

THE DEAD LOOK
PALE

BY SAM KILLIAN

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ISBN-13: 978-0615809724
ISBN-10: 0615809723

DEDICATION

To Rod, my motivator and muse.

“At times it seems as if arranging to have no commitment of any kind to anyone would be a special freedom. But in fact the whole idea works in reverse. The most deadly commitment of all is to be committed only to one's self. Some come to realize this after they are in the nursing home.”

— **John D. MacDonald**, *The Lonely Silver Rain*

Acknowledgments:

Thank you to all the sets of eyes laid to this print, to which I am very grateful. To my husband, children and family for tolerating this labor that took me longer than it should have. You are all very patient.

About the Book

Nora knew how to work hard and play hard, and living in sunny Siesta Key, just outside of Miami, Florida, filled her days off from her shifts as an ER doctor with sand, sea and parties, taking her retirement in early installments. But when a close friend is shot to death in front of her, Nora finds herself navigating a maze of malpractice lawyers, sleazy Latin gangsters, hookers and high end drugs. But not until she's caught in Rick Castro's violent world of sex trafficking and high rise luxury whorehouses does she realize the dangers she has gotten mixed up in. But in trying to save herself, Nora might just lose the one man who can actually show that her weaknesses are part of her humanity. Join Nora in her crazy, amateur private eye wanderings from the plastic neon of Miami's South Beach, the dry searing heat of the Arizona desert to the tropical jungles of Panama. A whirlwind adventure with her skeptic's eye on human nature and the evil that can bubble to the surface and destroy a family.

Prologue

He stepped onto the jet way, slinging his carry-on bag over his shoulder and folding his suit jacket over his arm. He took a deep breath, taking in the smell of the processed airport air, still better than the stale airplane mixture of skin, unwashed hair, and disinfectant. He felt the burning again in his chest. *This goddamn heartburn*, he cursed to himself. He had been battling the pain since mid-flight. He unwrapped another Tums from his pocket and chewed rapidly as he hurried to the airport curb and taxi line. He winced as the pain gripped his chest. *I've never had it this bad*, he thought as he piled the bag and his laptop into the trunk of the taxi.

“Where to?” The back of the head said as he settled into the back seat. He thought about it for a minute.

“You know where the nearest hospital is from here?” He wiped at the sweat on his forehead. Had he really rushed enough from the plane to make himself sweat?

“Fort Lauderdale Regional is pretty close. You wanna go to the hospital? You okay man? You don’t look so hot.” The driver turned around in the seat, eyeing him sidelong, wondering if the guy was going to puke in his cab or pass out, and nervously deciding if the fare was worth it.

“Yeah, yeah, I’m fine!” He managed a disarming smile, trying to make light of the pain in his chest. “Just got a bad case of heartburn. Need something stronger than these damn antacids.” He waived the

roll of Tums in the air for emphasis. “You take me there?”

“Sure, no problem.” The driver hesitantly turned forward, churning over his options if this guy suddenly got really sick in his cab.

As they came up on the large red Emergency Room letters on the side of the hospital building, the man fumbled for his bills, passed them forward and quickly got out of the cab, grabbing his bags and heading through the glass sliding doors. After getting triaged into the ER, the nurse snapped his wristband in place, and motioned him to follow her to a back room. He was hopeful that he wouldn't have to wait long especially as the waiting room seemed nearly empty. Midnight on a Tuesday was the time to come for sure.

Good call, he thought to himself as he followed her to the curtained exam room, rubbing at his sternum absently. She handed him the gown and snapped the curtain shut behind her. *I'm not going to put this on*, he thought, and laid the gown back down on the gurney. I just need some medicine for this damn burning in my chest. As he sat there his mind reviewed the last few days he had spent in Arizona.

I am so close, he thought. *This is almost over and I can finally relax, no more stress and more time to appreciate all the work I put in, smell the roses as they say.* As time went by and his mind reeled over the meetings and plans he still had to make, he unconsciously grabbed his left shoulder, rubbing an ache there that was new.

The curtain pulled back and the doctor, a small, busy rigid man with thinning hair scanned his chart, looked up and introduced himself.

“Mr. Pike, is it? Dr. Davis. Nice to meet you.” The doctor sat at the end of the gurney and surveyed the man sitting uncomfortably at the head of the bed. “Thanks for waiting. How are you feeling? You've been having some bad.....let's see.....heartburn, is it?” He said glancing at the chart. After explaining the pain, the burning and his use of antacids, the doctor nodded and started jotting things onto the chart resting on his thigh.

“It's probably nothing.... I get it all the time but the Tums isn't working this time. I am under a lot of stress you know, and I think it's just setting off my stomach acid.” Pike shrugged and waved his hand dismissively.

“Let's do some tests anyway and I'll try some medicine you can

drink and see if it makes your symptoms better – that’ll help us decide if it is heartburn or something else, and hopefully make you feel better in the process, right?” The doctor smiled, stood and left, pulling the curtain behind him.

Over the next hour and a half, blood was drawn, X-rays were done and Pike drank a shot of green, chalky goeey liquid that numbed his throat, and gagged him as he swallowed it down. He sat back, waiting.

God, I am so tired, he thought. *I have way too much to do tomorrow. I just need to get out of here*, he thought. He called his wife and told her he had landed but was detained at the airport, not wanting her to worry about him in the ER. He told her to not wait up, that he would just slip into bed and sleep when he got home. She sleepily agreed and hung up. His watch read 2 am. Finally the doctor came back in.

“How are you feeling? Any better with that drink?” He stared over his glasses at Pike.

Pike surveyed his symptoms while massaging his chest. *I just want to get out of here already*, he thought. The pain wasn’t gone but didn’t seem quite as intense as before. Maybe he had just gotten used to it.

“Yeah, I think it is a bit better actually....feel less sweaty anyway. So am I good? My tests come out okay? Can I get outta here, doc?”

“Your tests look good and if you feel better with that GI cocktail we gave you, it is likely just severe heartburn. I think a prescription for some stronger antacid would help you and some pain medicine until it takes effect might also be wise. I would advise you definitely get a check up again in about 5 days though to make sure you’re better. Sound good?”

Paperwork appeared, signatures were obtained and Pike finally was free to leave, feeling less burning and only some tightness in his chest but definitely in need of sleep.

I just want to go to bed, he thought. He took a cab back to his Miami home and after dropping his luggage in the hall, undressing his clothes into a heap on the floor beside the bed, climbed in next to his wife’s warm body, skin perfumed with wrinkle creams and left over sun block. He kissed her shoulder, heard her murmur, and slid under the sheets, sleep overtaking him quickly.

As he drifted into dreams of architecture plans, construction permits and airline attendants, he subconsciously rubbed his left shoulder, a nagging ache the last thing he felt before falling into slumber.

Two:

I put my feet up on the stone table top, kicked away the sand with my bare heel and looked out at the horizon. The moon was a small red sliver, like a slice of blood orange, sitting just above the black sea. The warm breeze whispered through the hairs that had slipped from my ponytail. I pulled a long brown strand out of my mouth and retied the hair in a bun at the nape of my neck.

Christ, what a horrible night. I pulled long on the cold beer bottle, tasting pulp from the lime I had hastily squeezed into the top. Air blew through my pursed lips as I exhaled, trying to shrug off the weight of another night in the ER.

The palm tree leaves rustled in the ocean breeze and I could hear the far off horn of a cruise ship or fishing liner, the waves roaring dully in the dark night. Few scattered shimmering lights on the horizon ahead, otherwise an obsidian sea.

The boy tonight couldn't have been more than 6 or 7 years old. I couldn't shake his image; shirtless, just in his boxers, his parents running with him in their arms into the ER, splotches of dried blood on his bare chest, palm and neck. He had not looked at me at all when I asked him what had happened. That was my first tip.

I shook my head, trying to clear his face from my brain. Nausea gripped me as the anger welled up in my throat, my mind ruminating over the details of his case. His mother had been so hysterical about him, carrying him bodily in her arms, and dad,

staying quiet, followed behind eagerly. I had been misled initially because they had rushed him in through the front of the ER triage area, anxiety and concern dramatically theatrical.

“Oh, my God! Oh, my God! Someone help us please! “I quickly heard the exchange and came to calm them down enough to tell me what had happened.

“I’m Dr. Dexter,” I said quietly as I approached them trying to bring down the volume of their concern. “Now, tell me what happened.” I looked at the child whom they placed sitting into a chair as we registered him in the computer. His head was downcast, shoulders slumped. Quiet. But he was alert, breathing and moving all his limbs, my cursory initial assessment.

“I don’t know,” the mother said hurriedly, dancing from one foot to the other, “Cause he was in the other room and I heard him and his sister fightin’. I ran in and saw him on the couch with blood all o’er his haid. I’m thinkin’ he mighta hit the door handle, but I just don’t know!” She was hyperventilating, and repeatedly interjecting ‘Is he okay? Is he okay?’

I looked the boy over. When I asked him what happened, his eyes stayed downcast, and he wouldn’t answer. I bent down, touched his knee and pulled out my stickers. “You like Transformers or Spiderman?” I asked from one knee, trying to win him over. “I have some pretty cool stickers here. Go ahead and pick one.”

He took a sticker but still wouldn’t look at me. I asked him what happened again, voice low, as if he and I were the only two people in the triage bay. I took in his dirty fingernails, the short buzzed haircut and the off white grimy color of his underpants. Very quietly he said, “My mom hurt me.”

I wasn’t sure if I had heard him correctly and puzzled, looked up at his parents, also half clothed; dad without a shirt and some flip flops on, beer belly hanging just over the waistband of his khaki shorts and mom in sweat shorts with stringy long dark hair pulled into a loose ponytail on the top of her head.

“He just means when I put the rag on his haid after I saw the blood....I know that hurt him ‘cause I wanted to stop the bleedin’.” I looked back at him but he still wouldn’t make eye contact. I looked at his scalp. He had a two inch cut to the top of the scalp but the cut had matted clotted blood and looked in no danger of bleeding

more.

I held off initial further interrogation and got them back to a room quickly so he could get stitched up. I sidelined the social worker immediately that something wasn't right about the boy's behavior, and about what he had muttered, and to dig a little deeper if she could. Little did we know the police were already on their way to the hospital.

I kept thinking how hard it must have been for him to tell the truth in front of his parents, aware that what they did would get them in trouble yet unable to lie. A kid this age knows the difference between truths and lies. Knows that lies are wrong. What I didn't know was that the 16 year old sister had already called the police worried her brother would end up murdered, as his mother chased him around the house striking his head with frozen chicken breasts until he bled.

Even worse was the fact that there were eight other kids in the house, and by the end of the night, all had to be placed into foster care as mom was taken into custody and dad was deemed negligent. As this came to light over hours in the ED, I kept watch as the police officer questioned mom in a nearby exam room, tears streaming down her face in realization and guilt at what would happen to her. I felt no sympathy for her.

I hated my job sometimes. These were the tough cases. I took another long guzzle of the beer and spat out the lime seed that came with it. The glow from the house and the living room window lit up the back porch and spilled onto the white sand at the foot of the steps leading onto the beach. The night was peaceful. I waited for the muscles to loosen, shoulders to sink and the heaviness to wash over me that usually came with that first beer on an empty stomach.

I surveyed my surroundings. Coming home to this after work revived me and took me away from the tragedies in the lives of my patients. The homelessness, the abuse, the drug addiction and the anxiety. So much anxiety. People worried about everything these days. This perpetual stress caused inexplicable pains, fatigue, and dizziness. Thousands of dollars of testing would get wasted when one session on the therapist's couch might easily suffice. Neurosis was ruling healthcare these days. It was almost gratifying to have patients that actually had diseases one could easily treat in the ER. Appendicitis? Go to the OR. Kidney infection? Take these

antibiotics. Heart attack? Open a blocked artery. These were gratifying.

But I didn't want the worried ones, the neurotics, the are-you-sure-I-don't-have-cancers? And the can-you-check-agains?. I wanted to relish baking in the sun, laughing loud, crawling up and down the coast in a sailboat or skipping over to the Bahamas, swimming in clear shallows and digging for clams, sharing a good steak on the grill with close friends and sleeping easily and heavily. And because of this, I structured my life to allow it. My work took up the first 6 days of the month and the remaining month was mine to dispose of. Retirement was not only to be enjoyed once the gray hairs sprouted and joints became painful. Life was now and watching so many lives cut short each miserable shift in the ER, and all the regrets that came with it, enhanced that urgency to squeeze the pleasure out of each and every day.

I heard the spring-thwack of the screen door behind me and turned my head.

"You stocked up, I see Nora, but the Bohemia is so much better than the Negro Modelo, love!" Pepper plopped into the porch chair beside me, threw her feet up on the table next to mine and clinked her beer bottle against mine. "Cheers," she muttered and took a drag. Pepper. My bubbling, effervescent, and dearest friend, and closest neighbor but still a quarter mile down the beach from me. For years, she continued to amaze me. Collecting admirers and enthusiasts the way a dog picks up stray burrs. She could energize a room as soon as she entered; dour faces became smiles and guffaws echoed from the circle of people gravitating to her. She always had a knack for timing her visits just right, pulling me from the clouds of smoking gloom after a frustrating shift.

Her long, curly, brown hair always worn naturally had energy of its own and could never stay tamed into a clip or hair-tie. Her eyes sparkled and glinted in the creases of laugh lines at her temples. Her large toothy grin was only outsized by the enormity of her bosoms straining at whatever cloth she squeezed over them. What one couldn't easily discern was how tiny her waist was below those giant behemoths. She invariably wore the baggiest of clothes in an attempt to cloak the "big mamas", as we affectionately referred to them. A benefit to this charm was her ability to attract a crowd of male devotees, so intrigued by her that all the usual pomp and

strutting that accompanied a typical “pick-up” was dismissed and invariably, the men would allow their most vulnerable sides to bare witness to her attentions. All this and still hiding behind coveralls.

“Pep, so good to see you,” and I clinked back. We both looked out over the black water, so lifeless without the moon’s reflection and watched the blood orange settle down below the horizon. I wondered where that little boy was sleeping tonight.

Three:

I got up early the next morning despite my late hours drinking on the porch with Pepper knowing that these next two weeks were crunch time. I had only so many days to get the body in order for a grueling hike into the Havasupai falls in Arizona. This was one of many trips on my “to do” list of retirement musts and involved a group of loosely put together neighbors, friends, backpacks, tents, blisters, beer and cold, aqua blue waterfalls to drench the swollen feet after a ten hour hike in the Arizona desert canyons.

I slipped on the bathing suit, tramped out to the beach and replacing coffee with the icy morning ocean waves, began my 50 laps to the buoy and back. My chest burned with each breath and by the last lap, the muscles felt the build up of lactic acid and the subsequent sting. This was followed by a hundred sit-ups on the sand, grains sticking to my back and neck, and then fifty pushups. It wasn't until I finished my third round of Krav Maga martial arts fighting stances that I heard the phone ringing from inside the house and ran up to catch it on the last ring.

“Nora, that you?” The voice said as I picked up the receiver panting.

“Yeah, who's this?” I said as I wiped a stream of sweat from my neck.

“It's Brian. Brian Davis. Did I wake you up? “ I waved him off saying not at all, and wondered why Davis would be calling me now when he had taken over my shift the night before, worked all night and would've just gotten off duty now.

“Look, I know this sounds weird but can I come over to your place and talk for a bit. It's about my malpractice case. I just need to bounce some things off you that have been bothering me. Kind of like I did with you last week. I just don't really feel comfortable with any of the other docs, you know?”

“Man, you just got done with the night shift. You sure? Aren't you tired? Because I don't need you having a car wreck on the way over here, you know.”

“No, no, I'm good. I just finished my third Red Bull. Really, I'm good...” He did sound a little revved up, not what you would expect after ten hours in the ER on an overnight shift.

“Ok, well.....come on by then. I got to eat anyway so I'll drum up some breakfast for us. Don't eat 'til you get here,” I said, knowing the tendency after nights to swing into McDonald's for a quick McMuffin.

The ground coffee's rich aroma permeated the entire cottage by the time Davis got

there and the eggs were sizzling up in the skillet with the bell peppers and chorizo sausage. His nose went up when he stepped over the doorsill, and I watched his face light up.

“Smells good,” he said as I plopped a plate and mug in front of him at the wooden dining table and slid onto the bench across from him. He eyed the house as we ate in relative quiet, his eyes shadowed with the haunt of sleep. My exercise had stirred an animal of hunger in me, and I wolfed the food as only working in the ER can train you. I sat back and sipped at the coffee, rich and roasty, as his eyes roved over my belongings.

I tried to see my comfortable cottage through his eyes, the eclectic collage of items I had gradually accumulated over the years. The bark paintings from Guatemala. The *mola* stitch work from Panama. The bamboo rugs covering the battered hardwood floors of the old cottage. But the stereo, with its large surround sound speakers dominated the room bringing the 21st century influence. I had always been a sucker for comfort over style so the large apricot couch that smothered you like a marshmallow scooped up the majority of the living room, even though it might require sunglasses indoors to endure it. My favorite feature really was the wall of windows, allowing a panoramic view of Siesta Key and the white sand beach that abutted the cottage.

“So what is going on with this case then, Brian?” I asked as he pushed his plate away and leaned back in his chair.

Brian ran a hand through his barely there hair, the fuzz that accompanies some men over fifty. This same maneuver triggered a flashback. I had just started working at Fort Lauderdale Regional. I was still new and he had been a mentor for me, getting me in good graces with the nurses, which was always a key political move in any new ER job. One of the nurses had rushed into the ER, carrying her 3 year old daughter, tears running the mascara down her face as she placed her into our resuscitation bay, and I was pulled in to see her. I didn’t immediately recognize Trish, our ER nurse, out of uniform, and was primarily focused on her daughter, the patient.

She writhed on the bed, like a demon possessed, arms and legs thrashing, wails screeching from her throat and spittle flying from her mouth. Trish tried to keep her composure, having been an ER nurse for over ten years, but her mother’s instinct overtook her nurse’s one.

“I...I...think it was a scorpion,” she stammered, trying to hold her daughter still in the bed as two other nurses laid across her legs and one started an IV in her arm. Everyone looked at her as if she was crazy. This was Florida. Fort Lauderdale. Scorpions were fantasy as far as the staff was concerned here. Though, she was perfectly accurate in her assessment, of course. That had been my first guess as well, having seen all manner of scorpion stings when doing volunteer work in Mexico and Central America, just after my residency. The exorcist children, as we called them when they came in. The muscle jerks, the hyper-salivation, the burning pain of the venom ripping through their bodies were enough to make anyone appear possessed. Kids always got the most severe symptoms with the scorpion stings, and Trish had brought her daughter in at the height of scorpion season, July....but just not in this part of the country. Trish tried to explain. She had family back in Arizona and went back and forth frequently to see the in-laws, so she was already familiar with the problems plaguing patients there.

I looked at her.

“When did you get back from Arizona?”

“Last night on the plane...I think it got into her suitcase, but I didn’t actually see the thing, you know? She just started screaming at home when we were unpacking today and I couldn’t control her or calm her down....this was maybe thirty minutes ago?” Trish bucked under the kicking weight of her diminutive 3 year old as she lay across her, the venom taking hold.

“I agree with you. Scorpion,” I stood at the foot of the bed, surveying the child and mentally ticking off treatment options. Anti-venom was readily available now in Arizona with great results, but it wasn’t offered in Florida where scorpions weren’t a problem.

I had grabbed Davis who had been passing in the hall outside the girl’s room and filled him in on the dilemma. He ran his hand through his thinning hair pensively, just as he had today in my dining room. After some interminable moments of Davis deep in thought, my patience waning as screams and thrashing from my possessed patient dominated the ER, he broke away and grabbed the phone in the hall, dialing rapidly. After some small talk and quick “how you been“s, Davis got access to his friend at the Toxicology Center in downtown Miami, the only place that might even have remote access to scorpion anti-venom. They got enough international travelers and foreigners through Miami, that most anti-venoms for exotic exposures were stored there. That was still a 40 minute courier from our location, and I wondered if the child would need ventilation support before we could get it to her. Davis’ friend happened to be the head of Toxicology at Miami General and also served as advisor to the Miami International Airport Medical Center. After some digging in the database over the phone, he had found a set of three vials of scorpion anti-venom in their repository. Davis explained in detail the issue at hand, and he agreed to provide it to us. I got the courier on the line and informed him there was an extra \$100 bucks in it if he blew through a few toll roads and speed limits to get it here quick. It arrived exactly forty-five minutes after I made that call.

During that time we tried sedatives to settle her down but she still bucked and kicked. Two nurses and a tech were in her room constantly just holding limbs down, suctioning the saliva running from her mouth. For three years old she was very powerful. But, when we started dripping the anti-venom into the IV, it was only a matter of fifteen minutes before the jerking settled a bit and by thirty minutes the extra bodies weren’t needed to lay on her and keep her still. She still twitched and salivated a bit but by an hour after infusion, the child was resting peaceably, completely asymptomatic. Before anti-venom, these kids would end up on respirators, intubated in the ICU, waiting until the venom wore off which could be over hours or days. Now, with the anti-venom, these children could go home after being medicated, one hundred percent recovered.

Trish had hugged me and cried outside of her child’s exam room. She had been so grateful to me and Davis for pulling off this miracle that I thought I wouldn’t be able to extricate myself from her embrace. Needless to say, any shift after that we worked together she would be at my back in an instant, and her good referral of me to the other nurses helped smooth my transition into the ED rapidly. Davis had made that happen.

Now, as he sat, weathered and tired, my heart tugged for him. He had been in the ER for over twenty years and was hoping to retire in the next two. His daily countdown at work was the running joke that followed him through the ER. “Only 600 more days today, right Davis?” Nurses and techs would chuckle as he made his way between curtained exam rooms. He and I had always gotten along well, lots of inside jokes and a

very similar practice style. Some docs had a tendency to over order tests and he and I both used CAT scans, labs and other diagnostic tests more conservatively, relying on the clinical history of each patient to be our guide. He had been there for me many a shift when afterwards we would head over to Juan Jaime's for tacos and beer and decompress together. His wife was not a medical person so trying to go home and unload on her was difficult for him. So he used me, as I did him, as a sounding board, to review cases and patient encounters he grappled with internally. As good doctors should.

He once had told me about one of his patients who had died. A young man, only 37, who had come in after a severe allergic reaction and had to be placed on a ventilator to get oxygen to his brain. He had tried to explain the case to his wife who kept interrupting to ask technical questions about why certain things happened to the body or what certain terms meant. He got so frustrated at not being able to share the emotional strain of the case with his wife, instead getting caught up in explaining the details, that he stopped discussing cases with her altogether. That is how he came to rely on me for this kind of thing.

He had had a few scrapes with malpractice throughout his career as all ER physicians do. It just comes with the job in this country. But he had yet to have any that ate away at him quite like this current case. He refreshed my memory with a broad overview of the case again, having already divulged a lot of the details in previous talks over coffee or on shift.

This particular patient had been 45 years old, family guy with a wife and 3 kids. The kids were young still between 7 and 13. He had come to the ER one night complaining of heartburn. He had been popping Tums most of the afternoon and evening and just couldn't get it to go away. He had come to the exam room insisting that it was just his heartburn and that he was under a lot of stress lately. He had been somewhat sweaty with the pain, and he did have a history of ulcers. He had no known family medical history to speak of as he had been adopted. His vitals signs had all been normal and his symptoms had seemed better with the Green Goddess, the chalky numbing drink we gave for ulcers and heartburn. It is a disgusting cocktail of Maalox, Lidocaine and Belladonna that numbs and coats the esophagus and stomach. His pain hadn't gone away entirely but he had stated some improvement. He had had a work up that included blood studies looking at his kidneys, liver, blood counts, pancreas – the majority of causes for upper abdominal pain, and things we would be worried about with GI symptoms.

Davis reviewed all his tests and concluded he had worsening ulcer disease, was given a new prescription antacid and some pain killers to go home with and instructions for close follow up with a GI doctor. The patient had seemed improved and relieved to be going home. Davis had thought nothing of the case until the hospital quality review committee came to him with a case of unanticipated death. The patient had been found dead the next morning in his bed next to his wife. The post-mortem revealed massive myocardial infarction, heart attack, as the cause of death. Davis had been distraught and had reviewed the case in great detail. He had found his mistake immediately. It hit him square in the face in hindsight. Of course, he had forgotten the EKG. This is something we, as physicians, had harped on us over and over not to do, miss the EKG with an upper abdominal pain or simple heartburn. The most common diagnosis when a doctor misses a heart attack? Heartburn. Not good.

This had torn him apart for months. It had eaten him up. Then he received the letter

from the law firm representing the patient's wife and family informing him of the lawsuit brought against him for wrongful death and malpractice. He knew this one would not be like the others. All physicians make some errors and most are ones that any reasonable doctor might make. His previous malpractice cases hadn't involved any significant deviation from the standard of care and were situations where all his colleagues would have done the same thing in the same situation. None of those cases had represented gross negligence. But this case was different. He knew he was at fault. He knew he had allowed this man to die and left his family distraught and grieving. There was no taking this back. It had wracked him since he had found out and now Davis was not the fun-loving, jocular, laid back doc on the path to retirement. He was now brooding, moody, easily angered by small mistakes and overly conservative on his patient management; admitting most patients to the hospital, sending few home even in the face of normal test results, and ordering a slew of x-rays, blood tests and CT scans in order to, as we say, CYA. Cover your ass. He had definitely changed, and it had saddened all of us. He had been looking for a way to live with himself over the mistake he had made and had been coming to his colleagues in the ER for various advice. None of the advice we gave seemed to make it easier for him to live with himself.

He took a gulp of the fresh coffee and set his mug down. He looked solemnly down at the wooden tabletop.

"So, the lawyers have gotten their expert testimonies from cardiologists and other ER doctors and they are recommending I settle the case. The problem is that my policy covers me for up to 3 million dollars. They say my assets should be protected so they can't get my house and retirement money but I feel that I am copping out if I settle, not getting a chance to explain myself."

"Explain yourself? Are you kidding – you really want to stand up there and tell everyone why you missed this man's heart attack and could have saved him? Don't you think you have punished yourself enough, man?" I shook my head at this. I knew how devastating these cases were to both the doctors and the families left behind by the death of a loved one. But this was also part of life in medicine, that sometimes mistakes happen and it shouldn't be expected that we pay for them with our own lives. It didn't negate the lifetime of excellent care that Davis had provided all those patients who had gone on to become healthier because of what he had done for them. It didn't diminish his own anguish over the mistakes he had made. It didn't make it right to devastate a human being's self-worth over this kind of mistake, nor to put his financial life into destitution after a lifetime of grueling shifts, sleep deprived days after night shifts, emotionally exhausting cases, and thankless drunks and drug users whose lives he had saved on innumerable nights in the ER.

"You've got to stop punishing yourself over this. Yes, you made a mistake.....and you will never do it again because of this. But, you're a good doctor, man.....you can't put yourself out there to be further punished by a jury who will throw you to the wolves and may take more than your policy protects you for. Save your self-flagellation for your own private quarters. Not in front of your wife, your colleagues in an attempt to redeem yourself. Are you crazy?"

I pushed back from the table angry at him now. I looked out the window behind his head at the waves sparkling in the sun now hanging mid-sky as the morning stretched on. The water was a brilliant blue-green, foam from the waves breaking the surface clarity.

Just watching it and feeling the breeze come in through the screen windows and doors cooled my irritation. Brian sat there, head hanging down, elbows on the table, hands clasped in front of him.

“Has Jenny been helping you get through this?” I asked, indicating his wife of more than 25 years.

“She tries but she doesn’t know what its like being a doctor and taking this responsibility on yourself day to day. That is why I keep coming to you guys, my colleagues, my friends. I can’t sleep at night anymore and the thought of finally being finished with this business is overwhelming me. I get sweaty and nervous going to work now, second-guessing all my decisions on patients. I just need another year to max my retirement fund and safely get out but I don’t know if I will make it after this.....and what if I do it again? Have to go through this again?” The shadows had crept up under his eyes since his initial arrival at my house. He looked so tired suddenly. There was a long space of silence.

“I just feel so awful for his family,” he muttered.

“Have you spoken to them at all?” I asked, thinking this could replace the sadism of him wanting to be in front of the firing squad of a jury.

“I really want to but.....I just can’t bring myself to call them. I desperately want to tell them how sorry I am, and..... that is partly why I want to go to trial – so they can understand what happened. Why I did what I did....”

“You don’t have to do this in the courtroom, you know. You can do this in their living room.....I think you should visit them. I do.”

He looked at me seriously and slowly nodded.

“You might be right. I am just being a coward about it...so afraid they might actually be nice to me which might hurt worse than them yelling and screaming at me.....which is what I deserve.” He paused, again nodding. “Yeah....I should probably just meet with them already.”

With that said, he began the yawns, explaining without words his need for sleep and that golden hour between when the desire to sleep hits and the inability to stay awake takes over. He cleared his plate to the sink and headed out to his car. I reassured him once again that things would get better and to think about a sit-down with the family for his own sanity as he got into his car.

I watched him fold himself into his small gray Toyota. I was struck with how much his issues revolved around simple ego, a huge pitfall for doctors. Yes, the responsibility of the patient’s care often fell on a physician’s shoulders but it was never a solitary effort. In medicine, we worked as a team and once you realized you couldn’t practice without the help of nurses, technicians, lab techs, radiologists, surgeons, all of them, that intense burden we placed on ourselves was eased. Admitting mistakes had always been difficult for us. I was reminded of when one of the malpractice insurance representatives convened in the ED with one of the docs about a case he had been named in. They had simply come in for an informal meeting and the yelling that had emanated from the closed doctor’s office had everyone turning their heads throughout the ED.

“I don’t have to listen to some lawyer’s justification for what I did! They don’t see these people day in and day out. They don’t know how many times patients lie to us, refuse our recommendations, shop around from hospital to hospital until they get an answer they like. It’s ridiculous! That patient lied to me. I never would have given him

the nitroglycerin if I had known about the Viagra use. Now, its my fault?" His shouting could be heard clearly into the nurse's station. Minutes later, a flagellated young woman exited the room with her rolling briefcase, head down, neck flushed in anger and click-clacked away from the closed door in her shiny black pumps. I had waved her down in the hall as she passed the unit secretary's desk.

"Kim, wait." I pulled her to the side and away from listening ears. "You okay? That sounded kind of brutal. Ron can be a dick sometimes, huh?" I smirked in confidence at her.

"Jesus, no shit! I just needed some details about the case...I mean...I am representing HIM, for Christ's sake! He totally flew off the handle!" Kim adjusted her shirt, tucking it into her pant's and rearranging her purse on her shoulder.

Kim worked for our malpractice carrier and was well know to most of the docs who had ever been summoned to court. She was the paper pusher and confidante but never did the hard core stuff, like negotiating and mediation. She was the liaison the doctors used with the lawyers. Her pleasing good looks helped keep the doctors and lawyers more comfortable, much like how a drug rep's level of attractiveness facilitate sales of new antibiotics and blood pressure pills. People trust a good looking salesperson.

Davis had come up to us in the hall at that point, aware of Ron's outburst as well.

"You should kick his ass, Kim. We would all be grateful if his ego didn't take up quite so much space in the doctor's work area." Davis winked, patted her shoulder and kept walking, chart in hand.

Ego. Sighing, I stood at my front door, the cottage and the ocean behind me, the sun rising over the water. I waved goodbye to Davis from my front porch watching as his sedan pulled away, the back of his balding head visible over his head rest.

Already thoughts of heading back out to the beach to finish some exercises started to cross my mind, but, as my hand was dropping to my side and I was about to turn back inside, something caught my attention in Brian's car. Above the headrest, Davis' head whipped toward the window awkwardly, unnaturally and there was a flash of red. His car veered to the left, running off the sandy, shell road and into the tall salt grass and shrubbery of the dunes on either side of the road leading back inland. It finally came to a stop a hundred feet on, the horn blaring as Davis' head and torso struck the steering wheel.

Reflexively, my feet started sprinting and in seconds I was at the car, opening the driver door. Brian was slumped lifeless, and covered in blood. I gasped and froze. I scanned around the vehicle, wondering what could have exploded in his car to do this and then realized it must have come from outside the car. I watched, as though outside of myself, as my arms reached out and grabbed him, dragging him out onto the sand and salt grass with cover of the car between him and the dunes.

Brian was dead on impact and what looked like a bullet hole had ripped a section of his scalp and cranium away, leaving a macerated temple of blood, brain and tissue. I instinctively crouched below the frame of the car, Brian lying sideways beside it. My mouth was dry and my pulse hammered. He was so completely slack, lifeless, dead. I cautiously peered above the door frame in the direction of the presumed bullet looking for any movement, someone driving away or running away and all was still. The landscape consisted of rolling dunes in front of the swell of beach and waves with many dips and hiding areas. No movement.

Breathing hard, pulse continuing to pound, I ducked down again, stretching Davis out on the sand inspecting for other wounds and finding only the head shot. I could feel myself moving purposefully but felt little control. I patted his pockets, my hands shaking, looking for his cell phone and saw it glinting on the passenger seat, still in the car. I flicked it on, nearly dropping it and dialed paramedics. In someone else's voice, one much calmer and smoother than my own, I gave the address and details of what had happened. I told them to bring an ambulance but not to hurry. Brian was already dead.