

## The scars we carry

Leo R. Carroll, MD, MSc\*

**Keywords:** Emergency medicine, humanities, moral injury, wellness

The screams of children startle me awake.

This is not what I had planned when setting my alarm last night, but the joy-filled screams are welcome nonetheless. My kids—three and five years old—unleashing boisterous demands for me to rise, jumping on my bed and occasionally landing on top of me.

Sitting on the edge of the bed, I still feel the weight of my recent string of overnights. I slowly stand, and I am pulled forward by two sets of determined, surprisingly strong hands, eager to share the early morning hours before we part once again.

We finish our morning dance, and I make for an exit on my way back to the hospital. Both kids run to the door and wrap their arms tightly around my neck, sending me off to conquer my day with an enthusiastic farewell.

Dawn breaks over the horizon as I weave through traffic, avoiding the cracked, pothole-laden crevices that litter my path. The roads carry the scars of yet another winter season, but come spring, they will be filled and patched—a temporary solution as they will surely resurface again next year, but this is the best fix we have.

A day shift in the pediatric emergency department (ED). The screams of children welcome me for the second time today, but this time less joyful. Viral season is upon us: breather, breather, runny nose, and febrile infant. The rhythm for this day was set months ago, and I move to the beat alongside my colleagues. We jive and swing in a predictable way, anticipating one another's next steps.

The patch phone goes off—we all stop.

“Incoming with a 2-year-old. Dog bite. ETA [estimated time of arrival] five minutes.”

A peculiarly minimalist patch, but we will see when they get here. I finish charting and write a few orders. Two minutes later, I am called to resus.

As I near the door, I hear a low moaning whimper. That unmistakable stuttering of a child that is too tired to scream any longer—the initial shock fading, but the sting of pain ever-present, preventing her from rest.

The paramedics clear as I enter the room, and I see the child's shirtless back, still donning her polka dot pyjama pants. Her arms are wrapped around her grandmother's neck whose eyes are tearful but unwavering, trying to comfort her grandchild by holding her snug against her chest. The girl's arms are wrapped tightly, head buried into a grey blood-soaked Mickey Mouse t-shirt.

She turns outwards as I near her while offering a few comforting words, and I see her face: swollen, bleeding, and mangled. Her mother enters—hysterical—screaming her tale for all to hear with anger, hatred, and fear dripping off every word. The events are laid bare: the family pet turned into a ferocious beast. An innocent lick and moments later, the snap. Her daughter shaken furiously like a chew toy. The Herculean effort to pry the jaws apart and set her daughter free.

An inverted V-shaped laceration makes a near perfect frame across the bridge of the girl's nose. It narrowly misses her eyes and extends downwards to the vermilion border on both sides. She briefly looks up at me and opens her big brown eyes, meeting my gaze—*those eyes*. She leans forward on her grandmother's lap. Gravity, that unrelenting force, pulls downwards to earth's core—her face falls forward. *My skin prickles*. The gleaming ivory bone beneath is exposed, and the spindly sinews stretched and were barely holding on any longer. As I stand over her, I peer down into her nasal cavity and

From \*Department of Emergency Medicine, University of Ottawa, Ottawa, ON.

**Correspondence to:** Dr. Leo Carroll, Department of Emergency Medicine, University of Ottawa/The Ottawa Hospital – Civic Campus, 1053 Carling Ave, E-Main, Room EM-206, Ottawa, ON, K1Y 4E9; Email: [lcarr064@uottawa.ca](mailto:lcarr064@uottawa.ca)

reflexively reach out to catch her face. A small skin bridge holds on, and I sit her back.

Her care is stepwise and methodical: analgesia, assessment, antibiotics, and operating room. The dust settles in the department, and we try to move on. We move together; however, the beat has changed, and we have trouble finding that rhythm. The white of the bone, those big brown eyes—she haunts my thoughts.

On the drive home, I have trouble focusing. She will carry these scars her entire life, changing her and how the world sees her forever. I just hope she is too young to remember; too young to remember the pain; too young to remember the fear I saw in her eyes; and too young to remember her mother's shrill screams cutting through the crisp winter air.

I walk through the door, and my three-year-old daughter runs to me, wrapping her arms around my neck and burying her face into my chest. She looks up at me and opens her big blue eyes, meeting my gaze—*those eyes*. I am back in resus, and *my skin prickles*. I hold her snug against my chest, and the moment passes.

These scars I will carry my whole life, too, but you will not see them. They will not be etched across my face for all to see, but they will be there. A constant reminder of the horrors we see, changing us forever.

I am back in my bed—my children in theirs—and I trace the frosted lines across the window, the light from the street lamp encircling the edges. I think of the girl and her mother, and I am, once again, welcomed by the screams from earlier that day.