

Harvest

By William Bachman

We got into the car around 11:00 p.m. to drive to the eastern part of the state. The senior transplant surgeon drove, the junior surgeon rode shotgun and made small talk during the 2-hour trip. We two 3rd year students sat in the back. We were quiet. When we arrived, we went inside and were directed to the operating room. The liver and heart transplant teams from opposite corners of the state were already at work, so we watched and waited.

I had seen kidneys transplanted during our elective, but I'd never experienced their procurement. Several surgeons were hunched over a wide-open abdominal and chest cavity. The rest of the body was not visible; the head was behind the anesthesiologist's drape wall, the legs were covered and inert. The O.R. scene was typical, but I knew that the goal was not. The space seemed no different than any operating room. It was bright with surgical lights at 1:00 a.m.; there was intense activity. There were sponges and bloody gauze on the floor, instrument trays, surgeons cutting and cauterizing, nurses handing and receiving instruments, everyone moving with purpose. New to clinical rotations, I was drawn in by these actions and watched intently, focused on the surgery while anesthetized emotionally. I concentrated on trying to understand the anatomy and surgical methods in extracting organs from the body, suppressing the true import of what they were doing.

The heart and liver teams finished up and started packing up their organs and equipment. They made room for us. Our two surgeons stepped into place, and my friend and I held retractors while they dissected the surrounding tissue and vessels, then painstakingly removed the kidneys, taking care to pack them in ice in the coolers we'd brought.

We students had heard the minimum about this patient's accident when we got the phone call. The donor was a 19-year-old who'd had too much to drink with friends and had attempted a back flip off a wall, landing on his head, causing massive brain injury and brain death. That was all. I couldn't process any of that as I studied our surgeons' technique and care, straining to hold the abdominal cavity open and respond to the curt instructions, being a good medical student. Quiet and obedient. All the thoughts about what exactly we were doing, and who we were doing it to felt secondary as we went about the necessary tasks – we were there for organs.

I was a few years older than this kid. I'd done many stupid, drunken things in my life that weren't too far from what he'd done. I'd ended up with a huge swollen ankle and crutches for a couple of weeks after jumping off some stairs, inebriated. I had had other minor injuries, admonishments from police, hangovers. I could've been him. I couldn't think about that.

I wasn't conscious of any of these feelings in the bright operating room filled with surgeons and nurses and techs from different hospitals, extracting life-sustaining parts from this young man to put into others. Taking this rare opportunity to benefit the living.

Our surgeons finished up. The chief told me to close the patient's long neck-to-pubis incision, emphasizing that I was to do a good job. He watched me for a bit, had me take out and redo several stitches until he was sure I wasn't going to screw up, then left me to finish. Though I was tired, I took care. I felt a responsibility to make sure his incision was clean and aligned for his funeral.

As I was finishing up, the activity of cleaning the operating rooms had already started. Staff were straightening up, picking up debris, removing dressings and drapes from the body, taking instrument trays away, closing drawers, preparing to sweep and sterilize the floors and surface for the next case. We gathered our gear and coolers, the surgeons said goodbye to their colleagues, and it was time for us to drive back. Our attending doctors told me and my fellow student to meet them at the car, then turned and went outside.

I started to leave but I stopped. I turned around and looked back from the doorway at the operating room for a long moment. The young man was now entirely visible; his face, arms and legs, torso, all of him, uncovered. He was spread out on the table, blotched with dried betadine and blood, lifeless, incised, alone. And in that brief span when I stood there, I was able to see. I saw a young man at the start of his life, having friends and family, maybe a partner, possibly hopes and dreams and likely no thoughts of mortality. I was able to feel. I felt what I couldn't while we took his organs and finalized the end of his life. I felt an overwhelming sadness, a deep grief over the loss of this person, his connections, his needs and ambitions, his loves. I felt shame over my actions, the failure to acknowledge his sacrifice with the proper reverence it deserved while we harvested. I can't have remained at the door for more than a few seconds. Yet I still see that young man and feel that hole where his life should have been, 30 years later.

Now, like a smell that can transport one instantly back in time to another place, some hospitalized patients that I care for who are beyond help and who are anonymous to me, trigger something that brings me immediately back to that doorway, and that scene, and that sorrow and regret.

All I could do in that long moment was helplessly bear witness, something I'd failed to do while we swarmed over him and extracted what was needed. In an operating room 100 miles from my medical school, after an organ harvest in the middle of the night from a brain dead young man, I stood there and looked, and saw, and felt.

There was absolutely nothing I could do except that. I paused, and then I left.

We drove back in silence and arrived at 4:00 a.m. We students were entrusted to deliver the two coolers with the kidneys to the surgery suite, and then we had a couple of hours to sleep while the transplant recipient arrived and was prepped for his surgery.

I've never seen a harvest since.

William Bachman, M.D. is a Cardiologist in a clinical practice at Albany Medical Center in upstate New York. Bachman sees patients and teaches medical students and residents, and has only recently started writing about his experiences over more than a quarter century of training and clinical practice. His connections with patients and other caregivers, as well as his thoughts and feelings about those relationships he has been part of, are the basis of his observations.

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