Janice Wu  
Hot Lights Cold Steel  
8th Hour  
ACA

What stood out to me with Doctor Collins in year one was how intimidated he was by everything. He didn’t expect to be at the Mayo Clinic and even when he was, he didn’t think he belonged there. Collins thought of himself as the “dullest scalpel in the drawer”, thinking he wasn’t experienced enough to be one of the residents. Other residents had written papers and had done research on orthopedics. They’ve even done several orthopedic rotations while Collins had been working at a truck dock. He didn’t feel as if he was experienced enough. When he found out the senior resident assigned to him was Doctor Harding, the chairman of the department, he immediately thought, “oh great, now Doctor Harding is gonna know what a dope he hired.” I felt like Collins’ confidence went downhill from there. He knew he had to work to prove himself worthy but that the same time he didn’t know if he *was* worthy. All of Collins’ fellow residents believed in him and didn’t think he was quite as “dull” as he says he was but occasionally a resident would tease him about it saying “oh you’re not so dumb after all.” Although Collins had a rough start, he proved himself worthy by the end of the book and I’m sure all doctors go through the “I’m not good enough to be here” phase.

Jason Withers, a thirty-six year old carpenter was what stood out for me in year two. He was a patient who cut off all four fingers of his right hand while using a circular saw. The chances of reattaching his fingers were good because the cuts were clean, the wounds weren’t contaminated, and he was young. The only factor that would make a difference is if Jason is a smoker…which he was. The only way the fingers would survive the reattachment is if Jason never touched a cigarette again. Doctor Collins had a complicated decision to make, should he attach the fingers? Should he trust the patient to hold back the urge of smoking? Ultimately, the chance of the fingers surviving would be up to Jason, not Doctor Collins. Even then, Jason decided to take the risk of picking up a cigarette and that killed his fingers. Do doctors have to face decisions like this every day? Would Doctor Collins be wrong to say to Jason, “no, I can’t do anything to help you”? Is it the doctors’ fault if the patients disobey the rules that come with a reattachment or other procedures? Warnings are told in order to prevention the consequences of ignoring those warnings. So who’s to blame? The patient or the doctor?

I’ve always wondered if doctors really take a chance to know their patients personally or do they rely on the nurse or chart to tell them everything they need to know. That’s what stood out for in me in year three. The charts tell the doctors the statistics needed to make a patient feel better, but that’s it. It doesn’t say someone’s favorite color, what their hobby is or how scared they might be of being at the doctors. Yes it’s true that doctors have busy schedules but it only takes five minutes to sit down and get to know your patient. Some doctors might get emotionally attached to a patient and operating on them might be difficult but sometimes, it’s encouragement. It’s encouragement to do just as good on some stranger as you would on your blood relative. You can’t look at it as “oh just another hip replacement”, you should say “oh another hip replacement, but this one is for Sally who loves to dance.” In Hot Lights Cold Steel, Collins had a patient named Daniel Oestmann who was just a kid. A kid who was clutching Goofy and terrified of what’s going to happen to his broken wrist. Doctor Collins went through the normal procedure and he got impatient as the nurses bond with the timid little boy. Throughout the chapter Collins realized it’s not just about the procedures, sometimes you have to let your patients know you and be comfortable around you before they let you know them. The last sentences of the chapter show Collins addressing the boy’s parents as mister and misses Oestmann. Doctor Collins also takes the time to sit down with the parents and talked about their personal life and making sure they were comfortable with everything. It’s important to make sure the patient’s comfortable but also the family of the patient.

Can you rely on your family when you’re in trouble even if you’ve caused them trouble? That’s the question I asked myself when I read year four and the sixty-two year old alcoholic came up. She was a woman who had tried committing suicide but failed, instead she ended up with “a mid-shaft femur fracture, an open Colles, a fracture-dislocation of the ankle and a ***sh\*\*load*** of belly and head trauma.” When Doctor Collins went out to talk to the family, he described them as embarrassed, apprehensive, angry and hurt. Apparently the woman had brought on a lot of distress for her family with her drinking problems. After Collins was done fixing the woman up, he went to tell her family and found out they had left. The woman had die and her family didn’t even stick around for the news. I’m sure this woman was someone’s mom, someone’s sister, someone’s daughter, someone’s friend. Why wouldn’t the people who are supposed to be the closest to her support her? Sure she made mistakes…lots of them, but haven’t we all? No one deserves to die with their family walking out on them. A sure warning sign of the distressed woman should’ve been that she tried committing suicide, her family should’ve stepped in them. What if the woman didn’t die? She would wake up in pain, physically and emotionally, to find out her family just walked out and didn’t even care about her conditions. That alone could cause another suicide attempt. I feel like Doctor Collins is put on the spot when something like that happens. Sure, the woman is dead, but what happens when he alerts the family? Are they going to care? What is Doctor Collins suppose to say if they don’t react? I think that would make for an awkward phone call. No amount of schooling can prepare you for things like that.