

When Two Worlds Collide

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The
Conscience
of EMS

JEMS

JOURNAL OF EMERGENCY MEDICAL SERVICES ®



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n ambulance in Australia. (Photo by the author.)

Introduction

Emergency medical service professionals are used to the emotional and physical challenges that our role commands. We carefully and systematically apply algorithms and checklists to navigate the emotional minefield of prehospital care. We accept the unknown, because every shift is an unknown. An EMS crew will come in, check their equipment and await the buzz of the radio dispatch that will send them on their way.

They will be asked to drive or fly in any direction required and they will meet a myriad of people during a shift. And the experiences can be life altering. However, paramedics carry on shift after shift providing assistance and care to their communities. Yet often not far from our own minds, are our loved ones. Our loved ones are what keeps many of us caring for complete strangers.

However, there is an encounter that a paramedic cannot prepare for. The sickening, emotionally numbing feeling a paramedic will experience upon being dispatched to their own home. The battle between neurons and emotions is a one-sided slip, that once on, a paramedic will have little chance to regain control.

What happens to us when these two worlds collide? How do we respond, cope and recover? I wish I had the answer, but I don't. All I have to offer are my own experiences and observations as a paramedic whose two worlds have collided.

Most paramedics will never have to experience the emotional turmoil that comes with the realization that the house and family calling for help is their own. However, some paramedics already know this feeling, and some will regrettably know it in the future. This is specifically why it is important to open the discussion for all to digest in the hope that lessons learned will help others manage the situation better, not only for the paramedic affected, but for those working with them.

I have experienced this sickening feeling of being dispatched home three times in my career. No, that is not a typo. Although it may seem incredibly unlucky, I will attempt to put this in context of our situation. My little girl, my darling little angel, has endured two years of chemotherapy.

We didn't know it at the time, but our little girl was about to embark on a journey through a rare cancer that no child or parent should have to endure. Ironically, I was an experienced paramedic in dealing with other people's pain, but I was innocent and ignorant to what pain really was. For the purpose of this article, I will share two of three incidents that warped my senses while on duty.

A Long Way from Home

Working in a remote town just over 130 kilometres from my home, I was part way through a day shift when my wife rang. Our little daughter, the newest member of our family, was unresponsive. My whole world caved in around me as I told her to hang up and ring 000 (the emergency services number in Australia).

Although I'm sure I ran into the station, I felt like I was walking in slow motion. I retrieved my keys and departed the station with haste. I hadn't even locked my drug kit away because at that point, nothing else mattered. I needed to get home to my family.

I tried to call my wife back but there was no answer, so I rang the dispatch supervisor to ask which crew was responding. I was relieved to know the names of the responding crew as they were colleagues who would no doubt give my little girl the best care, so I hung up and drove fast. Although I knew I was going faster than I should, I kept going.

At this point I will fast forward the story and explain that my daughter was cared for by the attending crew and taken to hospital for ongoing observations. She had (as you would expect) received exceptional clinical care from both ambulance and hospital staff and I could not fault anyone.

While driving to my little girl I tried to reason with myself that no matter how fast I drove, the responding crew would be there first. No matter how fast I drove, the crew would care for her and they would transport her before I was even close, but my mind didn't want to listen. Every time I would try and wind back the speedometer, I would find myself accelerating again out of sheer emotion.

I even received a phone call from the crew on scene to say my little girl was stable and they were transporting, but I still had over 70km to drive and I maintained my speed. When I arrived at the hospital, I was so overcome with emotions that I buried my head into my wife and we both cried. My shift for that day was over.

Closer to Home

A few weeks after my first call home experience, I was sitting at a hospital only 18 kilometres from my house waiting for my partner to finish paperwork when I heard a crew dispatched for pediatric anaphylaxis. As I heard the details, I went numb! There it was – that gut-wrenching sickening realization that the address on the radio was my house, my home, my little girl. My little girl who was already going through some rather involved treatment was again in trouble.

I instantly felt this same sickening warp of emotions cloud my head and I shouted for my partner who was walking toward the ambulance looking confused. I communicated poorly with her and sputtered my attempt to relay what was occurring. As I reached for the keys, she firmly told me to get out of the driver's seat. I reached for the keys out of sheer anger and frustration, but she stood her ground. If we were going, she would drive. I was frustrated beyond words but complied to save time.

During the entire trip, she drove under operational conditions, not unsafe and not slow. And while we were driving, I became more frustrated at her inability to pick the gaps in the traffic ahead that I could clearly see. I perceived her to be unmotivated and leisurely, however on reflection, it was obvious who was not thinking rationally.

I will fast forward again and explain that my daughter was indeed suffering a severe allergic reaction to a new medication. The crew in attendance had already delivered an appropriate treatment plan and as you would expect, and my daughter and wife had again received exceptional support and clinical care from both ambulance and hospital staff. I again could not fault anyone. But reflecting on my response there was a repeated behavior. My shift for that evening was over.

Neurons Verses Emotions

As a paramedic with a decade of experience, I am well practiced on the emotional control we need in order to carry out a task. But on these two occasions, I was not. Our brains are wired to autonomously respond to stimuli.¹ The cerebral cortex is the most highly developed part of the brain and it is responsible for critical thinking, analyses and response.¹ However, a little part of the limbic system, the infamous amygdala, triggers pleasant or unpleasant emotions in response to certain stimuli and can emotionally hijack you.^{2,3}

It's like an emotional wave flooding the cerebral cortex and it impacts our ability to analyse critically and respond rationally.^{2,3} As a paramedic you would have no doubt felt this during your career, but we have our protocols, clinical algorithms and checklists to ensure we remain systematic in our approach and treatment regimes. However, when you are personally affected, the limbic system alters your ability to think and act rationally.³

After my daughter was admitted to the hospital and I calmed down, I became ashamed at the way I had behaved toward my partner. She had managed me exactly how I should have been managed the first time. She took control and was unemotional, yet supportive. She was thinking clearly and critically. I was emotional and clouded. The so called 'gaps' in the traffic that I could see were a vague hope against the inevitable, and it is likely that my driving would have caused an accident. In short, I was an emotional train wreck waiting to happen.

Conclusion

EMS professionals are exposed to scenes that impact us and change us. Sometimes they break us, sometimes they develop us, but our colleagues and loved ones are often what keep us moving forward.

When a paramedic experiences the collision of these two worlds (work and family) it will not be pleasant, and he or she will need support and management. A crew member or colleague will need to take supportive control of the situation and make sure that the affected EMS professional does not drive. Where possible the affected EMS professional should not be placed in a position to treat either; however, sometimes this is unavoidable and again, he or she, should be supportively managed throughout the experience.

From the beginning, our amygdala plays a vital role in emotions and behavior, and although EMS professionals are well versed on systematically controlling this during responses, we are not well practiced at this control when its personal. The good news is that although responding home is confronting and unpleasant, we can prepare ourselves mentally.

You can slow an amygdala hijack by firstly recognizing the issue, this can be hard. But once recognized, simple techniques like controlled breathing, box breathing and generally slowing down while you try to focus your thoughts will assist. This will help your frontal cortex to regain some control and allow you to respond more appropriately.

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