

# Tuesday Night in the ER

## *I. The ER*

It is Tuesday night, 9:30 p.m, the paramedics have just come barreling through the door. On the cart is someone who can only be described as a mess: blood, severed muscles, nerves, crazy fluctuations in the vital signs, fluids gushing where they shouldn't, blood everywhere.

Blood.

Hours later, the ER staff will wonder whether little David had to think so fast when he first saw Goliath. The second hand sweeps around and the blood flows out. It is a gory, familiar picture.

Tuesday night, 11:45.

The rescue squad comes barreling through the door. On the cart is someone fading, unable to catch her breath. Attendants jump. All kinds of orders (with exclamation marks at the end of each order) start flying. Asthma? Heart attack? It is not such a gory picture, but the clock's hands move smoothly, while the vital signs go haywire. Seconds and minutes — time that would otherwise drag while you wait for a train or plane — now pick up speed, more speed, still more speed. How much time do they have to save a life? Is 10 seconds enough? 1 minute? 5?

I just don't understand why someone somewhere along the way in his or her medical training decides to specialize in Emergency Room Medicine. Yes, I *do* understand that they can see real lives being saved right there in front of their own eyes, and I would suppose that the ER doctor early on in med school figured the negative odds would be higher than in other specialties. They are ready, I am sure, to lose more patients than other doctors would. They have come to expect it. They wouldn't have chosen the ER if they didn't figure the grisly odds. It's probably like people who work for organizations like the Red Cross who go out at the 1st hint of a disaster to pull people from floods and tornadoes and plane crashes.

I am sure it is hard on them — the ER doctors and other house staff, the disaster relief people — and I wonder what percentage of losses/saves is acceptable to them before they switch out...to something safer, easier on the emotions, perhaps some other specialty that doesn't wear away at their vital energies so much.

I know someone out there has to do it, and I admire whoever they are, the ER people. I admire their reflexes, their guts, their wisdom and skill, their stamina. But I just can't put myself into their shoes. Even in my imagination I can't picture being so close to life-oozing-away, even surrounded by all the instruments and bottles and and needles and bags of blood they have in the blood bank. There has to be a limit to how much failure someone can take.

And don't think I am building this up just from watching too many flashy TV shows. I talk to a lot of doctors; all the time I seem to be talking to doctors. I listen to ER doctors, and ER-doctors-in-training, grilling them on what it takes to do it. I already know it's not all gunshot wounds and knifings and car accidents. I already know that there are the usual scrapes and bruises and simple stitchings, but still, when it happens — the car accident, the industrial accident, the falls, the gun battles on the streets — it takes so much to fix, to make it right, I

really can't understand why someone would *want* to do it. How many mangled or cut up human bodies do you have to see before you need a long, long vacation? Just exactly how many chests do you have to cut open, stick your hands right on a human heart and start massaging before you say, "I need a rest"?

And even more incomprehensible is how — in the midst of Time-the-Enemy and in the thick of incredibly ugly sights — how do they preserve a sense of calm? After all, what good is a doctor who loses his or her good sense and knowledge and rational powers when those qualities are exactly what the situation demands? How do they do it?

## ***II. Nahum Ish Gamzu***

It once happened that a certain Nahum Ish Gamzu was going to visit his in-laws. He had 3 donkeys trailing behind him, their packs loaded with food and other gifts. As he went on his way, a poor person came up to him and said, "Rabbi, feed me."

Nahum Ish Gamzu replied, "Wait until I take the food out of the animal's pack."

And, ever so sadly, while the rabbi was in the process of taking out the food, the hungry man died.

The Talmudic story<sup>1</sup> goes on for another few lines, picking up on other details, teaching more insights. It is a well-known story, and it deals with Nahum's reaction to this catastrophe and his students' reaction to the tale he tells. It is a difficult story, too painful to review too often in one's studies. As I said, the story is well known to students of Talmud, but it is often merely studied, maybe memorized, and then tucked away somewhere in the student's memory for future reference. The full, slamming power of the tale is rarely allowed to penetrate the consciousness. There's just too much raw reality to handle.

I find that — for the story of Nahum — this method of study is understandable, but inadequate. I think the story is one of a handful of ancient tales that is so shattering, it should be a basis for a way of thinking and action for a broader spectrum of human situations. And what is shattering is not the aftermath of Nahum's encounter with the hungry man, but the death itself: the man approaches, says just 2 words, "Rebbi, Parnesayni!-Rabbi, feed me!" and a short time afterwards he is dead. Was it 10 seconds later? A minute and a half? 4 minutes? It is so stark, so irreversible. The man is dead, and whether or not Nahum Ish Gamzu believed it or not, we, who read the text, must believe he moved as quickly as he possibly could. Nahum was a well-known Tzaddik, a righteous person, and there is no reason whatsoever to suspect that he moved too slowly as he unloaded the food.

The man died.

Nahum did his human best, but the man still died.

## ***III. Nahum Ish Gamzu and the ER Doctors, Reviewed***

The only way I can deal with these issues is 1-2-3:

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<sup>1</sup>Ta'anit 21a.

1. The doctors who go into ER medicine make a choice to be in the thick of this high-stakes' action. Nahum did not choose it. It just happened. I could only hope it would never happen to me. And mere "fear of failure" is too abstract an explanation. To fail an exam, to do a poor job on some project, even the costliest ones, cannot possibly be compared to the death of another human being. So mine is a kind of silent prayer, "Please let me save lives, yes. But please let me do the easy ones, not the ones that take squash time so much that a split-second delay or the most insignificant slip costs a human life." Since no human being can possibly say, "Tomorrow, exactly at noon, this person will die", that moment between life and death should be left to more qualified experts, the ones who are capable of saving lives whenever it is possible.

2. In the broader world of Tzedakah, we need to find and train experts who are like the ER doctors. When true life-and-death crises confront us, let us have experts who can guide us. On the one hand, we are tired of people screaming, "Crisis! Crisis!" when the situation may be only "serious". This is no good, because if they cry wolf too often, it makes us lose faith in their expertise. They — the Jewish leaders — were right, for example, in the days before and during the Yom Kippur War. They knew just how much World Jewry needed to respond and how quickly. They knew how much the noose was tightening around Israel, and how quickly we had to get people to cut the rope and give the gasping body some air. They helped save Israel and save us, back in those days of Yom Kippur, 1973. We needed the experts in life-and-death then, and we still very much need them, leaders-who-are-life-and-death-experts who can sort through all the possible needs in the Jewish community and in the world at large, who can say, "Now!" on one issue because it really *is* life-and-death, and "Later" for other programs, projects, and issues which can wait a little or a lot.

3. Perhaps it is a little far-fetched, but we might want to arrange seminars conducted by ER doctors. They could address our Jewish leadership and tell about the ins and outs of Tuesday nights in the ER, the incredibly fine lines between life and death, the methods they themselves use to overcome physical and emotional exhaustion so they can keep functioning at their best. Maybe our leadership is good at what it does, but just needs some higher-level training. And maybe, just maybe, a select few of the attendees will decide to specialize in this branch of Tzedakah work. They *are* only a select few, just as there are only a few ER doctors. We certainly need more of them in the field of community Mitzvah work.

I return to Nahum Ish Gamzu.

We should pray that such a horrible life-event — such a face-to-face encounter with life-and-death — should never happen. But it *will* happen, if not to us, then to someone else. Someone has to be there to confront the trauma, cut open the chest and massage the heart if necessary, to order the right shot before it is too late, to make the exact incision that will save the human life.<sup>1a</sup>

And if, as with the Rabbi from centuries past, we have done all that we possibly could, then we will have done all that we possibly could. There will be time and room for sadness, but at least we did *everything* humanly possible.

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<sup>1a</sup>As my friend, Naomi Teperow, has pointed out to me, life-and-death issues are only a part of the broad spectrum of the world of Mitzvahs, as they are only a particular portion of the field of medicine. How much time, effort, and other resources should be devoted to life-and-death problems (both in Tzedakah and in medicine) would be a worthy subject for further study, though it is outside the realm of this particular article.

#### *IV. An Additional Insight Into the Story of Nahum Ish Gamzu*

My friend, Louise Cohen, believes that the real key to the story is different than the comments I have made. She says that the moment Nahum said, “Wait until...” — instead of saying, “Yes, I will feed you” — the man died in despair. According to this interpretation, the man could have survived physically for at least as long as it would have taken Nahum to take the food out of the animal’s pack, but the fact that he said “Wait” crushed any last resistance he had to the Angel of Death. He died, not because his body shut down, but because his body *and his mind* gave up.

Nahum moved quickly, as quickly as humanly possible. The seconds it took to unload the food from the animal’s pack was not the issue, though. The *real* issue was the human response, the words. Nahum was willing to help; of that there is no question. It is just that he didn’t grasp as completely as possible that his words, his tone, the expression of his face had to be so absolutely reassuring, that the starving man would summon that much more stamina to survive.

This is a story of extremes. It is excruciatingly demanding, asking, perhaps, too much of another human being. And yet, Louise’s interpretation is instructive and useful, a reminder that doing everything humanly possible means responding to *all* the needs of the other person, because the person is a whole being, not just something physical in need of nutrition for the cells.

People who work on hot lines — physical abuse hotlines, suicide hotlines, police hotlines — know this well. Since there are such experts in this related field, then it would be important to have them also teach this course, as well as the ER staff. All of them could help us refine our sense of life-and-death, and perhaps more people will live their full lives as a result. And saving however many human lives that may yet be saved is no small thing. As our tradition tells us, “Whoever saves a human life, saves the entire universe.”