

# A Chance to Save the World ... Through Gratitude

Richard P. Dutton, MD, MBA, FASA

*"He looks like he's having fun – he ought to be grateful!"*

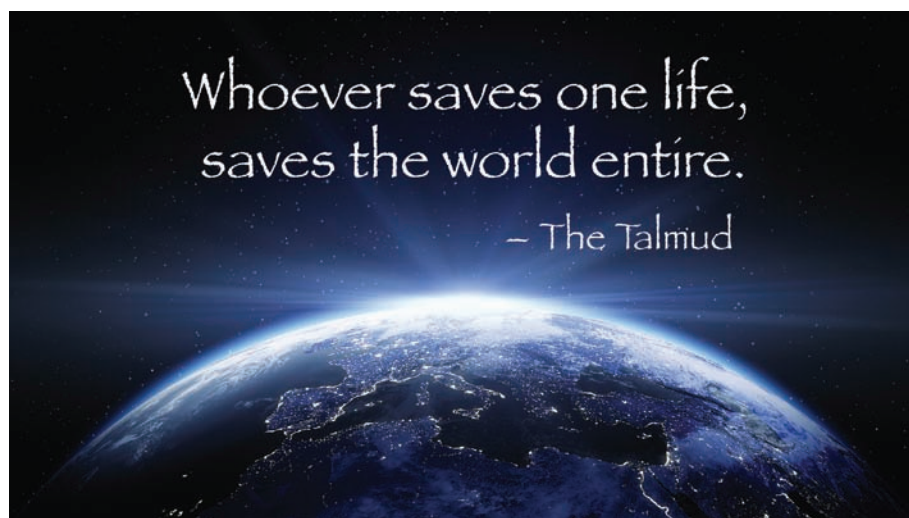
Imagine that's what the editors were thinking when they invited this submission, perhaps based on my uniquely varied professional career or after noting my usual state of enthusiasm. After giving it some thought, I agree with them: I am having fun. And I am grateful.

Anesthesiology is a uniquely satisfying profession. Unlimited job opportunities, geographic mobility, generous compensation, cutting-edge science, intelligent colleagues, good work-life balance.

And in the worst moments, I am most grateful.

Last week's case was a good example: A surprise add-on at the start of a busy day. An exploratory laparotomy for a 72-year-old woman admitted to the ICU overnight and thought to have dead bowel following a recent transcatheter aortic valve replacement.

Grumbles from my OR and anesthesia teams (and maybe a few from myself), but I was grateful for the late-starting CRNA who volunteered to set up the room while his buddy got the patient. We're all stressed every day, but good anesthesia teams look out for each other more than most clinicians, for which I am grateful. I



was also grateful to have a student CRNA who could help with the transport. She'd worked in that ICU in the past and knew the pumps and monitors forwards and backwards.

When she reached the OR, the patient was a mess! Not yet intubated, but about to breath her last. Lines in (grateful!) and three pressors running, with an irregular heartrate of 120, blood pressure of 80, and pH of 6.90. No flinching from the team, though. A quick move to the OR table and a rapid rapid-sequence induction with an easy intubation. It's easy to take technical skills for granted, but I'm grateful!

Our student got the lines sorted out and the infusions inventoried. Surgery started. Bolus bicarbonate and calcium. Trauma blood on the way. Touch and go hemodynamics. "Get me a TEE probe!" Miraculously, it appeared. Good techs, too! I'm grateful for that, and grateful that I know just enough to get the probe in and pointed at the heart. Overfull and not contracting. Less norepinephrine, more epinephrine, and a slow, gradual, pull back from the brink of death.

I've had a fantastic career in military medicine, academics, public service, and now I am in the best private practice in the country. I've enjoyed every opportunity I've been given to learn research and ad-



**Richard P. Dutton, MD, MBA, FASA**

ASA Committee on Trauma and Emergency Preparedness, Chief Quality Officer, US Anesthesia Partners, and Adjunct Professor, Texas A&M University College of Medicine, Dallas, Texas.

@TraumaDinosaur

ministrative skills, to start the Anesthesia Quality Institute, to serve as ASA's first Chief Quality Officer, and to teach a generation of students, residents, and anesthesiologists. I've lived in different parts of the country and enjoyed them all, and I've had the chance to travel to meetings all over the world. I have a fantastic wife and family who have supported me every step of the way, and I'm grateful for all these benefits.

But most of all, as I rediscovered last week, I am grateful for the chance to reach out and care for a dying patient with my own hands, to make a difference when no one else can. In a world where it can be hard for anyone to know what value they add, for anesthesiologists it is all too obvious. From the Talmud, by way of "Schindler's List": "Whoever saves one life, saves the world entire."

For this opportunity, I am grateful! ■

**Disclosure:** Dr. Dutton holds stock in US Anesthesia Partners.