

Women In Emergency Medicine Committee

Burning Both Ends of the Candle

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I wasn't out of the woods yet. After the birth of my first child, my son would keep me up every two to three hours a night. This was not what I imagined life to be as a mother. Additionally, I was out of the department for several months taking time off and doing outside rotations. However, I was struggling to keep things together at home and in the emergency department during shifts. Balancing life inside and

outside the home was difficult until my working husband and I got extra help. My mom helped watch my son until he was 10 months old. My husband worked from home two days of the week, but his work was based primarily in San Diego. This still was too much for everyone. So we decided to use my residency income to pay for daycare five days per week. "Finally, a break." I thought to myself.

Fast forward a year, my father goes to see a cardiologist for his persistent dyspnea he has had for several months. I had bugged him about it for a while and he agreed to see someone at the hospital where I work. Finally, we figure it out; his heart has an ejection fracture of 15%. My hopes could not sink any further than the depths of the sea. The cardiologist decided to take him to cardiac cath lab and I, as the both daughter and the doctor in the family, took a deep breath and braced myself. I noticed the cold temperature of the cardiac cath suite as the cardiologist prepped and draped. Dad is out with a touch of Versed and the dye squirted in and very slowly trickled through the brittle appearing arteries.

Even worse news comes. I listened to the cardiologist say, "95% occlusion of the LAD, 99% occlusion of the RCx, 90% occlusion of LCx. Faith, I'm sorry to say, but ... he has the ejection fracture of 8% due to severe ischemic cardiomyopathy. There was nothing to stent except for this small branch. No interventional cardiologist will touch that, because he would die on the table. From the looks of things, there is no viable heart muscle to perform the CABG procedure. There is nothing we can do here. I'm sorry. He will need to be transferred somewhere for LVAD or heart transplant." I tacitly nodded.

"Oh the news ... how will she take this?" I thought to myself. My mother was in the waiting room to our cath lab. She looked to me for an answer. The doctor in me calmly assured her to wait. Dr. K began to tell her the news, and her eyes filled to the brim with tears. It was in that moment, she understood that this could be the beginning of the end of my father. Nothing in the world could prepare a wife or the only daughter of this man the devastating news. "Stay strong and stay steady," I resolved to tell myself. My dad was quickly admitted and transferred to San Diego. The support at my hospital was wonderful. The case manager got him transferred to an LVAD/Heart Transplant Center near where my parents own a home. This was during Thanksgiving week, my father transitioned to spending his time in the hospital.



"Is this how hospitals are? I haven't had one wink of sleep since I was transferred. I'm bothered by nursing staff every hour. Well, at least the nurses are beautiful." my dad half-jokingly complained.

"It's a hospital, not a hotel. You're not exactly on vacation. Besides, that's why mom is here to protect you from the beautiful nurses." I reply. For a week, my husband, my son, and my mother spent a holiday weekend visiting my father in the ICU. Speaking with my dad's ICU nurse, I pleaded to see if we could get him out of the unit for an hour to enjoy a decent, home-cooked, salt-free, Thanksgiving dinner with the rest of the family. She was kind enough to oblige. My dad's case was taken to transplant committee, they deliberated for two meetings to determine whether or not he would be a good candidate. Meanwhile, I figured out how to finish the rest of my shifts for the month, catch up on much needed reading time, and other residency responsibilities. I was happy for the support, but dreaded the fact that I have an equally demanding family life.

I was as they say, "burning both ends of the candle." I felt like I was doing this quickly and I start thinking of ways in which I could cope. I know I can't change outcomes, but I do the following:

- 1) Get support
 - a. Communicate early and honestly with colleagues and supervisors as information is given.
 - b. Find a close circle of friends that consists of physicians and non-physicians who know what it is like to have to take care of both children and a sick or dying parent.
- 2) Prioritize your commitments
 - a. "Family comes first" is the mantra of our program director. We often need to do what our family needs. Usually, things do fall into place after a while.
 - b. Say "no" to extra commitments. Sometimes, I often have to let go and organize and fold the clothes.

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- 3) Make time for physical fitness
 - a. Even a small 15 minute walk everyday can help fight against depression. You don't need to be an ultra-marathoner. But, studies have shown a little can go a long way.
- 4) Cultivate interests/hobbies
 - a. An ER physician that I used to shadow had a collection of orchids that he would upkeep. My program director likes to ski and often takes his family with him. Our department director is an avid scuba diver. I like to break away and do yoga and surfing.
- 5) Forgive
 - a. Sometimes consultants give me a hard time when I'm admitting a patient. At times, I really have to fight to make it work. One of my faculty mentors will often try and make me think about how bad the day is going for my consultant. Maybe they also have a dying relative also?
 - b. Some patients are difficult. No one wants to be in the ER and it's the often the worst day of their lives. Other patients are there because they are addicted to the pain medications. We know that addiction to opioids is like any other medical problem. This just complicates our relationship with the patient. Our patients may not be aware of their addictions and we have to counsel accordingly.
- 6) Disengage with anything electronic
 - a. I dare you. Take eight hours a week and get real rest. Sleep in. Put that phone down. The email and texts can wait. Twitter won't evolve into a vortex if you are not on it for a day. Do things that will make you feel fulfilled without it being "work." Go to the zoo with the kids. Meet with friends over dinner. There is the concept of the Sabbath which really means a day of rest.
- 7) Give Back and Find a Niche
 - a. I know this seems counter-intuitive, but it is definitely the reason why I love being part of AAEM/RSA. I love to write, publish, and to contribute to emergency medicine. In both residency and medical school, I have found a love for writing and it is what I would want to do in the future. I believe that cultivating a niche in emergency medicine will contribute to career longevity. There is value in feeling like you are positively contributing to the bigger community. Writing has been an outlet for me in good times and in the worst of times.
 - b. Being part of leadership and part of a committee not only keeps me abreast with the new developments in emergency medicine, but it also gives me an avenue to have my voice heard in a very democratic organization.

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