound, left chest.”

Daniel took off his Armani suit jacket and began to roll up his sleeves. “Gown, gloves, mask,” he commanded.

“If you’re not actively participating in this code, then leave the room. Nobody speaks unless they are directly addressing me about the care of this patient. First,” Daniel pointed to Griffin, “intubate. And you,” he pointed to the resident, “get a femoral line. You—” he pointed at one of the medical students, “Get over here and restart compressions once the endotracheal tube is in.”

Daniel leaned in close. Entry wound in the chest, just left of midline. It was small—just a dark black gouge the size of a dime. Blood oozed out of it.

Griffin crouched over the head of the bed, laryngoscope in hand, squinting as he tried to insert a long plastic tube past the vocal cords and into the trachea.

“You okay, Sam?”

“Almost . . . got . . . it . . .”

“Go for a right main stem intubation. Push that tube in as far as you can.”

“What?”

“Right side only. I want the left lung collapsed.”

“Dr. Tokunaga?” a new voice interrupted. Daniel spun. It was the ER charge nurse. “X-ray is here.”

“No time for that.”

“We’re in!” Griffin proclaimed. He briefly listened for breath sounds on both sides of the chest. “Right side only. Start bagging.”

“Restart CPR,” Daniel said. He noticed Niraj, his cardiothoracic surgery fellow, had just arrived. “Niraj, get a thoracotomy kit.”

Niraj hesitated. “No echo or chest tube? What about a pericardiocentesis?”

“No time. Move it!”

Ten seconds later, Daniel had a scalpel in his hand. A nurse swabbed betadine quickly across the chest. Daniel felt the position of the sternum and made a deep, curving incision from the midline

REPENTANCE

across the chest laterally to just under the left armpit. His hands glided effortlessly, maneuvers he had performed thousands of times. Above the fifth rib, he dissected through the pectoralis muscle and used the tips of blunt scissors to go deeper. He felt a pop as he entered the pleural cavity and a foot-high fountain of blood shot up, nearly hitting him in the face. A nurse gasped.

“Block it!” Daniel said.

The nurse deflected the blood with her hand. Daniel leaned in to enlarge the opening. When he did, the stream of blood began to flow across the chest and onto the gurney. It puddled on the floor.

“Chest full of blood,” Daniel muttered. “Rib spreader.”

Niraj handed him a large metal retractor, shaped like a C-clamp. Daniel placed the blades between the ribs and turned the crank to draw them apart.

“Suction.”

Niraj placed a plastic handpiece into the chest cavity. As the space between the ribs widened, Daniel pushed the collapsed left lung aside to expose the pericardium.

It was bulging, tense, and dark.

“Scissors.”

Sam Griffin stared, wide-eyed.

“It’s tamponade,” Daniel explained. He cut a small hole in the pericardium. There was a gush of blood.

Daniel felt the heart pulsing beneath his hand. On the monitor, the EKG line jumped jaggedly.

“More suction.” He enlarged the opening in the pericardium and began to inspect the heart. Blood flowed more briskly now.

Where was it coming from?

He used his fingers to gently feel the front and back of the heart. Then—he saw it and felt it at the same time.

There was a small hole at the edge of the right ventricle.

Was part of the bullet inside the heart or had it passed all the way through? Daniel stuck his finger through the hole and felt inside the pulsing chamber.

Nothing.

He gently lifted the heart and turned it slightly.

“More suction.”

No exit wound in the back.

He returned the heart to its normal position. It was a tangential wound. The bullet had grazed the heart then gone out the patient’s back.

“We’ve got to plug this hole to stop the bleeding.”

“Can you suture it?” Griffin asked, incredulous.

Daniel ignored him. “Get a foley.”

“What?” the nurse said.

“A foley, dammit! You know, foley catheter—you stick it in so people can pee. Hurry up.”

She ran into the hall and returned moments later with a thin rubber tube. The foley catheter had a double lumen—when inflated, the outer space at the tip of the catheter became a small balloon that normally kept the tube inside a patient’s bladder and prevented it from sliding out.

Daniel threaded the catheter through the hole in the heart. “Inflate it,” he said. Niraj gently depressed the plunger of a small syringe to fill the balloon inside the heart with saline. Through the heart wall, Daniel felt the tip of the tubing inflate.

“Stop.”

Now the small balloon in the right ventricle was the size of a marble. Blood flow inside the heart pushed the balloon against the hole, plugging it.

Daniel watched the monitor. The EKG line jerked up and down irregularly.

“Ventricular fibrillation. Give me the internal paddles and charge to 20 joules.”

A nurse handed him two small metal paddles, which Daniel placed on the front and back of the heart.

“Clear.” Daniel shocked the heart, which froze momentarily, then began to beat regularly.

REPENTANCE

The EKG returned to normal sinus rhythm.

“There’s a pulse!” the nurse called out. The next blood pressure reading came on the screen: 90/45. Better.

A little cheer went up among the others in the room.

Daniel looked at Niraj. “We’ve bought him some time. Keep a close eye on the foley. If you need to, just keep a little tension on it like this,” Daniel demonstrated, “to make sure the balloon stays against the hole. Continue wide open fluids. Start transfusing; as soon as the first unit is hung I want the second unit spiked and ready to infuse. And get him up to the OR. I’ll see you there in fifteen minutes.”

“You got it,” Niraj said, awestruck. His boss had just brought a kid back from the dead. “But Dr. Tokunaga, I know you’re not on call. Do you want me to call Dr. Feinberg? I just finished a case with him and I think he only left about twenty minutes ago.”

“No, don’t bother him. I can see this through.”

Daniel was glad to see the color returning to the boy’s face. He turned away, stripped off his blood-soaked gown and gloves, and walked out. There was blood on his leather shoes, and also on his pants near the ankles.

In the hallway, he stopped one of the nurses.

“What’s the story with the kid? Do you know?”

“A policeman just told us. There was a shooting at 49th and Spruce. Probably gang-related. This kid was just walking home from school after basketball practice. Wrong place, wrong time.”

Daniel felt a hand on his shoulder. It was Sam Griffin.

“You were amazing in there, Dr. Tokunaga. Thank you so much.”

“You do what you have to do. That’s all.”

“Will it be a tough case? To close that hole in his heart?”

Daniel shrugged. “I’ll do my best.” He cleared his throat and shifted his gaze to the cell phone in his hand. “Would you please excuse me?”

He needed to call Beth and explain why he'd miss dinner and the special night with the twins. Heaving a sigh, he dialed.

"Hello?"

"I'm really sorry, honey. Something's come up in the ER just now—"

"—you're not coming?" Beth said.

"I'll be there. Later."

"Later?"

"Probably after dinner," Daniel said. He felt his voice tighten. "Pretty late, actually. A kid got shot in the chest. He's stable right now but I've got to take him to the OR."

"But you promised the kids. It's James' last night."

"Yes, I know—"

"You're not even supposed to be on call. I asked you last week, when we planned this. Isn't Steve on call?"

"He is."

"Then why can't *he* do whatever this is tonight?"

"Well, because I've already started with this case and I have to see it through. I can't walk off now . . ."

"Can't or *won't*?"

Daniel didn't answer.

"Julia's going to be *so* disappointed. She baked her brother a beautiful cake with a big, ugly Yale bulldog on it. You've got to see it, Daniel."

"I'm really sorry."

"So . . . you won't make it before ten, is that right?"

"I don't think so."

Daniel heard Beth exhale in annoyance. An orderly pushing a gurney came around the corner and Daniel flattened himself against the wall to avoid being bumped.

"You know what?" Beth's words were hard and carefully spaced. "It's fine. We'll take a picture of the cake. I'll tell the kids we'll see you when we see you. Simple as that."

"I'm sorry, Beth—"

REPENTANCE

He heard a click, followed by silence. She'd hung up.

He closed his eyes and rubbed them. The tension was rising in his chest—twenty years of marriage, and the same thing over and over.

The cell phone rang. Niraj.

“Yes?”

“We're about to get started up here.”

“Okay, good. Open the chest properly and I'll be there in a second.”

Daniel snapped his phone shut and drew a deep breath. He really did regret missing this evening with the kids. They'd both grown up so fast. And now it was James' last night before heading off to college in the morning.

For a moment, Daniel couldn't keep his thoughts from drifting to his own college days, and the words that his father had spoken to him. Beth would appreciate the irony, he thought. With effort, he managed to purge the memory. It did no good to remember a past that no one could change.