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Life and Death, Stat

By LIZETTE ALVAREZ

THOMAS HAZAZ wanted out. Lying on a gurney, his chest covered with heart sensors, Mr. Hazaz was trying to cajole doctors in the emergency room at Maimonides Medical Center in Brooklyn to unplug him. In less than 24 hours, he needed to be in a tuxedo, walking his youngest daughter down the aisle in a Staten Island banquet hall. Mr. Hazaz, 52, a bartender at Embers, a steakhouse in Bay Ridge, kept saying that the pain in his elbows was nothing but overexertion from lifting heavy stuff at work. The professionals, though, suspected a heart attack.

“From a scale of 1 to 10, it’s a 1,” the patient said of his pain. “I’ve been taking Aleve.” He went on: “I self-diagnose myself. I’ve done that my whole life. I know what I did to cause this.” Then a nurse found a plump vein and plunged in a needle to draw blood. “Ow,” Mr. Hazaz said. “That hurts.” He did not specify how much on a scale of 1 to 10.

It was a Thursday night around 10. He had come in perhaps 30 minutes before, sent from the restaurant midshift in an ambulance. Dr. Sal Suau, one of 40 full-time emergency room physicians at Maimonides, broke the bad news: “You’re going to have to be here for a few hours.”

A few hours later, worse news: The father of the bride learned that his “elbow” pain was, in fact, a heart attack. The staff members readied him for an angiogram, in which they would essentially thread a tiny camera into his body to see which arteries might be blocked. His older brother and sister, who had met him at the hospital, hoped the episode might make him finally quit smoking and lose weight.

“How are you feeling?” asked Dr. Hillary Cohen, 36, who had been briefed not only about his medical condition but about the wedding.

“I’m depressed,” Mr. Hazaz said, verging on tears. “I’m not going to my daughter’s wedding. Talk about bad timing.”

There never seems to be a particularly good time to go to the emergency room, but nearly every American will pass through one at some point. Most will take home harrowing memories or gratifying ones. They will remember inefficiency or expert care. Almost always, the experience is often clouded in stress or, as time goes by, embellished by a Hollywood lens.

Despite years of health-policy debates lamenting the expense, and predictions that the rise of managed care would thin the crowds, the nation's emergency rooms are busier than ever. Maimonides, a Borough Park hospital known for its cardiac and stroke care, has the fifth-busiest one in the nation. It saw 109,925 patients in 2009 — the year of the flu pandemic — up from 97,613 in 2008 and 81,931 in 2005. Mr. Hazaz, who repeatedly told anyone who would listen he had last seen a doctor in 1979, was one of 294 people treated there that Thursday, one of 1,511 during a typical end-of-summer week.

MONDAYS are the busiest days. “People put off their ‘emergencies,’ until then,” said Dr. Joshua Schiller, 42, who taught high school economics, worked as a carpenter and rode a motorcycle across America before medical school. “The challenge,” he said, “is trying to figure out who is truly sick from the chronic conditions we see.”

Nearly two-thirds of the 7,240 people who visited the Maimonides emergency room in August were covered by Medicaid or Medicare, the government insurance programs for the poor and the old; 18 percent had private health insurance; the rest, like Mr. Hazaz, were uninsured. Last year, \$38 million in bills went unpaid, up from \$32 million the year before.

Like the neighborhoods around it, Maimonides is filled with immigrants — the hospital employs 46 patient representatives who speak a total of 70 languages. While it is not a designated trauma hospital — no bullet wounds or horrific car-crash victims — many patients arrive in the throes of crisis. But many others stream in with chronic conditions, like diabetes, asthma or gastrointestinal problems, often because they have no primary-care doctor or do not want to wait to see one.

A week spent inside the Maimonides emergency room, which packs 87 beds or more into 19,000 square feet and is staffed by 80-plus people at a time, revealed the challenges and the rewards of the frenetic, burdened system, and provided an unusual window into urban life.

Over five days, six people learned they had cancer, and six women discovered — surprise! — they were pregnant. One child swallowed a coin, and one man broke a Q-Tip off in his ear. Eight people came in with appendicitis, 14 had heart attacks, and 18 had strokes. One man was pronounced dead.

A mother consoled her teenage daughter in Mandarin; a father soothed his preschool son in Bangla; a Hasidic man in a long black coat chatted with his father in Yiddish; and an older woman boomeranged from English to Russian and back again.

“Controlled chaos,” Dr. Cohen called the emergency room, but it is more than that: It is a place of cooperation and compromise, of hard work and heartbreak; a place that churns around the clock and runs as much on humor as on grit.

“DID he show you his ‘situation?’ ” asked Kerri DeRienzo, a longtime E.R. nurse, referring to the chiseled abdominal muscles of Dr. Jonathan Rose, a boyish sort who everyone loves to tease. “You wouldn’t think it, but he’s got his own situation going on there.”

Dr. Rose, a showman who appeared in commercials as a child for a decade — “He tells everyone,” a nurse said, playfully rolling her eyes — puts a premium on helping scared patients and concerned relatives to feel at ease.

“What’s happening today?” he asked Joseph Batiato, 88, on Tuesday afternoon.

“I have no idea,” said Mr. Batiato, who was lying in the emergency room’s acute wing, 21 beds reserved for the most urgent cases.

“Let me ask you a funny question,” Dr. Rose said. “Where are you?”

“Maimonides,” Mr. Batiato replied, as if prizes were at stake.

Mr. Batiato, a World War II veteran who lives in Bay Ridge but has roots stretching to Mott Street, was having serious problems with his stomach. He blamed food poisoning, although he mostly eats at home. Dr. Rose ordered up an endoscopy and blood tests.

Marion Batiato, his wife of 61 years, eyed the doctor skeptically. “You look like a baby,” she said.

“I’m 35,” he told her. “I could be president. I don’t look like a president?”

“No,” she said.

“Why, ’cause I’m not black?” Dr. Rose asked, prompting laughter all around.

Suddenly, Mr. Batiato piped in: “What am I doing here?” Dr. Rose responded: “I ask myself the same question every time I get up.”

The hospital serves many older patients, who often arrive seriously ill, frightened and lonely.

On Monday, Gregory Friedman, 36, a senior staff nurse who grew up in Belarus, spent hours holding the hand of a 97-year-old man who was in pain and close to death, speaking to him reassuringly in Russian. The man, who had no family in the United States, had “do not resuscitate” and “do not intubate” orders in place. The hospital’s pain-management team recommended increasing his morphine, but Mr. Friedman, fearing it would drop his blood pressure and kill him, increased the man’s fluids, as well. “It won’t be me but the angel of death that takes him,” he said.

Two days later, Frances Wendroff, 95, who had summoned an ambulance after falling in her Coney Island apartment, cried out for a nurse’s attention from behind a curtain.

Mary Rodriguez, 32, who has worked in the Maimonides emergency room for five years, pulled back the curtain and took Mrs. Wendroff’s hand in hers. Ms. Rodriguez nodded as Mrs. Wendroff asked about her blood pressure and announced, unbidden, that she is on Medicare, then launched into a story about her poor eyesight. After a spell, the nurse gently explained that she must attend to other patients.

“To me, coming to the hospital is a haven,” said Mrs. Wendroff. “All my friends are dead,” she added matter-of-factly. “My friends are now my talking books. I love to listen to Danielle Steel. I just want a fine love story.”

JUST as common at Maimonides are children, who arrive regularly with croup, pneumonia, febrile seizures, broken bones, asthma and stomach distress. Many are immigrants or the children of immigrants, so doctors are quick to ask whether they had recently traveled abroad. This often can explain measles, mumps, whooping cough, parasites or gastrointestinal problems. Then there is the odd Lego down a throat or bean up a nose.

Some come after traditional cures have failed: Vietnamese with circles on their backs, the remnants of heated coins meant to placate a fever; Hispanics with toothpaste on burns. And Chinese babies without diapers because in rural China, potty training often begins in infancy. Nurses explain as best they can that this is not done here.

“Look, look, Superman,” Margaret Adisano, a pediatric emergency room nurse, said to Mohammad Haque, 3, on Friday afternoon, giving him some stickers of the caped hero.

Mohammad was wailing. Ms. Adisano had just drawn his blood. She wiped away his tears. His Bangladeshi mother, wearing sari-style pants and a shawl called an orman, comforted him. Next,

the nurse inserted an intravenous line. The boy screamed again. When it was over, she told him, “Give me five.” Mohammad cracked a faint smile.

Dr. Gill Winnik, a 34-year veteran in the pediatric emergency room, suspected pneumonia. The boy’s father explained that he had not eaten in at least a day and could not sleep. “But he is not fasting for Ramadan, no?” Dr. Winnik asked. “He is too young.” The father assured the doctor he was not fasting. “Did you ever take him to Bangladesh to visit family?” Dr. Winnik asked.

Mr. Haque replied, “2008, Dec. 17.”

Too long ago to be relevant. The boy was sent for X-rays.

The nurses who work in pediatrics adore the job. But it can be tricky and emotionally wrenching. They try to follow certain rules: Do as much as possible while the child is in a parent’s arms. Leave the most invasive procedure for last. Above all, never lie. If something is going to hurt, don’t say that it won’t.

Rita Imburgio, a pediatric nurse at Maimonides for 28 years, said she remembered most every death. The toddler who drowned after her twin accidentally stood on her in the tub. The house fire set by a child who killed all his siblings.

WEDNESDAY, as the clock neared 3 p.m., Dr. Schiller, who is wiry, good-natured and bald, was nearing the end of his shift. Or so he guessed. (He stayed until 5.) “It’s like being in a casino,” he said. “You are never conscious of time passing.”

There are few windows in the emergency room, and the hum is incessant. In the nonurgent wing, patients typically see a doctor within 20 minutes. But they can lie on gurneys a long time waiting for tests and re-examinations — the median emergency room stay last year was 3.72 hours. The room is so packed that nurses, doctors and technicians squeeze past quadrupled-up gurneys in each bay, colliding in a dance of you first; no, you first.

They like it busy. That is why they chose and got certified in emergency medicine: the adrenaline, the variety, the camaraderie. But they also relish the lulls, which is why the word “quiet” triggers a round of shushes every time it is spoken. Someone says the word and inevitably the red phone — used to give a head’s up on serious cases — rings or three ambulances pull up at once.

“The E.R. staff is notoriously superstitious,” said Ms. DeRienzo, the nurse who had teased Dr. Rose about his abs. “Certain words you can’t say, or we will curse.”

As at other teaching hospitals, a cluster of residents moves from gurney to gurney with attending physicians like Dr. Sergey Motov, a Latvian immigrant with an outsize personality.

“What happened?” Dr. Motov asked over a gurney Monday afternoon.

A resident explained that the patient had been hit by a car going 35 miles per hour as she walked across the street — five days before. She had been treated at Bellevue Hospital Center the day of the accident and sent home. But she had vomited twice that morning. She was given a CT scan for her head and an X-ray for her chest and elbow.

“What is causing the vomiting?” Dr. Motov asked in his rat-a-tat style.

“I like gastro,” a resident replied.

“Seriously?” Dr. Motov taunted. “She got hit by a car. Next you’ll tell me she has dengue or malaria.”

A man with a wrenched knee and a giant Coors tucked among his belongings was up next. “You won’t drink this here, will you?” Dr. Motov asked, holding up the can. Then a trickier case: a 20-year-old woman with a persistent headache who kept listing to the side. Dr. Motov called in the stroke team and sent her for a CT scan, but found a traffic jam outside the CT room.

“I’ve got an acute abdominal,” another doctor told him. “Can I get mine in first?”

“I have a 20-year-old with a stroke,” Dr. Motov said.

“O.K., you win,” the other doctor replied.

THE night shift has its own rhythm. Fewer chronic diseases, more alcoholics and psychiatric cases. Near triage, an Asian man, his hands in restraints, somehow kept managing to strip off his clothes. “He’s obsessed with his penis,” Dr. Schiller explained.

Suddenly, after 10 p.m. on Thursday, a 54-year-old Chinese man arrived by ambulance; his heart had stopped during an asthma attack. Nine staff members surrounded him, and Dr. Suau issued instructions: take off his clothes, get the pads, put a line in.

“There is no pulse,” a resident said.

“Did he get epis?” asked Dr. Cohen, referring to epinephrine shots that jolt a heart into action. Yes.

A paramedic doing chest compressions asked for relief. Atropine was injected. Dr. Cohen, who worked at Maimonides in 2003 and returned in 2008, listened with her stethoscope. “How long has he been in here?” she asked.

Six minutes. It feels like a very long time. The staff tries more drugs and compressions. “Guys, we’re going to call it,” Dr. Cohen said, resigned, looking at the clock. “10:44 p.m. Too bad. Such a young guy.”

The man’s wife and two of his four children were a few feet away. Dr. Cohen broke the news, using an interpreter. For the first time that week, the room was unmistakably quiet. Then a wail, unrestrained and unforgettable, cut through the air. “You don’t feel like you get better at this,” Dr. Cohen said.

A few steps away was Mr. Hazaz, only two years younger than the Chinese man, and suddenly sentenced to watch from a hospital bed as his daughter Danielle got married. The next evening, he smiled into a laptop as his son walked Danielle down the aisle, shimmering in her dress.

“Say hello to Danielle’s dad via Skype,” the judge instructed, prompting a cheer.

Then, after Danielle planted her first wifely kiss on her mate, she leaned into the camera to blow one to Mr. Hazaz. “Hi, Daddy,” she said, her face wet with tears. “Look at my ring. I love you.”

With that, Mr. Hazaz announced it was time for a nap.