

Answering the Call

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It was a late autumn night with typical torrential Houston rain, and I was on call for the ST elevation myocardial infarction (STEMI) team, which consists of an interventional cardiologist, a trainee fellow, a cath lab registered nurse, and cath lab and radiology technicians. It was 3:30 AM and I was deep in sleep, only vaguely aware of my beeper going off and quite unaware of the storm outside. The emergency room (ER) physician wanted my opinion on an electrocardiogram (EKG) of a patient with chest pain to see if it qualified as an acute myocardial infarction. He texted the EKG image to my mobile phone, and I staggered to the closet to turn on the light and read it. I relayed that I was not impressed at the degree of ST elevation, he concurred, and I sank back into bed. A while later, the ER physician called again with a repeat EKG, this time with more ST elevation and an elevated serum troponin level. Hastily, I slipped into my scrubs and quietly tiptoed to avoid waking my wife.

Rain pelted my car as I drove through the neighborhood in utter darkness. Within a few blocks, I noticed that the water level had risen but couldn't gauge how high—simply because there were no other cars or street signs for comparison. I slowly slogged through, only to find my car spluttering before eventually stopping completely. It restarted just long enough to hobble to a slightly less flooded spot on the main road, where it completely died, the dreaded engine warning light flashing on the dashboard.

I started to sweat as the gravity of the situation took hold. The patient was probably in the cardiac cath lab by now, and the cardiologists' guiding principle, "time is muscle," ran through my head: The longer it took to open the vessel, the more myocardial damage. I looked around and the street was desolate. The hospital was a good 3 miles away, and the road ahead looked flooded. Walking would mean wading through the water with its attendant dangers of electrical wires and the like.

Wade back to my house? I thought. Only a few blocks away, this seemed like the logical option.

Call the ER physician and tell him to treat the patient with a thrombolytic drug? Since thrombolytic therapy is the second-best way to treat an acute myocardial infarction, this was another sound option, albeit one that does not always work.

Call 911? And tell them what?

Suddenly, the solution popped into my head: Uber! Although I had never used it, the app was on my iPhone. I signed in, entered my location and the hospital address, and sure enough there was a driver on the freeway just minutes away. The cost, of course, would be double. I watched the app as it traced the car coming towards me. After getting in, I directed the driver through a route that is usually not flooded. Remarkably, I made it to the cath lab before the rest of the team, and we were able to perform the procedure under the mandatory 90-minute door-to-balloon time. The patient did well, and as I breathed a sigh of relief, I remembered that there was still one more thing to tackle.

For the second time that night, I called Uber. The driver dropped me off at my car, where I then called a wrecker. My car had sucked up water and blown a hole in the engine, but the wrecker driver refused to give me a tow until I gave him cash, which required another trip to the ATM machine. After a month of haggling with the car dealership and insurance company, I finally had the engine replaced at a cost of several thousand dollars, and I was back in business.

While in the midst of this ordeal, I felt some regret at being an interventional cardiologist with its necessary obligations to care for patients in acute situations. Yet after the procedure, I felt grateful for being able to use my skills to save heart muscle and, potentially, a life. Still, I resolved to resign from the STEMI call schedule the following year, feeling too old (or maybe too tired) for all this excitement.

The next year, however, I found myself signing up for twice as many calls. I guess for some die-hard physicians, *chronic workaholicism* and *patient dedication* are incurable conditions!