

# FALLIBLE



Set in a beautiful ocean community during the 1990's, Renee weaves from one surgical adventure to another, amidst a gathering storm of medical malpractice, corporate greed, and jealous competitors.

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This book is a work of fiction. Names, characters, locations, and incidents are products of the author's imagination. Any resemblance to actual events or places or persons, living or dead, is coincidental.

*This novel is dedicated to the members of the Al-Anon fellowship who struggle daily to stay sane, and to those of Alcoholics Anonymous who fight daily just to stay alive.*

## Part I

The sound of the electric saw, the breastbone breaking open, always excited him. The cold stainless steel rib spreaders pull apart the granite-like shield. Finally, it was visible, a live pumping heart, the very core of another human being. It was now there, in his hands.

Next, he bathed the pumping muscle in an ice cold solution to ever so slowly stop its beating. Skillfully, Rene applied his talents of cutting, sewing, and creating new conduits out of veins harvested from the patient's legs, to bypass the old and diseased arteries. Cool electrical paddles would then surround the heart, and shock it back to pulsating life.

"How's his blood pressure?" he asked the anesthesiologist at the head of the table.

"Fine. 110 over 60."

Suddenly, the rhythm of the beat changed, tick-tocking evermore slowly.

"I'm losing pressure. What's going on?" asked the anesthesiologist.

"I don't know. Everything seemed fine. Are you sure?"

"Yeah, I'm sure. Check your incisions," he told the surgeon.

Reaching into the warm cavity, the coppery scent of fresh blood filled his nostrils. He could feel the slippery, pounding heart, and he watched as it disappeared in a pool of red.

"Damn it. Hand me a long Debakey clamp and 7-0 prolene suture," he barked at his nursing assistant. "I need more suction."

“We’re having a lot of PVC’s..... now V.Tach. We’re losing him! You’d better hurry.”

He could feel the cool sweat drip down his green surgical scrub shirt, and his surgical loops, or magnifying glasses, began to fog over. Rene fought to save his patient. In horror, he watched as the organ slipped away behind a pool of crimson liquid.

“Think,” he told himself. “Come on now. You can do this.”

Paralyzed, gripped with fear, he stood above the body, frozen.

Rene Barnard Krause always knew he was destined to become a heart surgeon. After all, his physician father had named him for Rene Favalero, the first surgeon to do a coronary artery bypass procedure, and Christian Barnard, the South African doctor who did the world’s first heart transplant. With such a named pedigree, he couldn’t exactly choose to become a stockbroker, could he?

“Rene?”

No answer.

“Rene!”

He looked up from the operating room table and saw his assistant, Jake Hilbourn, trying to get his attention.

“If I suction, you can get a better look at the leak.”

Without waiting for a response, Jake grabbed a long plastic tube, and began to vacuum puddles of blood out from the chest cavity.

The heart was fibrillating wildly. Rene surrounded it with aluminum electrical paddles, cradling it like a baby.

“Charge and fire when ready. Everybody stand back,” he said.

He listened as the whirring sound of the electric charge ramped up. Firmly pressing the two power release buttons together on each paddle handle, the electrical current jolted the heart back to normal rhythm.

Jake cleaned the surgical field for him, and Rene was able to find the oozing artery. Gently, he inserted a stainless steel retractor under the heart, and asked Jake to lift it up slightly above the swirling pool of blood. Reaching down with long sterile pliers, which held the delicate thread and curved needle, he quickly stitched up the leaking artery.

“That was close,” Rene sighed.

“It happens. But the important thing is you fixed it quickly, and he’ll be fine.”

“Thanks. Can you close up for me?”

“Sure.”

Rene stepped away from the table and took off his gloves, paper mask, and surgical hat, revealing his long wavy brown hair, neatly cropped just above the shoulders. Dark brown eyes peered through tortoise shell glasses at the monitor. Muscular arms folded across his chest, he watched the iridescent numbers and squiggles, indicating that the patient’s vital signs were improving. He smiled. One year in private practice, and he still hadn’t lost a patient. Standing tall, at an even six feet, he strutted out of the operating room.

“Damn, I’m good,” he said to the mirror over the sink in the surgical lounge bathroom, sprinkling his angular face with cool tap water.

Picking up the Dictaphone, he quickly dictated an operative report, wrote some orders in the hospital chart, and spoke to a very relieved family.

Needing to unwind, he went a few hundred yards down the silent tiled hall to the doctors’ lounge.

“You think we’ll beat Auburn this weekend?” Two surgeons, Chas Mullins and Bubba Justice, in surgical scrubs, chatted mindlessly.

“I sure hope so. The Tide seem a lot better on both sides of the ball this year.”

Every year, during fall, it was like this in the lounge. If it wasn’t the Alabama-Auburn football game, then it was hunting or fishing, or reactionary and racist political chatter. Even though he had trained in the south, he was from Michigan, and none of these conversations held any appeal to him. Even the heavy southern accents had started to annoy him, and he felt like he had walked into a distant and foreign world.

“Hey Rene, I’ve been meaning to ask you something for a long time.” Bubba asked.

“Yes?”

“Isn’t that a girl’s name?” he snickered.

He thought for a moment and started to frown, which accented the deep cleft in his chin. He shook his head slowly back and forth and cracked a small smile.

“Only in America. In Spain and Brazil for example, it’s usually a man’s name. You do know where those countries are, don’t you, Bubba?”

The two docs snorted and laughed, as Rene grabbed his coffee and walked out of the lounge. For the first time, he started to consider that perhaps he didn't really belong in Mobile, Alabama.

"Daddy," yelled his oldest daughter Ellie. "Ah got an A in math today."

"You should say, I, sweetheart," Bonnie, her mother corrected her.

"Yes Maayyyamm," she answered, splitting the word into about three syllables.

After putting her to bed and reading "Goodnight Moon" for probably the hundredth time, he went back to the family room to speak with Bonnie.

"I've been thinking about moving," he told her.

"Really?" she answered. "I thought that you were happy here."

"The practice has been great. But I can't keep working these hours. I have no time for you, the girls, or myself. I would like to get some partners and have more time off. I don't want to spend the effort to do that, if we aren't really happy here."

She sat silent for a moment on the arm of a leather wing back chair, her very white hands folded on her lap.

"You never asked me if I was happy, did you?"

"No, I didn't. I'm sorry."

She was of course correct. Frowning a bit, she played with her gold necklace and opal pendant. Her dark brown hair was pulled back in a tight bun contrasting her fair skin. Sensing friction, he opted to shift the conversation.

“Did you say your folks are coming in from Lansing for Thanksgiving?”

“Yes. If that’s okay with you.”

“Yes. It’ll be fine,” he mumbled. “We’ll talk about my work another time, okay?”

She nodded quietly.

Matthew Crowley, an overweight banker, a third generation Mobilian, lived every day to excess. He ate and drank too much, smoked, chased women, and spent way too much time at the 19<sup>th</sup> hole of the golf course. He had an aversion to doctors, and rarely took his blood pressure medicine. Thus, it came as no surprise to those who knew him, when he had his near fatal heart attack at only 52. After a rough two weeks in the intensive care unit, his cardiologist took pictures of his plugged arteries. They reflected his outward life. In short, they were a mess. Moreover, his heart attack had left only fifty percent of his heart functional. His only chance of long-term survival was high-risk heart bypass, or a heart transplant.

Having never lost a patient, Rene felt invincible, and accepted the challenge of the surgery with unbridled hubris. Even though several surgeons gave Matthew only a fifty-fifty chance of surviving the operation, Rene had quoted him an eighty percent chance of coming out alive.

There was trouble from the start. With induction of general anesthesia, Matt Crowley’s blood pressure plummeted, and then his heart stopped beating.

“I need a balloon pump stat,” Rene yelled to the nurses, after shocking Matt briefly back to life with a defibrillator. As the cardiologist had warned him to place an intra-aortic balloon pump first, as a preventive measure to guard against this kind of instability, he quickly became frustrated and angry with

himself. The balloon pump, or IABP for short, is a large plastic tube inserted through the groin artery, to ease the work the heart does to push blood forward.

Placing the balloon pump quickly, Matt's condition stabilized enough to continue the surgery. As Jake started to cut, or "harvest" the veins from his legs, Rene opened the chest cavity and looked inside at the heart. It was worse than he had anticipated. Big, gray, boggy, and bulging, it laid in the chest cavity like wounded road kill. Adhesions, or thickened scar tissue, layered the top of it because of the recent heart attack.

He sighed.

"How's it going, boss?" Jake asked.

"Not so good. It's going to take longer than I thought. It's a real dung pile here," Rene said.

Jake knew better than to say anything.

Normally, it would take less than thirty minutes for him to get a patient onto the heart-lung bypass machine. After one hour, he was still at it. Finally, he was ready to take the fine strips of harvested leg veins to use as artery bypass tubes. The coronary arteries felt like rocks because there were so much calcium and mineral deposits. Instead of a scalpel, he felt like he needed a chisel.

"He looks like he's got a piece of the rock," Jake said, trying to add some levity to an increasingly tense atmosphere.

Rene squinted up at him over his loops, and simply said, "Not funny."

No one was saying anything. The ventilator and heart lung bypass machine alternately hissed and hummed in a syncopated rhythm. The tension was palpable. Usually jovial and relaxed, the seriousness of the situation, and complications, had rendered all of the doctors and nurses edgy and quiet. There was a feeling of impending doom.

“Crap,” Rene said.

As he cut into the usually pliable arteries, they started to bleed and fall apart like wet cardboard. He did his best to patch things up. Normally, he would be done from start to finish in three hours. At five hours in, he was still sewing and scraping. It was like trying to drive a fine thread, as thin as a hair, through cement. He switched to a larger suture and a stronger needle. Usually self-assured and calm in the operating room, he was starting to lose patience and his temper.

“If you can’t hold that friggin clamp still Sally, I’m sure I can get someone who can! I can’t hit a moving target.” This was not his confident and usually composed demeanor.

“I’m sorry Dr. Krause.”

Finally after six hours, nothing seemed to be bleeding, and Rene was ready to take the patient off of bypass. Standing back from the table, he adjusted the bright surgical overhead light by grabbing its cool sterile handle. Turning it ever so slightly, it illuminated the open chest cavity a bit more. It was almost as if a trivial change in the shading might give the operation a more optimistic turn.

“OK. Let’s start weaning him,” Rene said to the perfusionist, who was the technician in charge of the heart lung bypass machine.

However, every time they tried to wean him and restart his heart, the dark gelatinous mass would just wobble and barely beat. The air of anxiety and apprehension grew.

“Do we have an LVAD pump here?” He asked anyone who would listen. This was a relatively new machine that could function as a temporary artificial heart when all else had failed.

“No,” a nurse said.

Rene looked up at his assistant.

“I believe the closest one’s in Birmingham,” Jake replied softly.

Rene uttered an epithet, and kept trying to save Matt and salvage the operation by asking for every imaginable blood pressure elevating medicine and heart-stimulating drug in the anesthesiologist’s cart. Still the heart refused to beat. His green cotton surgical scrubs were sticky and soaked through with sweat.

Totally frustrated, he turned to Jake.

”Do you have any ideas?”

“Not a one. I think you’ve done everything possible. His heart was too far gone.”

“Time to quit?”

“I’m afraid so.”

Although the medical community understood the poor outcome, the Crowley family and friends did not. There were rumors that Rene was working too hard, and had been tired before the surgery, should have listened to the

cardiologist, or that the patient should have been referred to Emory University Hospital in Atlanta, with more “skilled” doctors. The innuendos filtered back to Rene, who took the criticism personally.

Shortly thereafter, he announced to Bonnie, “We’re leaving.”